

SCRUTINY COMMISSION FOR RURAL COMMUNITIES

TUESDAY 1 APRIL 2014
7.00 PM

Bourges/Viersen Room - Town Hall

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 Meetings held on 16 December 2013 and 13 January 2014** **3 - 16**
4. **Scrutiny in a Day Overview Report** **17 - 62**
5. **Better Care Fund** **63 - 96**
6. **Troubled Families in Rural Communities** **97 - 102**
7. **Public Health** **103 - 114**
8. **Forward Plan of Key Decisions** **115 - 130**



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Committee Members:

Councillors: D Over (Chairman), D Lamb (Vice Chairman), D Sanders, D McKean, E Murphy,
D Harrington and N Sandford

Substitutes: Councillors: S Allen, J R Fox and A Sylvester

Further information about this meeting can be obtained from Dania Castagliuolo on telephone
01733 452347 or by email – Dania.castagliuolo@peterborough.gov.uk

**MINUTES OF A MEETING OF THE
SCRUTINY COMMISSION FOR RURAL COMMUNITIES
HELD IN THE
BOURGES & VIERSEN ROOMS, TOWN HALL, PETERBOROUGH
ON 16 DECEMBER 2013**

Present: Councillors D Over (Chairman), D Lamb, D McKean, D Sanders, D Harrington
N Sandford and E Murphy

Also Present: Councillor Seaton Cabinet Member for Resources
Jo Gresty Farms Estate Manager
Neal Kalita Consultant, EC Harris
Peter Feehan Partner, Pinsent Masons LLP
Mick Krupa Assistant Director, Deloitte LLP

Officers in Attendance: John Harrison Executive Director – Strategic Resources
Michelle Drewery Renewable Energy Finance Manager
Lee Collins Area Manager , Development Management
Phil McCourt Legal and Governance Interim
Dania Castagliuolo Governance Officer

1. Apologies for Absence

No apologies were received.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest.

3. Minutes of the Previous Meeting Held on 16 September 2013

The minutes of the meeting held on 16 September 2013 were approved as a true and accurate record, subject to the word sunk costs under 'ACTIONS' 1. on page 7 being changed to projected costs.

4. Update on Proposed Ground Mounted and Wind Developments at Newborough, Morris Fen and America Farm

The Executive Director of Strategic Resources introduced the report which provided the Commission with a detailed update on the current business model compared to previous published models and the results of various studies and surveys that had since been carried out.

The following subjects were raised within the report:

- Dual Use Proposals.
- Alternative available land for the Ground Mounted Solar Panels.
- Sensitivities around the two sites near America Farm (Oxney Grange and Flag Fen)
- The future of Council Farms Estate and Tenant Farmers
- Tenant Farmers Strategy and Strategic Working Group
- Clarification of consultations to date and planned
- Details of reports commissioned in relation to ecological and biodiversity concerns

- Financial model robustness
- Financial Risk: Market Volatility
- Planning Conditions Update: Archaeology
- Soil Surveys
- Planning Risk: Public Inquiry
- Planning Risk: Community Engagement
- Legal Implications

The Commission was asked to consider the report and feedback any comments.

Observations and questions were raised and discussed including:

- Councillor Harrington requested permission to record the meeting. His request was approved by the Chairman, the Commission and members of public.
- Mr Richard Olive, Peterborough Friends of the Earth addressed the Commission and commented that Friends of the Earth would like to ensure that the Council's proposals to have Ground Mounted and wind developments at Newborough, Morris Fen and America Farm were sound and would not harm the future reputation of renewable energy. Friends of the Earth had studied the Council's proposed scheme and have drawn the conclusion that the scheme was not economically viable. It was possible to get higher returns through other forms of investment. In summary Friends of the Earth did not believe that the Council was taking the full cost of the scheme in to account. *The Executive Director of Strategic Resources agreed to reply to Mr Olive outside of the meeting. The reply would be circulated to Members in writing.*
- Members commented that that they had been made aware that a Member of the Commission had engaged in a discussion with the Executive Director of Strategic Resources prior to the meeting and had been given the opportunity to send questions to him. Members queried why they did not get the same opportunity to submit their questions prior to the meeting. *The Executive Director of Strategic Resources advised Members that it was a purely opportunistic meeting at the railway station. Due to the number of questions the Member had to ask, the Member was asked to submit the questions in writing to give sufficient time for accurate answers.* Members suggested that in future the Executive Director of Strategic Resources gave this opportunity to all Members.
- Members were concerned that the Council would spend hundreds of thousands of pounds on the project when there was a big risk that the proposal could be refused. *Members were advised that it was only the Morris Fen site that was subject to any decision making by the Secretary of State, therefore there was only one site out of the three which was under the Communities and Local Government's official scrutiny.*
- *The Cabinet Member for Resources informed the Commission that the key reason for this project was to generate income for the Council to protect its services. There was a Government Policy in place of eradicating fuel poverty by 2016. Being able to freeze fuel energy prices for local people would be a very important contribution towards the eradication of fuel poverty.*
- Members queried how the Cabinet member for Resources could be sure that this project would lead to future freezing of energy prices. *The Cabinet Member for Resources advised members that if Peterborough could generate its own income and energy from this project, then the council would be free to set energy prices for local people.*
- *The Executive Director of Resources informed Members that Renewable Obligation Certificate (ROC) would eventually be superseded by Contract for Difference (CfD) . The change in incentive regime would impact the business case, if the projects were delayed sufficiently that the ROC was too low and the projects affected needed to apply for CfD. The Council would monitor this as the project programme progress.*

The latest models assumed that there could be a decrease from £1m to £900k per MWp installed and the 10% difference had been put in to a contingency.

- Members queried whether the recommendation from the meeting held on 16 September 2013 had been considered, which was for Cabinet to take in to account the alternative Plan B option – Dual use possibilities. *The Cabinet Member for Resources advised Members that this recommendation was being looked in to but Cabinet were not currently in a position to bring it to the Commission.*
- Members requested information on alternative available land for PV's brown field buildings. *The Executive Director of Resources advised members that some of the best potential alternatives around the city were largely landfill sites but were found to be unsuitable for Solar Farm installations. There were commercial and private roof spaces that were being investigated as alternatives. The council was also investigating sites outside of the city boundaries.*
- Members commented that 5.4, 5.5 and 5.6 of the report referred to the Council making considerable efforts to ensure tenants of core farming businesses were not unduly affected and where core businesses were affected, they would be offered terms that would enhance their businesses. Members requested confirmation that only one tenant farmer was not prepared to accept the Council's offers of alternative land and longer term security. *The Farms Estate Manager confirmed that the statement in the report was correct. With the other longer term core farms where tenants would be affected, one had been completed, the way forward had been agreed with another and the tenant was currently occupying some of the land he would be moving to and none of the other farms were long term tenancies which would directly affect core businesses.*
- Members requested information on the cost of the Scrutiny Commission's meeting as there were eleven officers in attendance and commented that the consultation process was not included within the report.
- Members requested a written reply to the following questions to accompany the minutes.
- Members queried if the project was called in, would the Council have a judicial review, what would the duration of the judicial review be and how would that effect the model. *Members were advised that if the Secretary of State called in the decision and it went to public enquiry for one year, there would follow a period of six weeks to bring a judicial review which could last around a year (guidance only).. It was noted the Judicial Review procedure had now reduced in terms of time scale.*
- Members queried what the vale was for each site and if America Farm would be in deficit of £60k or come back neutral then why was the Council looking to invest in it. *Members were advised that 100% of the business rates from renewable energy would be given to the Local Authority and not taken by Government.*
- Members commented that they had no confidence in in the delayed scenarios or in continuing with the America Farm project.
- Members queried how the Council was funding this project so far and if the decision got called in by the Secretary of State and a Judicial Review had to take place, how would this effect the Council if the project was called to a halt. *Members were informed that any Capital Scheme as part of the Council's Capital Programme was managed within its overall capital financing rates. If none of the project was implemented then the money would have to come from the Council's Revenue Budget.*
- Members queried how much more money would be spent if delayed options were used by the time any of the project was operational. *Members were advised that the figures ranged from £3.1m with no delay and £3.6m with delay.*
- Members were concerned that the estates were in need of improvements and queried whether these improvements were included within the financial model. *The Farms Estate Manager advised Members that the farms estate was in need of some modernisation and this would be something that would have to be built in to a plan for the agricultural estates in the longer term. The Executive Director of Strategic*

Resources informed Members that the cost of reinstatement was technically built in to the contract as costs that were paid annually, although it was not a direct cost built in to this particular financial model.

- *Members were concerned with part 6.6.6 of the report where it discussed financial risk and did not understand the statement in 6.7.2 regarding mitigation of the risk. The Executive Director of Strategic Resources advised Members that this was implying that since the financial model had been started, more work had been carried out on talking to the big contractors in the market place, therefore this was a forecast of what the asset may be.*
- *Members queried the terminology in part 6.8.1 of the report with regards to America Farm. The Area Manager, Development Management, who is seconded to the project from Planning Services, informed Members that test pits had been dug across America Farm and Newborough and it was confirmed that nothing of archaeological significance was discovered at America Farm despite it being in close proximity to Flag Fen. There were items found at Newborough and reports for these test pits were being processed and they would be submitted to the Council at the end of December 2013. This report would be in the public domain and available to all Members immediately. In the New Year the Local Planning Authority and English Heritage would discuss the next steps.*
- *Members queried whether the trenches had been dug deep enough to the level of the pillars in Flag Fen. Members were informed that the Council's archaeologists and English Heritage were confident that the trenches had been dug deep enough.*
- *Members queried exactly how far down the trenches were dug. The Farms Estate Manager advised members that the trenches went down through the whole of the peat layer, to the clay and the peat was roughly one and a half feet deep. One of the trenches had been five meters wide and two feet deep, this was referred to on page 165 of the report.*
- *Councillor Arculus addressed the Commission and asked for information in the form of a written response on the current value of America Farm, Newborough and Morris Fen. He commented that the Council would benefit more from putting America Farm on the market.*
- *Members queried whether using roof space within the city to position the solar panels had been considered and if there had been any negotiation with the hospital over using their roof space. The Executive Director of Resources advised Members that there were several big roof spaces that could be used. Discussions were required with the building owners.*
- *Members queried if the decommissioning costs were safe and what would happen if the solar panels failed in less than 25 years. Members were advised that the capital costs should deal with the decommissioning of the site at the end of the period. The solar panels would be covered by the contractor's liability guarantee, which covered all defects in the kit and equipment for two years from the date of commissioning.. A separate performance warranty would be provided for the solar panel, guaranteeing the panels performance which would be split in to two parts, for the first 12 and a half years for 90% efficiency and for the second 12 and a half years 80% efficiency.*
- *Members were concerned that the Council was going to commit to a 25 year project which would leave them unable to move forward if technology advanced.*
- *Members were concerned that if the project did not go to plan then the cost would have to be met from revenue, which would affect the Councils front line services.*
- *Members were concerned that grade 1 and 2 agricultural land would be taken out of production to facilitate this project.*
- *Members had a five minute adjournment before returning to make recommendations.*

RECOMMENDATIONS

The Commission recommends that cabinet:

- Immediately stops both options 1 solar and 2 wind for the America Farm project due to the negative income predicted for the delayed project
- Stops the solar panel option on all three sites (America Farm, Newborough and Morris Fen) due to the significant total expenditure of £296 million, a poor return of £21 million net income and a Net Present Value figure of only £10.5 million

ACTIONS

The Commission agreed that the Executive Director of resources:

- Talks with Mr Olive outside of the meeting regarding issues raised and informs the Commission of the outcome in writing.
- Advises the Commission on the cost of having 11 Officers in attendance for the meeting.
- Provides members with written replies to all questions asked at the meeting.
- Provides a valuation of the land which would be used for the project.
- Provides information on the Net Profit Value for each site.

The Commission agreed that the Area Manager of Development Management in his seconded role:

- Send a briefing note to the Commission regarding the depth of the poles for the solar panels.

The meeting began at 7.00pm and ended at 9.30pm

CHAIRMAN

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**MINUTES OF A MEETING OF THE
SCRUTINY COMMISSION FOR RURAL COMMUNITIES
HELD IN THE
BOURGES & VIERSEN ROOMS, TOWN HALL, PETERBOROUGH
ON 13 JANUARY 2014**

Present: Councillors D Over (Chairman), D McKean, D Sanders, D Harrington N Sandford and E Murphy

Officers in

Attendance:	Adrian Chapman	Head of Neighbourhood Services
	Gary Goose	Safer and Stronger Peterborough Strategic Manager
	Sgt Roy McMichael	British Transport Police
	Neil Darwin	Chief Executive, Opportunity Peterborough
	Dania Castagliuolo	Governance Officer

1. Apologies for Absence

Apologies for absence were received from Councillor Lamb.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest.

3. Minutes of the Previous Meetings Held on 18 November 2013

The Minutes of the meeting held on 18 November 2013 were approved as an accurate record.

4. Presentation from Transport Police – Railway Crossings

The report was presented to the Commission at the request of the Chairman. Sargent Roy McMichael – British Transport Police, introduced the report and delivered a presentation. The following key points were highlighted within the presentation:

Previous Actions:

- Council members had been invited to see a crossing van in action
- Concerns of Council Members had been passed on to the Network Rail regarding increasing train speeds at Foxcovert Crossing.
- A school liaison visit to Peakirk Primary School to present on crossing safety had been arranged.

Level Crossing Offences Summary:

Road Traffic Act Offences:

- Dangerous Driving
- Careless Driving
- Failing to conform to a traffic signal

Railway Specific Offences:

- Obstruction of a train with or without intent
- Endangering the safety of a train
- Failure to fasten a crossing gate
- Failure to obey a safety instruction
- Trespass on a railway

Typical Court Sanctions:

22/02/2012 – Sandy Level Crossing – Dangerous Driving:

- Community Order was made until 28/08/2013.
- Unpaid work requirement for 200 hours.
- Supervision requirement
- Licence or counterpart endorsed
- Disqualified for holding or obtaining a driving licence for 12 months

11/02/2013 – March Level Crossing – Careless Driving:

- £100 fine.
- Six point licence endorsement

16/04/2013 – Helpston Level Crossing – Careless Driving:

- £400 fine.
- Four point licence endorsement.

26/05/2013 – Helpston Level Crossing – Careless Driving:

- £310 fine.
- Six point licence endorsement.

29/04/2013 – Foxton Level Crossing – Failing to conform to a traffic signal:

- £190 fine.
- 3 Month driving disqualification.

Other Disposals:

- Police Cautions
- Driver Improvement Programme

Enforcement included:

Proactive:

- Overt/Covert officer presence
- Mobile Crossing Camera Van
- Static Crossing Camera

Reactive:

- Police Investigation and follow up.

Education:

- Network Rail 'Run the Risk' Campaign
- International Level Crossing Awareness Day – 07/05/2013
- Web based public safety information
- Network Rail and British Transport Police 'Rail Life' Campaign.

The Commission was asked to consider the presentation made by Sergeant Roy McMichael and make any recommendations.

Observations and questions were raised and discussed including:

- Members commented that promotion work could be carried out through Peterborough City Council's Facebook and Twitter pages. *Members were advised that Andy Trotter, ACPO Media Chief, was the lead for this work and to contact him for any joint work.*
- Members queried whether intelligence was shared from Cambridgeshire Constabulary as the British Transport Police were the only police presence left in rural areas. *Members were advised that the National Intelligence model was designed for Cambridgeshire Constabulary to pass on information to the British Transport Police on a regular basis. Duty vehicles would also listen in on Cambridgeshire Constabulary's radio channels and assist if needed.*
- Members commented that it seemed a third of all offences took place in the north of Peterborough and queried whether cameras should be installed in the worst areas. *Members were informed that reports of crime came from signallers or railway staff, although it would be useful to have cameras at every crossing.*
- Members queried as the population was increasing in rural areas, the frustration levels of closed crossings would get high and increase the number of people not waiting at level crossings. *Members were informed that the proportion of bad drivers would most likely increase with the increase in population.*
- Members queried whether there were resources in place for the British Transport Police to regularly visit primary and secondary schools. *Members were advised that there was only one School Liaison Officer available at present who was based in London, therefore had a very large area to cover. This gap in cover had been recognised and that is where the 'Rail Life' scheme came in. Sgt McMichael advised the Commission that he had volunteered to visit schools in Peterborough and was currently awaiting training.*
- Members commented that Cambridgeshire Constabulary had virtually withdrawn its police presence from rural areas and it would be valuable for the presence of the British Transport Police to be noted by them driving or walking around rural communities as this would be reassuring for residents.
- Members queried if the expansion of the rail network use to Lincoln had an effect on the Foxcovert Crossing. *Members were advised that no issues had been raised regarding this crossing.*

ACTION AGREED

The Commission agreed for Sgt Roy McMichael from the British Transport to investigate whether train speeds and the volume of traffic passing through the Foxcovert Crossing had increased and what mitigation Network Rail had undertaken to reduce the risk to pedestrians.

5. Crime and Disorder in Rural Areas

The report was introduced by the Safer and Stronger Peterborough Strategic Manager, at the request of the Commission, to give an update on the current position in relation to crime and disorder in rural areas, as well as the strategies employed to reduce crime and disorder.

Community Safety Partnerships were formed as a result of legislation produced in the late 1990's and were an acknowledgement that crime and reducing crime was not the remit of the police alone.

The key issues raised within the report were as follows:

- **Vulnerable people and groups** – The Partnership would ensure that vulnerable people and groups were identified and supported appropriately and not disproportionately suffer as victims of crime.
- **Antisocial Behaviour/Quality of Life and Road Safety Services** – The partnership would prioritise work around Antisocial Behaviour and quality of life issues within the city.
- **Integrated Offender Management** – The Partnership would continue to support the view that a relatively small number of individuals had a disproportionate impact upon crime levels in the city and that targeted work with these individuals would have the biggest impact upon levels of recorded crime.
- **Domestic Abuse** – The Partnership would continue to prioritise, develop and improve the city’s response to Domestic Abuse.
- **Reducing the Harm Caused by Substance Misuse** – The Partnership would continue to support the development and delivery of high class modern drug and alcohol services for the city based upon the latest Government drug and alcohol strategies.
- **Dwelling burglary** – The Partnership would continue to prioritise burglary as a core indicator of levels of serious acquisitive crime and support work that drove down burglary further.
- **Violent Crime Linked to the Night-Time Economy** – The city would continue to prioritise its response to violent crime in particular violent crime linked to the night-time economy.
- **Racially Aggravated Offences and Hate Crime** – The Partnership would continue to recognise the special impact of racially aggravated offences and hate crimes in all its forms.
- **Sustainability, Performance, Value for Money and Communication** – The Partnership recognised the drivers that posed a potential threat to sustainability of current structures and would look to increase sustainability in order to maintain and improve the city’s safety and feelings of safety.

The Commission was asked to scrutinise levels of crime and disorder and to consider and comment upon the crime reduction strategies.

Observations and questions were raised and discussed including:

- Members were concerned with the significant reduction of Police presence in rural areas and commented that rural communities felt let down by this reduction. The last police panel meeting reported that rural crime had risen, this installed fear in to the communities. *The Safer and Stronger Peterborough Strategic Manager informed members that although there was little police presence in rural areas, there was significant unseen work taking place.*
- Members queried what the One Service was, which was mentioned in 4.3 of the report. *Members were advised that the One Service (Social Impact Bond) was a service in Peterborough which offered rehabilitation to people who had served a short term prison sentence.*
- Members asked:
 1. Were there plans to hold future Safer Peterborough Partnership Meetings in public?
 2. Some of the money from the Police and Crime Commissioner could be used for rural communities.
 3. For further explanation on antisocial behaviour, how it would fit in to the plan and who would be the lead on it.

Members were advised that:

1. *Would be referred back to the Safer Peterborough Partnership.*
2. *The Police and Crime Commissioner had the entire Police budget.*

3. *The Council had developed its own antisocial behaviour team. At the same time the Police and registered Social Landlords were dealing with antisocial behaviour there was a lack of discussion between partners. These had now merged together and held regular meetings to understand issues around antisocial behaviour.*
- Members asked for the following to be considered in the refreshed Safer Peterborough Partnership Plan:
 1. Exploitation of migrant workers.
 2. Environmental Crime
 3. Illegal Hare Coursing
 4. Wildlife Protection Officer
 5. Farm Watch
 6. Domestic Violence as a priority
 - Members commented that there was no visible policing in rural areas and queried if there had been a reduction in Police Community Support Officers (PCSO's). *Members were advised that there had not yet been a reduction.*
 - Members requested that an officer came to the rural communities to give them information on the Safer Peterborough Partnership.
 - Members were concerned that the work that the PCSO's had achieved would be lost due to the recent lack of PCSO's on patrol in villages.
 - Members queried whether there were any campaigns in place to inform people of crime trends. *Members were advised that the Neighbourhood Policing and Antisocial Behaviour teams were dealing with this aspect. Their Campaigns were about predicting and preventing.*
 - Members commented that they would like some recognition for the rural areas of the city.

ACTION AGREED

The Commission agreed for the Safer and Stronger Peterborough Strategic Manager to:

- Inquire if the Safer Peterborough Partnership had any plans to hold any future meetings in public.
- Give presentations to Parish Councils regarding the Safer Peterborough Partnership and its remit.
- Provide feedback on the criminal damage on the open space in Eye.

6. Greater Cambridge Greater Peterborough Enterprise Partnership

The report which set out how the Greater Cambridge Greater Peterborough Enterprise Partnership was addressing rural issue was introduced by the Chief Executive of Opportunity Peterborough.

Observations and questions were raised and discussed including:

- Members commented that when the Local Enterprise Partnership (LEP) was formed there had been two concerns. 1) The lack of accountability and transparency. 2) Cambridge would dominate. Both of these fears had been fulfilled. *Members were informed that Government did not believe that the LEP should meet in public. Cambridge did receive ministerial visits when they wanted which usually generated them some form of income. The LEP board felt that transport on the A14 was the biggest issue therefore that is where a lot of the money would be spent.*
- Members queried what was being done to get business opportunities in rural villages and the existing employment sites up and running. *Members were informed that a*

proactive campaign was being run to promote all of the business units. The reason there had not been many business opportunities in rural areas was due to the state of the economy.

- *Members queried whether Peterborough was engaged in the A47 and its under capacity on the stretch from Thorney through Eye and to the A113, Junction 39. Members were informed that there was a strategic alliance in progress, led by Norfolk, which was going to cover the entire stretch. Guyhirn and the A1139 had been recognised as a priority.*
- *Members were concerned that if these business sites were not used for business then developers would use the land for housing. Members were informed that the planners needed to ensure that the land allocated was in the correct place for business use. One of the biggest problems for Peterborough was that there was a lot of land allocated that was not in the correct place for businesses..*
- *Members were advised that Opportunity Peterborough was commissioned by Growth and Regeneration. A 30% cut in funding had been given to Opportunity Peterborough which would make a big impact.*
- *Members queried whether Peterborough's representation had been strong enough to give it a fair chance as other local economies were expanding and completing projects that Peterborough seems to be missing. Members were informed that the biggest strategic block was Central Government.*
- *Members commented that the LEADER programme and the Rural Strategy was essential.*

Action Agreed

The Commission agreed for the Chief Executive of Opportunity Peterborough to:

- Draft a letter on behalf of the commission to the Member of Parliament for Peterborough to advise him of the need for help with employment and businesses in Peterborough.
- Give feedback from the Commission to the Local Enterprise Partnership, encouraging them to hold their meetings in public, due to the large amounts of public funds they were spending.

7. Forward Plan of Key Decisions

The Commission received the latest version of the Council's Forward Plan of Key Decisions, containing key decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet Members would make during the course of the following four months. Members were invited to comment on the Plan and, where appropriate, identify any relevant areas for inclusion in the Commission's work programme.

ACTION AGREED

The Commission noted the latest version of the Council's Forward Plan of key Decisions.

8. Work Programme

Members considered the Commission's Work Programme for 2013/14 and discussed possible items for inclusion.

ACTION AGREED

The Commission agreed to add the following items to the Work Programme:

- Local Produce (to possibly include a food exhibition)

- Fracking

The meeting began at 7.00pm and ended at 9.25pm

CHAIRMAN

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SCRUTINY COMMISSION FOR RURAL COMMUNITIES	Agenda Item No. 4
1 APRIL 2014	Public Report

Report of the Joint Scrutiny Committee

Contact Officer(s)

- **Adrian Chapman, Assistant Director for Communities and Targeted Services – Tel: 01733 863887**
- **Paulina Ford, Senior Governance Officer – Tel: 01733 452508**

SCRUTINY IN A DAY OVERVIEW REPORT: UNDERSTANDING AND MANAGING THE IMPACTS OF WELFARE REFORM ON COMMUNITIES IN PETERBOROUGH

1. PURPOSE

- 1.1 The purpose of the report is to provide the Commission with the overview report (attached at Appendix 1) detailing the outcomes from the Joint Scrutiny in a Day event held on 17 January 2014 which looked at understanding and managing the impacts of welfare reform on communities in Peterborough.

2. RECOMMENDATIONS

- 2.1 The recommendations from the Joint Scrutiny in a Day event are detailed in the attached report at Appendix 1.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 The issues of welfare reform and tackling poverty affect the entire Sustainable Community Strategy. The Strategy is developed to build a bigger and better Peterborough and it is essential that our communities are supported and given the right opportunities to help achieve this.

It is hoped that, by adopting some of the core principles of the Strategy, we can holistically address some of the risks and harness some of the opportunities identified during the Scrutiny in a Day event. These principles include:

- A focus on outcomes, not organisations
- Addressing the root cause of issues by adopting a preventative approach
- Doing things differently for less through innovation
- Ensuring we prioritise and maintain a clear focus

4. BACKGROUND

- 4.1 The 2012 Welfare Reform Act is making the biggest change to the welfare benefits system since the 1940's. These changes will have a direct impact for most benefit claimants, which for some will be significant. There may also be a number of indirect and unintended consequences, some negative (such as overcrowding in housing) and some positive (such as greater innovation leading to new employment schemes).

Between 2012 and 2018, a number of important changes will come into effect on a range of welfare benefits such as housing benefit, council tax benefit, tax credits, disability living allowance and incapacity benefit amongst others. Welfare Reform will affect people both in and out of work.

The Act will also see the introduction of Universal Credit, which aims to simplify the current benefits system by bringing together a range of separate benefit payments into one single streamlined payment process.

Welfare Reform will have an impact on how the Council and its partners deliver support, advice and services to the public.

In July 2013 each Scrutiny Committee and Commission agreed to participate in a ground-breaking joint 'Scrutiny in a Day' event, entitled 'Understanding and Managing the Impacts of Welfare Reform on Communities in Peterborough', to develop an in-depth understanding of the issues and opportunities and to scrutinise responses on this cross-cutting agenda. The event, held on January 17th 2014, provided all Scrutiny Councillors and other participants with a chance to understand the Government's strategy on Welfare Reform, and how it affects Peterborough.

This report provides an overview of the event and its consequential outcomes.

5. KEY ISSUES

- 5.1 A series of key issues and recommendations for further debate and exploration by each Committee or Commission are set out in the attached report.

6. IMPLICATIONS

- 6.1 The attached report provides an overview of the outcomes from the event. It is likely that, as work is developed and actions taken forward following discussion at committee, there will be implications across the Council and within our partner organisations, but at this stage these implications are not known. As each recommendation and line of enquiry is taken forward, separate and more detailed reports will be presented to committee identifying these implications in more depth.

7. CONSULTATION

- 7.1 None

8. NEXT STEPS

- 8.1 The attached report will be presented to each of the Council's five Scrutiny Committees and Commissions during March and April 2014. Members will be asked to discuss, debate, refine and finalise their key lines of enquiry and recommendations in order that they can be added to the relevant meeting schedules for the 2014/15 municipal year.

Officers will also continue to work with the Centre for Public Scrutiny to define and calculate the return on investment achieved as a result of this intensive scrutiny approach, and will support the CfPS who wish to produce a case study based on our experience of the event which can be shared nationally.

9. BACKGROUND DOCUMENTS

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

- 9.1 None

10. APPENDICES

- 10.1 Appendix 1 - Scrutiny in a Day: Understanding and Managing the Impacts of Welfare Reform on Communities in Peterborough – Overview Report

SCRUTINY IN A DAY

17th January 2014

Understanding and Managing the Impacts of Welfare Reform on Communities in Peterborough

Overview Report

March 2014



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Introduction

The 2012 Welfare Reform Act is making the biggest change to the welfare benefits system since the 1940's. These changes will have a direct impact for most benefit claimants, which for some will be significant. There may also be a number of indirect and unintended consequences, some negative (such as overcrowding in housing) and some positive (such as greater innovation leading to new employment schemes).

Between 2012 and 2018, a number of important changes will come into effect on a range of welfare benefits such as housing benefit, council tax benefit, tax credits, disability living allowance and incapacity benefit amongst others. Welfare Reform will affect people both in and out of work.

The Act will also see the introduction of Universal Credit, which aims to simplify the current benefits system by bringing together a range of separate benefit payments into one single streamlined payment process.

Welfare Reform will have an impact on how the Council and its partners deliver support, advice and services to the public. The Council will need to work even closer with local partners across the public and civil society sectors, and with businesses in delivering the changes that Welfare Reform brings. Key to the successful implementation of Welfare Reform will be ensuring that the Council and local partners have an agreed strategy and understanding of the issues and how they can be addressed. Given the scale and impact that changes will bring each of the Council's Scrutiny Committees and Commissions have a strong interest in understanding these impacts on their areas of work and in making recommendations to manage these impacts.

Each Scrutiny Committee and Commission therefore agreed to participate in a ground-breaking 'Scrutiny in a Day' event, entitled 'Understanding and Managing the Impacts of Welfare Reform on Communities in Peterborough', to develop an in-depth understanding of the issues and opportunities and to scrutinise responses on this cross-cutting agenda. The event, held on January 17th 2014, provided all scrutiny councillors and other participants with a chance to understand the Government's strategy on Welfare Reform, and how it affects Peterborough.

This report provides an overview of the event and its consequential outcomes, and sets out a series of issues and recommendations for further debate and exploration by each Committee or Commission.

Further work is underway to identify the longer term impacts of and benefits from the event in order that these can be more widely shared and used to influence and shape policy and practice across Peterborough.

Context to welfare reform and poverty

The Scrutiny in a Day event, although primarily focussed on welfare reform, was organised against a backdrop of the broader issue of tackling poverty.

Britain has some of the highest levels of child poverty in the industrialised world. It is estimated that some 3.5 million children and young people in the UK live in relative poverty (defined as living in households with an income of 60% or less of the median household income).

The Child Poverty Act 2010 sets challenging UK-wide targets to be met by 2020. These targets are to:

- reduce the number of children who live in families with income below 60% of the median to less than 10%
- reduce the proportion of children who live below an income threshold fixed in real terms to less than 5 per cent.

In 2012 the Welfare Reform Act received Royal Assent. The Act legislates for the biggest change to the welfare system in over 60 years.

The Act has been designed to deliver £18bn savings from the national welfare budget as announced in the spending review 2010, and a further £12bn savings by 2018 announced in the budget of March 2012.

One of the Government's priority aims in reforming welfare benefits is to make the system of benefits and tax-credits fairer and simpler, protecting the most vulnerable in society and delivering fairness both to benefit claimants and to the taxpayer. It also seeks to recreate the incentive to get more people into work by ensuring that 'work always pays'.

According to the last available figures, the East of England has an unemployment rate of 7.2%¹, which is less than the national average. Peterborough has an average workless household² rate of 16.6%³, slightly higher than the regional average of 15.4% but lower than the national average of 18.9%. However, Peterborough has higher levels of poverty than many other areas in the country, with 24.3% of Peterborough's population considered in poverty (higher than the English average of 21.4% and the regional average of 16.9%).

¹ House of Commons Research paper 12/04, Jan 2012

² Where the household contains at least one adult of 16-64 years old.

³ "Households by the combined economic activity status of household members by area (Jan – Dec 2011)", Office for National Statistics, September 2012

Centre for Public Scrutiny Return on Investment Model

The Scrutiny in a Day event was organised with the support of a cross-party, cross-committee working group. The working group benefited from the generous support and advice of the Centre for Public Scrutiny (CfPS) who provided three days of funded support via one of their scrutiny expert advisers, Brenda Cook.

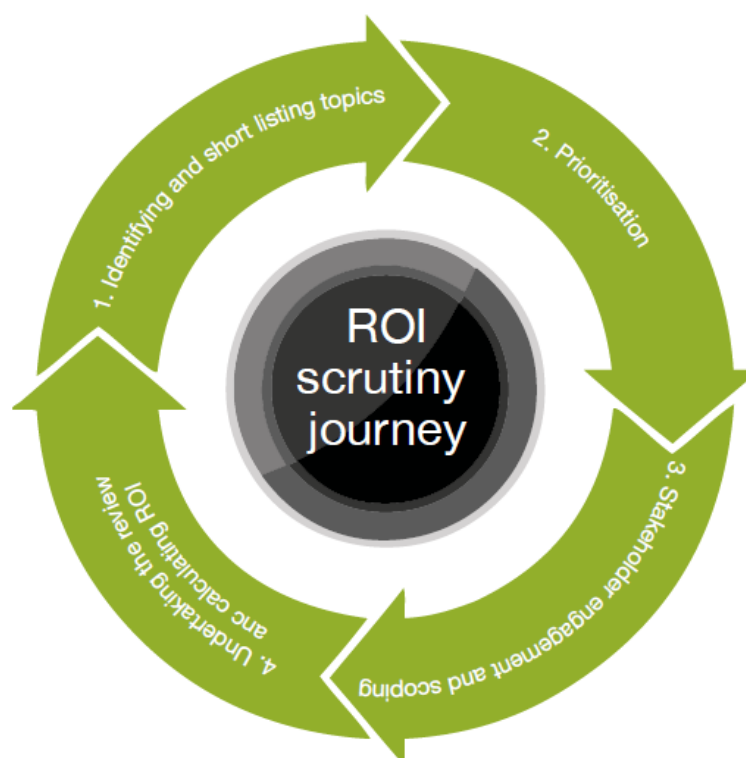
The CfPS is a charity whose principal focus is on scrutiny, accountability and good governance, both in the public sector and amongst those people and organisations who deliver publicly-funded services.

Brenda Cook advised the working group on the 'Return on Investment' model for scrutiny developed by the CfPS, and it is this model that was used as the tool for measuring the impact of the event and subsequent workstreams.

The Return on Investment model is based on four stages of a scrutiny journey (figure 1 below refers):

1. **Identifying and short listing topics:** understanding the potential impacts and opportunities the city faces as a result of welfare reform
2. **Prioritisation:** being clear about what aspects of welfare reform we want to focus on
3. **Stakeholder engagement and scoping:** broadening out the review to draw in the experience and expertise of partners and members of the public
4. **Undertaking the review:** and then estimating and evaluating the impact of the scrutiny process, and testing the ways in which a potential return on investment may be calculated

Figure 1:



Officers are currently working with the CfPS to calculate the returns on investment that can be attributed to the event. Some of these are already evident and are happening, including:

- New relationships being formed between different individuals and partners, leading to different processes and procedures being introduced that make best use of resources
- New investments or expert support from the private sector into organisations such as the Foodbank and Carezone
- Young people from City College Peterborough's John Mansfield Campus learning about the risks of excess credit and inappropriate borrowing

Other returns on investment will evolve and emerge throughout the course of the year, depending upon which lines of enquiry each Committee or Commission chooses to pursue. However, even at this early stage we can be confident that some of the returns on investment will be linked to:

- Greater connectivity between partners to deliver more seamless support services to people adversely affected by welfare reform
- New schemes that develop volunteering, training or employment opportunities
- A focus on reducing gambling, particularly on the High Street
- Greater and more consistent investment in preventative programmes, including quality advice and guidance, appropriate financial products, housing related support and reducing criminality

The Scrutiny in a Day Event – Format and Overview

The event combined sessions designed to inform and educate councillors, to connect councillors with service providers and support organisations, and to enable councillors to consider workstreams, lines of enquiry and recommendations that their respective Committees might wish to pursue during 2014/15.

A copy of the programme for the event is attached at appendix 1.

A wide range of councillors, council officers, and partner agencies attended the day. The Joint Scrutiny Committee was made up of the following Councillors:

Joint Scrutiny Committee:

Cllr Nick Arculus
Cllr Chris Ash
Cllr Sue Day
Cllr Lisa Forbes
Cllr John Fox
Cllr Judy Fox
Cllr Chris Harper
Cllr Jo Johnson
Cllr Nazim Khan
Cllr Pam Kreling
Cllr Diane Lamb
Cllr David Over
Cllr John Peach
Cllr Brian Rush
Cllr Lucia Serluca
Cllr John Shearman
Cllr Ann Sylvester
Cllr Nick Thulbourn
Al Kingsley – Independent Co-opted member

Other Councillors in attendance were:

Cllr Charles Swift, and

Cabinet Members:

Cllr Graham Casey
Cllr Wayne Fitzgerald
Cllr Nigel North
Cllr David Seaton
Cllr Marion Todd
Cllr Irene Walsh

In addition, we are extremely grateful to the wide range of council officers and partners who helped to organise and facilitate the event.

Set out below is a summary of each of the various components that made up the programme for the event. The morning sessions were held without members of the public or the media present, to enable participants to focus on learning more about the subject, whilst the afternoon sessions were all held in public.

Morning Sessions

Welcome and Introductions

Brenda Cook, expert adviser from the Centre for Public Scrutiny and facilitator for the event, welcomed all attendees and set out the objectives for the day.



Opening Address

Gillian Beasley, the Council's Chief Executive, gave the opening address stating how innovative the event was. Gillian also set out the opportunities that could come from the event and the subsequent year of scrutiny, and how critical this was in the context of supporting our citizens and strengthening our communities.

Overview of the Reforms

Julie Coleman from the Department for Work and Pensions and Keith Jones from Peterborough Citizens Advice gave an overview of the breadth of the reform agenda, including the scale of some of the changes being made. They confirmed the recent news that the funding being used in Peterborough to deliver the Community Assistance Scheme (the Local Welfare Provision from the Department of Work and Pensions) was to be withdrawn from 2015/16.

The Wider Context: Poverty in Peterborough

Jawaid Khan from the Council's cohesion team and Sharon Keogh from Carezone gave an overview of the wider issue of poverty and its impacts in Peterborough. Sharon then shared a number of real case studies, bringing to life the reality for some of the clients her organisation supports.

Development Session 1: The Experience

Participants were invited to experience five scenarios, each drawn from real experience in Peterborough, that articulated the impacts of welfare reform or poverty, the support available to people affected by these issues, and the temptations that some people turn to in order to help them cope. The five scenarios (attached for information at appendix 2) were acted out by council officers and staff from partner agencies.



Development Session 2a: The Evidence

Participants were invited to learn more about the facts and figures associated with welfare reform and poverty, through the medium of a short interactive quiz. Voting buttons were used to answer a series of questions that were designed to challenge people's understanding and knowledge of the issues and to expose some of the key facts. In advance of the event, councillors were provided with a pack of information and evidence (see appendix 3), and this part of the event was designed to pick out the key points from that pack. The questions asked and their respective answers are included at appendix 4.



Development Session 2b: The Reality

Participants were invited to meet a small number of Peterborough residents who have been directly affected by welfare reform. This was an opportunity to hear the reality that some people were facing, and we are grateful to those who volunteered to attend and to the various partner agencies that supported them.

In addition, this session provided an opportunity for participants to view a series of displays and information from a wide range of partner organisations, specifically:

- Accent Nene
- Age UK Peterborough
- Anglia Rainbow Savers Credit Union
- Axiom Housing
- Care and Repair Home Improvement Agency
- Carezone (Kingsgate Community Church)
- City College Peterborough
- Council 0-19 service
- Cross Keys Homes
- DIAL Peterborough
- Foodbank (Kingsgate Community Church)
- Health Watch
- Heataborough
- Home Group
- Hyde Housing

- Job Centre Plus
- Peterborough and Fenland MIND
- Peterborough Citizens Advice
- Peterborough Council for Voluntary Service
- Public Health Live Healthy Team
- Ready to Switch

Afternoon Sessions

The Impacts

The Shontal Theatre Company were commissioned to deliver a performance entitled 'Bust' which exposes the issues of excessive credit and inappropriate borrowing in a domestic setting, and the impacts that changes of circumstances can have on a family. The hard hitting performance involves actors acting out a domestic scenario, with interludes for the audience to engage and comment on what they've seen.

Feedback from Development Session

Brenda Cook summarised the initial feedback from the morning development sessions in order to focus the participants on the more detailed discussions and debates to be held during the afternoon. During the morning sessions participants were invited to post ideas and questions in ballot boxes that were located throughout the areas being used. These were reviewed during lunchtime, enabling Brenda to summarise the key points. Brenda identified four common themes:

1. There are many different organisations that are engaged in supporting people in poverty and people who are relying on benefits, welfare or support, but how well are organisations working together? How well are organisations signposting to each other? And can the current practise be improved?
2. The impact of gambling, and the prevalence of gambling in Peterborough, and also the amount of money that's involved in the gambling industry. What can the Council do in relation to gambling? What stance can we take? Is there a need for education in schools, or for young people to see some of the figures that the councillors were given earlier? What action can be taken?
3. The issues associated with educational attainment and young people, and why Peterborough is so poor when measured against other areas at Level 4 and above. What can be done? What can we as a Council do to address that, working with partners?
4. The issue of managing debt: how is this dealt with? What can be done to improve it?

Public Engagement

This session provided an opportunity for members of the public who were in attendance to ask any specific questions or make any points they felt were relevant. Nobody chose to ask anything at this point, although it should be noted that various members of the public who did attend contributed to the discussions at other times throughout the afternoon.

Joint Scrutiny Committee – the Big Questions

Brenda Cook facilitated a question and answer session during which a range of issues and queries were responded to in order to prepare scrutiny councillors for their more detailed discussions. The questions asked and the answers provided is attached at appendix 5.

Individual Scrutiny Committee and Commission Meetings

Each of the Scrutiny Committees and Commissions met separately to develop a list of recommendations and lines of enquiry, formed as a result of the day's various sessions (although unfortunately the Scrutiny Commission for Rural Communities had insufficient numbers of Scrutiny Members present to meet during this session). The various recommendations and lines of enquiry developed during this session are set out in section 4.

Final Remarks, Next Steps and Close

Councillor Irene Walsh, Cabinet Member for Community Cohesion, Safety and Public Health, gave closing remarks, commenting on the impact and diversity of the event and the wide ranging topics discussed. Councillor Walsh reaffirmed our collective commitment to supporting people affected by welfare reform and poverty.

Recommendations and Lines of Enquiry from each Scrutiny Committee or Commission

Four of the five Scrutiny Committees or Commissions produced a shortlist of key lines of enquiry or recommendations that those present felt they may want to focus on during the 2014/15 municipal year. These are set out as follows:

Creating Opportunities and Tackling Inequalities Scrutiny Committee

1. To explore the impact of welfare reform on young people and their attainment in mainstream education.
2. To identify barriers to work and explore how early years provision, support and related services can help parents into employment.
3. To understand the impact and needs arising from welfare reform and ensure that initiatives such as Connecting Families can meet these needs.

Strong and Supportive Communities Scrutiny Committee

1. To explore the impact of the cessation of the Local Welfare Provision funding from Department of Work and Pensions and develop recommendations to Cabinet on how the Peterborough Community Assistance Scheme can be sustained.
2. To raise awareness of the ongoing reforms, the impacts and support available with communities, councillors and partners. Develop opportunities for sharing experiences caused by welfare reforms between communities, councillors and partners.
3. To explore opportunities of how investing in local community groups can help to prevent and tackle poverty.
4. To receive a report on the extent of gambling within the city and develop actions to mitigate the impact of gambling such as education, awareness raising and prevention.

Scrutiny Commission for Health Issues

1. To create an accessible, visible and customer-orientated access point for advice.
2. To receive and scrutinise a report from Public Health on planned initiatives relating to healthy eating, food and nutrition along with the links to poverty and other lifestyle factors.
3. When receiving the Public Health report above, to look at links between the nutrition and uptake of school meals and educational attainment.
4. To receive and scrutinise a report on the impact of poverty on public health and explore how investing in measures to tackle poverty can improve health outcomes.

Sustainable Growth and Environment Capital Scrutiny Committee

1. To consider the Council's response to gambling and to devise a holistic approach to combatting the economic threats posed by gambling and vice
2. To understand the role that the voluntary sector can play in helping the council to deliver its key objectives. To foster closer links into and between the voluntary sector and review how the Council can support this
3. To scrutinise the Affordable Housing Capital Strategy to enable the Committee to consider recommendations relating to social housing.

Scrutiny Commission for Rural Communities

As the remit of the Scrutiny Commission for Rural Communities is cross-cutting, members will consider which of the recommendations and lines of enquiry above they wish to pursue alongside new suggestions that have emerged since the event.

Next steps

This report will be presented to each of the Council's five Scrutiny Committees and Commissions during March and April 2014. Members will be asked to discuss, debate, refine and finalise their key lines of enquiry and recommendations in order that they can be added to the relevant meeting schedules for the 2014/15 municipal year.

Officers will also continue to work with the Centre for Public Scrutiny to define and calculate the return on investment achieved as a result of this intensive scrutiny approach, and will support the CfPS who wish to produce a case study based on our experience of the event which can be shared nationally.

Finally, when agreed by each Scrutiny Committee and Commission, this report will be shared with all who participated in the event as well as with our wider partnership networks to help define and guide our work programmes for the coming years.

Further information on this report is available from:

Democratic Services Team

Chief Executive's Department, Town Hall

Bridge Street

Peterborough, PE1 1HG

Telephone – (01733) 747474

Email – scrutiny@peterborough.gov.uk

Understanding and Managing the Impacts of Welfare Reform on Communities in Peterborough

Programme

Joint Meeting of the Scrutiny Committees and Commissions: Scrutiny in a Day

Friday 17th January 2014

Town Hall 9am – 4.40pm

Session 1: 9am to 1pm – Development Session for Councillors

9.00 – 9.30 Arrivals, registration and coffee

9.30 – 9.35 Welcome and introduction to the day

Brenda Cook, Centre for Public Scrutiny

9.35 – 9.45 Opening address

Gillian Beasley, Chief Executive, Peterborough City Council

9.45 – 10.00 Overview of the Reforms

Julie Coleman, Department for Work and Pensions and Keith Jones, Peterborough Citizens Advice

10.00 – 10.15 The Wider Context: Poverty in Peterborough

Sharon Keogh, Kingsgate Community Church and Jawaid Khan, Community Cohesion Manager for Peterborough City Council

10.15 – 12.15 Development sessions:

Session 1

10.15 – 11.15 The Experience

An interactive walk-through of the impacts of welfare reform, the support available and the temptations facing individuals and families.

Session 2a

11.15 – 11.45 The Evidence

Gary Goose and Ray Hooke, Peterborough City Council

An interactive workshop to better understand data and evidence on poverty and deprivation

Session 2b

11.15 – 11.45 The Reality

An opportunity to hear from local residents who have been impacted by welfare reform and an opportunity to meet with agencies providing frontline support to people.

11.45 – 12.15 Sessions 2a and 2b repeated

12.15 – 1.00 Lunch

1pm to 4.40pm – Joint Scrutiny Event – Open to Public

1.00 – 2.00 Theatre Production ‘Bust’

Shontal Theatre Company to perform ‘Bust’ production: a young couple who manage to attract a portfolio of debt leading to a change in personal circumstances.....

2.00 – 2.10 Feedback from the Development Session and Introduction to the Afternoon

Brenda Cook, Centre for Public Scrutiny

2.10 – 2.30 Public Engagement

An opportunity for members of the public to give evidence on the impact of welfare reform

Facilitated by Brenda Cook, Centre for Public Scrutiny

2.30 – 3.10 The Big Questions

Facilitated by Brenda Cook, Centre for Public Scrutiny

3.10 – 4.10 Joint Scrutiny Committee Workshops

Explore key lines of enquiry and develop recommendations

4.10 – 4.30 Feedback from Workshops

Facilitated by Brenda Cook, Centre for Public Scrutiny

4.30-4.40 Closing Remarks and Next Steps

Councillor Irene Walsh, Cabinet Member for Community Cohesion, Safety and Public Health

APPENDIX 2: SCENARIOS USED IN THE 'EXPERIENCE' SESSION

The Experience Session – Zone Scenarios

The following scenarios were used to set the scene for the Experience Session, during which council officers and staff from other agencies acted out different situations that brought together the impacts of welfare reform and poverty, the support that is available to people affected, and the temptations that are open to them.

Zone 1: Charlene

Charlene is a single mum with school age children. She has a history of receiving benefits for her disability, but following a recent reassessment, Charlene has been told that she is no longer eligible for disability benefits.

Charlene has now got a part time job, but on minimum wage. She is finding it difficult to pay her bills and provide food for the family. To make matters worse, her cooker no longer works and needs replacing. Charlene needs to find £300 urgently as she cannot provide a hot meal for her family.

Zone 2 – The McGuire Family

The McGuire family consists of Mr & Mrs McGuire and two children. Both parents have been unemployed for a number of years and receive benefits. Due to the changes in the Council Tax scheme, the family are now required for the first time to pay an element of Council Tax.

The family live in a House of Multiple Occupation (HMO). Conditions are very poor affecting the family's health and wellbeing.

The family have problems managing their money properly and are in debt. The children are often given convenience foods (ready meals, junk food etc.) and are in poor health. The parents see the black market as a way of making some quick money through the sale of illegal tobacco /alcohol.

Zone 3 – Andy

Andy is a private tenant aged 32. He has been renting a 1 bedroom self-contained flat from his landlord for the last 4 years. The rent is £400.00 per calendar month. When he started renting the flat he was working full time, but was made redundant and has been unable to find another job since.

Andy is in receipt of housing benefit which covers his rent. Due to changes in Housing Benefit rules, Andy's benefits have reduced from £400 per month to £242 per month.

Andy is unable to meet the shortfall in his rent and is now in arrears. He currently owes £1400.

After numerous threatening phone calls, the landlord has now told Andy that she will be visiting the property at 11am today and if he's not out of the property she'll "get some guys round" to forcibly remove him and his belongings. Andy is considering turning to crime as a means of covering his debts

Zone 4 – Denham

Denham is a single father living in a four bedroomed house. He has two children, both boys, one aged 7 and the other 14 who attend different schools. Due to the changes in housing benefit from the Spare Room Subsidy, his benefit has been cut by 25%.

Denham's new job means he has to leave the house at 6am. This means that the children have no one to get them ready for school.

The school is concerned about the lack of attendance of the younger child and the disrupting behaviour in class. The school has asked to meet with Denham on a number of occasions. Denham is also concerned that the older son is hanging around a group of older boys known for anti-social behaviour and being a bad influence.

Denham is struggling to cope and turning to alcohol.

Zone 5 – Dave

Dave moved to a small village with his partner six months ago in a bid to make a fresh start after they kept arguing and Dave's partner started becoming violent. Dave doesn't work as his partner preferred him to stay at home and look after the house, however the rent and bills are all in Dave's name at his partner's insistence. Since they moved, the arguments got worse; Dave's partner cut him off from his friends and family and stopped him going out. Then one day Dave's partner simply took the car, his things and left.

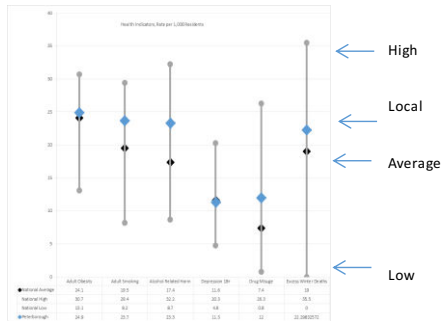
This left Dave alone in the village, isolated without a car and no income. His bills are mounting and Dave is getting into debt. Dave doesn't know anyone locally because his partner didn't allow him to socialise.

Dave starts to visit his local pub daily and uses the fruit machine to pass the time, he occasionally wins and starts to think this a means of getting himself out of debt.

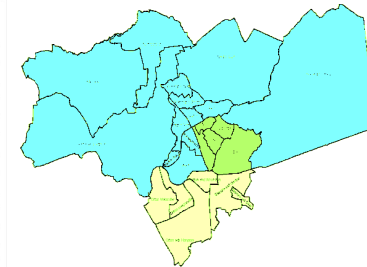
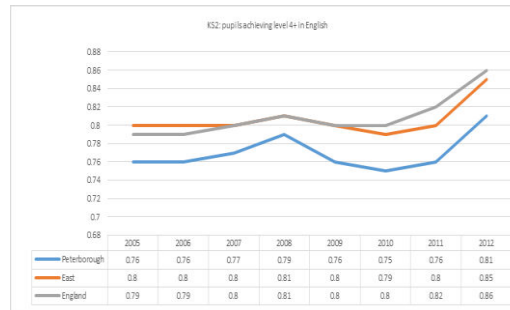
Scrutiny in a Day - Information pack guidance notes

This evidence pack has been developed to assist with the scrutiny in a day "Tackling the effects of the welfare reform" event. The information contained within has been sourced predominantly from open data with some local datasets included and has been grouped, where possible, into themes relevant to each of the five scrutiny committees. The most recently available data has been utilised where possible. This pack has been designed to allow questions to be raised as opposed to providing definitive answers. Where possible, Peterborough has been shown as a comparison to all other Local Authority areas in England, with a proportion showing a localised "drilled down" element.

A guide to interpreting the data.

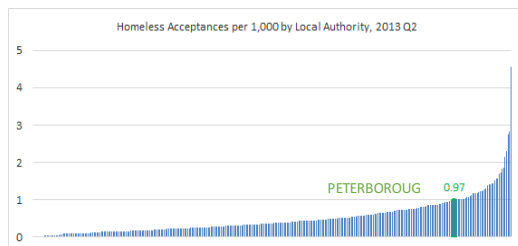


Stock Charts - are a quick way to look at a broad range of data. The maximum and minimum ranges are shown as the highest and lowest points of the line, with Peterborough featuring a blue diamond and the national average shown as a black diamond, these charts will either be shown across a time range, or across a range of themes.



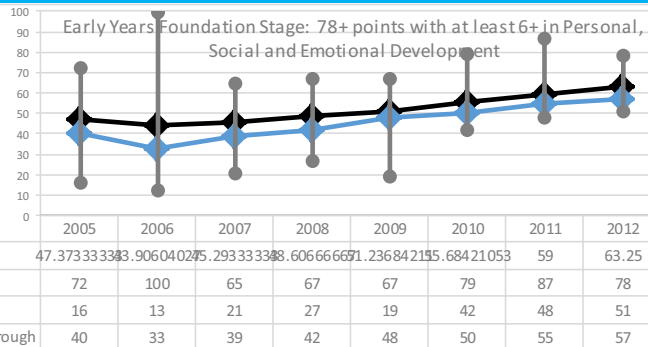
Maps - All maps that have been utilised within this evidence pack are based on ONS defined Output Areas within Peterborough Unitary Authority Ward boundaries and are shown as shaded "heat maps" based on the relative values or rates relevant to each

Line Charts - These are utilised for displaying trends over time. The horizontal X axis shows the date range while the vertical Y axis will show either a number (i.e.. age) a rate (i.e.. per 1000 population) or a percentage (i.e.. a proportion). All Line charts in this evidence pack utilise the same colour themes. Blue = Peterborough, Orange =

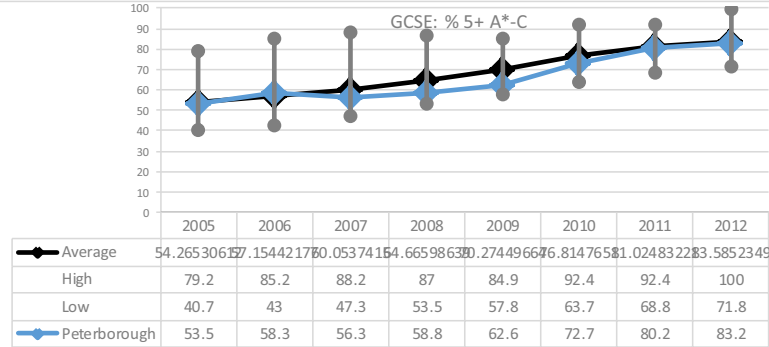


Column Charts - These charts are utilised throughout this document primarily as a way of demonstrating where Peterborough is placed in a national context. Each column represents a Local Authority in England and Wales. Peterborough will always be represented as a green column with its respective data label visible. Lowest volumes/rates will always feature to the left, where highest volumes or rates will appear to the right.

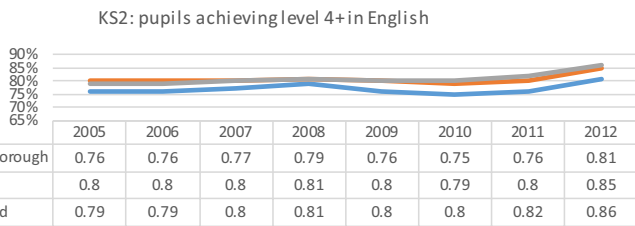
Creating Opportunities and Tackling Inequalities



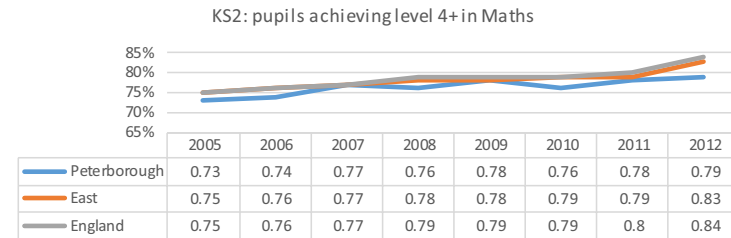
This graph shows that, regarding Early Years achievement, Peterborough and the national average are improving at a similar rate with Peterborough remaining in a relatively deficient position.



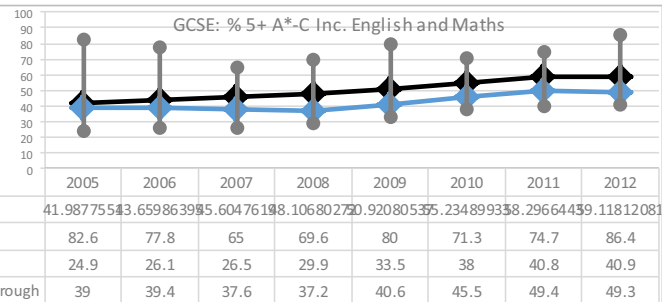
This graph shows that, despite a minor dip from 2007 to 2010, the percentage of students achieving 5+ GCSEs at A*-C grades is in line with the national average.



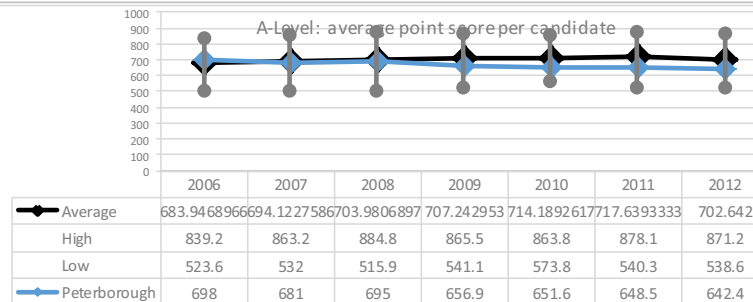
This graph shows that KS2 pupils in Peterborough have consistently trailed the region and country in English achievement since 2006.



This graph shows that, while Peterborough is improving in KS2 pupils achieving level 4+ in Maths, it is at a slightly slower level when compared to regional and national progress.



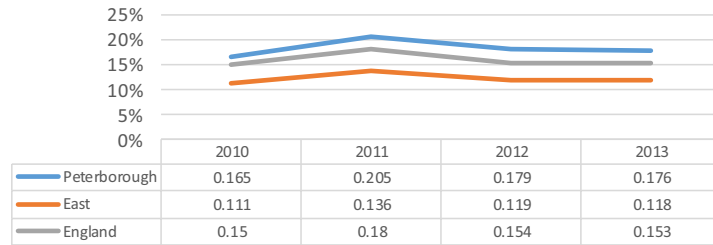
In contrast, this graph shows that Peterborough lags behind the national average regarding A*-C achievement in English and Maths in GCSE.



This graph shows that, beginning in 2009, Peterborough's average A level score per candidate has fallen below the national average.

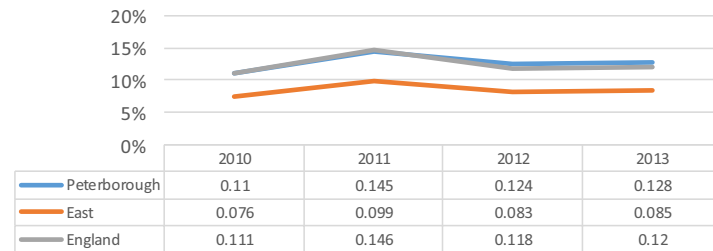
Creating Opportunities and Tackling Inequalities

FSM: primary schools

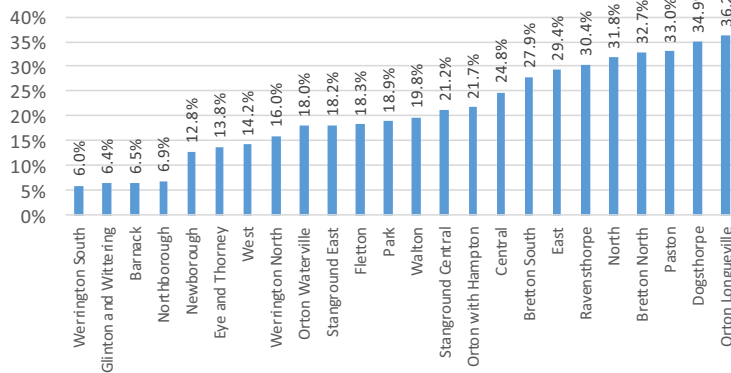


These two graphs demonstrate that Peterborough has a marginally larger percentage of pupils receiving free school meals than England and a considerably larger amount than the region.

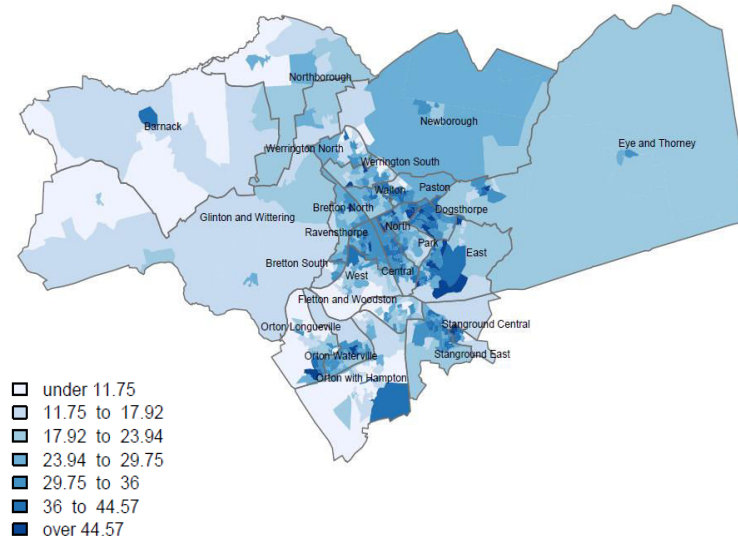
FSM: secondary schools



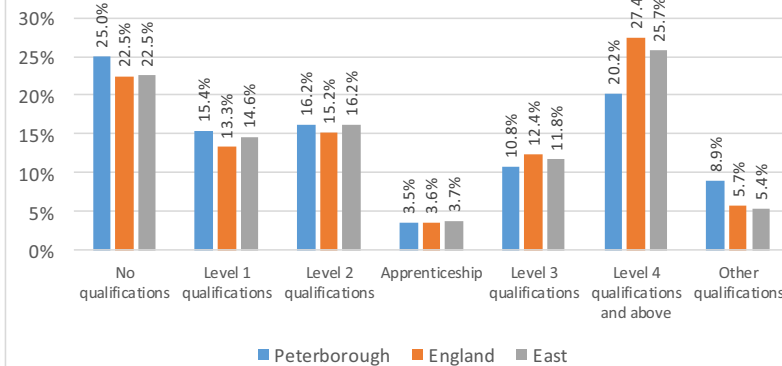
Percentage of Children Under 16 in Poverty



KS501EW0014 (No Qualifications)

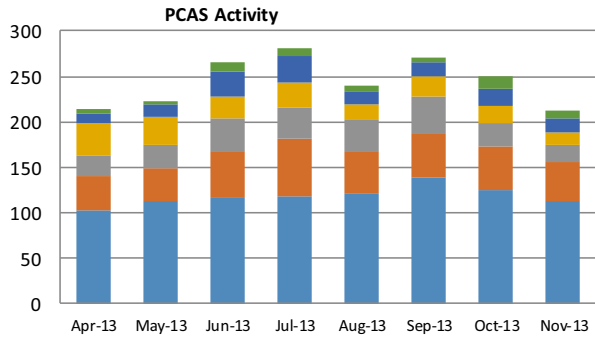


Highest Level of Qualification



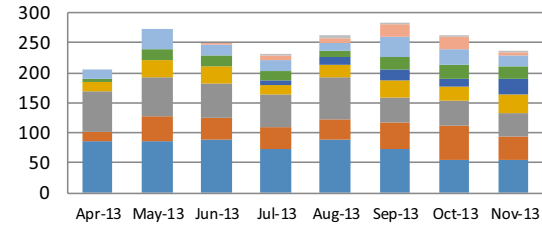
This graph shows that Peterborough has a higher percentage of people with no or other qualifications than the region and country. It also demonstrates that Peterborough has a significantly lower percentage of people with level 4 qualifications (degrees and above) than the region and country.

Creating Opportunities and Tackling Inequalities



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
Microwave Packs Issued	6	3	10	8	7	6	13	8
Wee Re-Use Vouchers	10	14	28	30	13	15	20	15
Referrals to Care Zone	35	30	23	28	18	23	19	15
Emergency Foodbox	23	27	36	34	34	40	26	19
Meter Card Vouchers Issued	38	35	52	63	46	49	48	43
Food Vouchers Issued	102	113	116	118	122	138	124	112

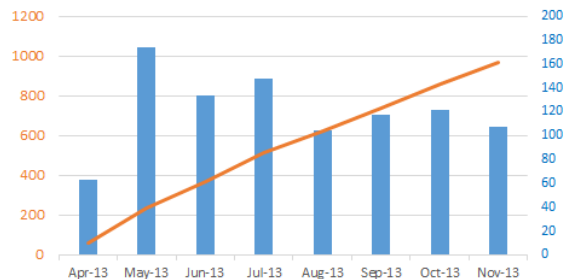
Foodbank Vouchers Redeemed



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
313 Cromwell Road (Central ward)	0	0	0	3	4	4	2	3
Orton	0	0	2	7	7	21	21	7
Stanground	14	33	17	17	15	33	25	16
Bretton	7	18	20	16	10	21	24	23
Salvation Army (Central ward)	0	0	0	8	13	19	14	24
Paston	14	30	28	17	19	28	23	31
Westgate	67	64	57	52	71	42	41	39
Gunthorpe	17	41	37	38	33	43	57	40
Dogsthorpe	86	87	88	73	90	74	55	55

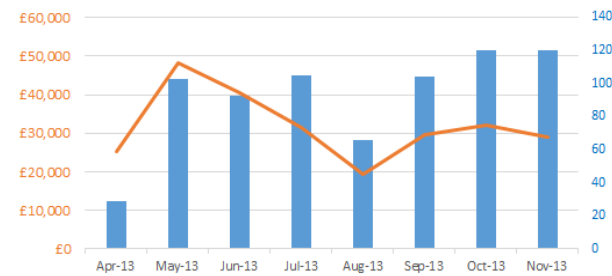
These above two graphs firstly demonstrate the activities of PCAS of which the majority activity was issuing food bank vouchers. Accordingly, the second graph shows the food banks where vouchers were redeemed, the major three location were Dogsthorpe, Gunthorpe and Westgate.

Credit Union: joined



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
Total Joined (Credit Union)	63	174	134	148	105	118	122	108
Cummulative total	63	237	371	519	624	742	864	972

Credit Union: loans

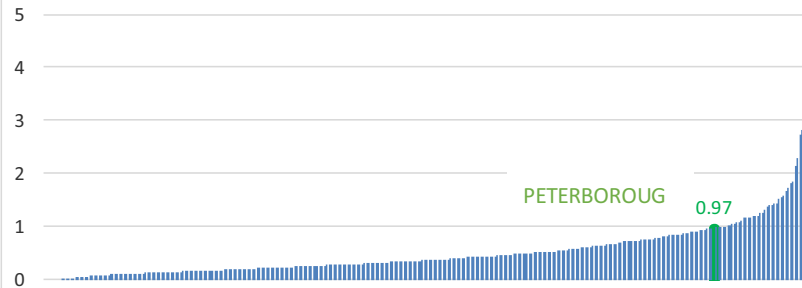


	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
Total number of loans	29	103	93	105	66	104	120	120
Total value of loans	£25,163	£48,291	£40,397	£31,502	£19,480	£29,544	£32,137	£28,945

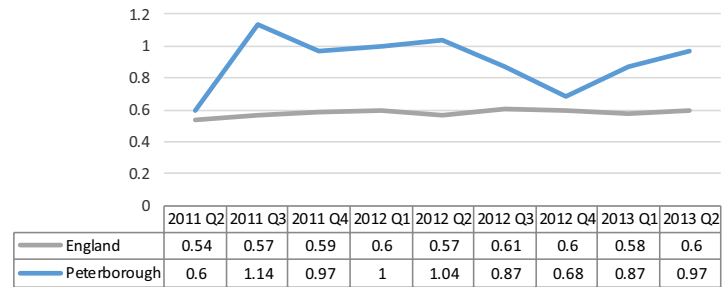
The bottom two graphs track the number of members of the credit union and the amount and value of loans approved.

Strong and Supportive Communities

Homeless Acceptances per 1,000 by Local Authority, 2013 Q2

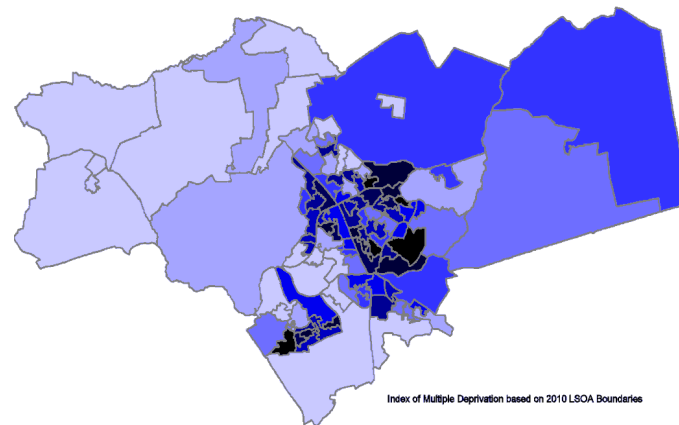
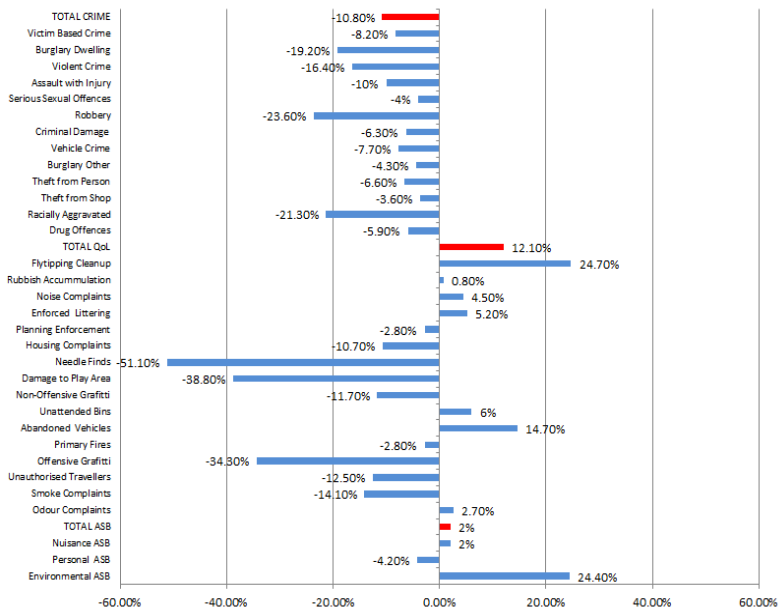


Homeless Acceptances per 1,000



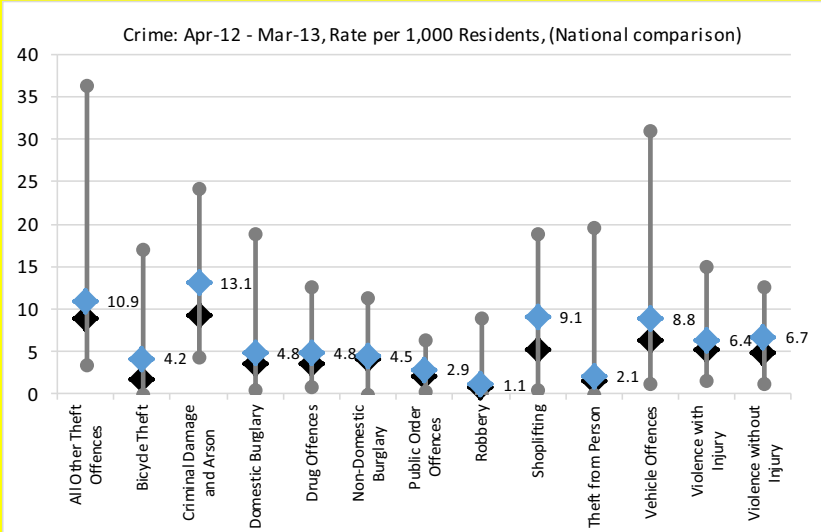
This above graphs show that Peterborough has consistently recorded homelessness acceptances as a rate per 1,000 population in excess of the country. Accordingly Peterborough lies at the higher end of all local authorities in England.

% Variation of Quality of Life factors across Peterborough from Baseline Period (Apr 2012- Mar 2013) to Current period (Dec 2012 - Nov 2013)

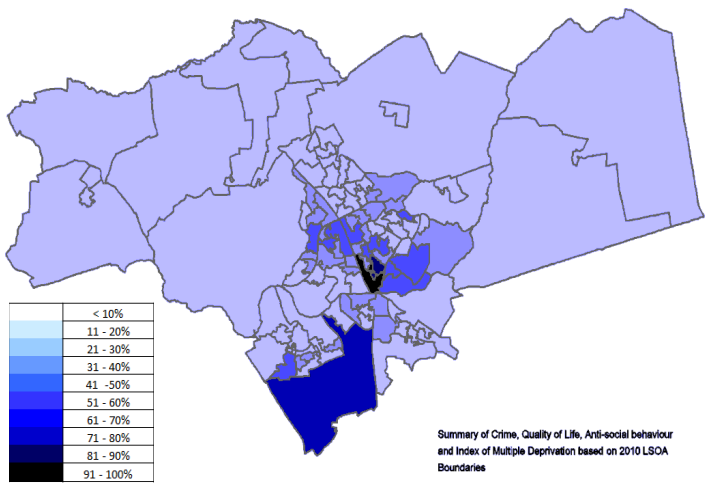


The map above shows the overall rank based on the 2010 Indices of Multiple Deprivation by LSOA. The darker the area, the more deprived it is (and the lower the rank is). When compared to 2007 IMD rankings there is little change. This is the most recent IMD data available. IMD scores will be refreshed in 2014.

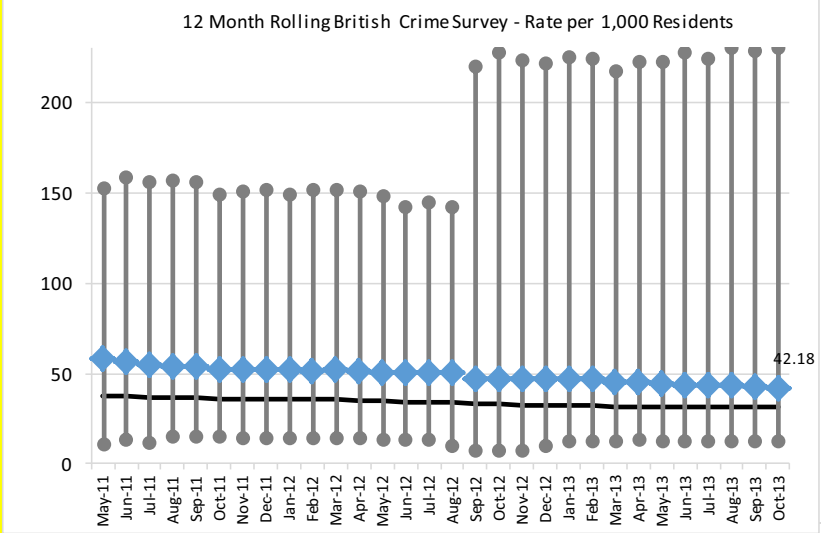
Strong and Supportive Communities



This graph plots the range of crime types per 1,000 residents with the national average and Peterborough's scores superimposed. In all cases Peterborough exceeds the national average.



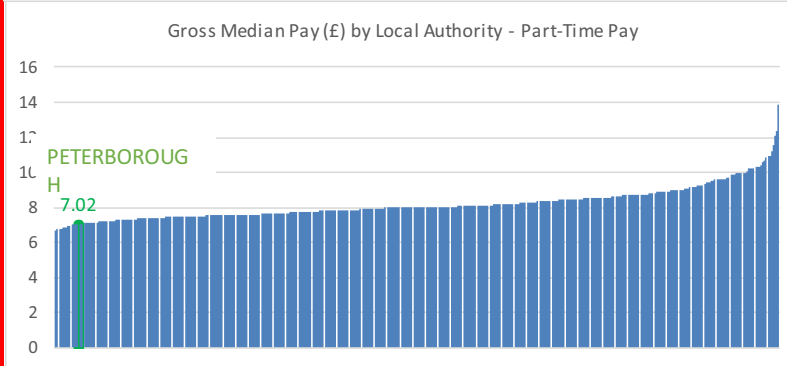
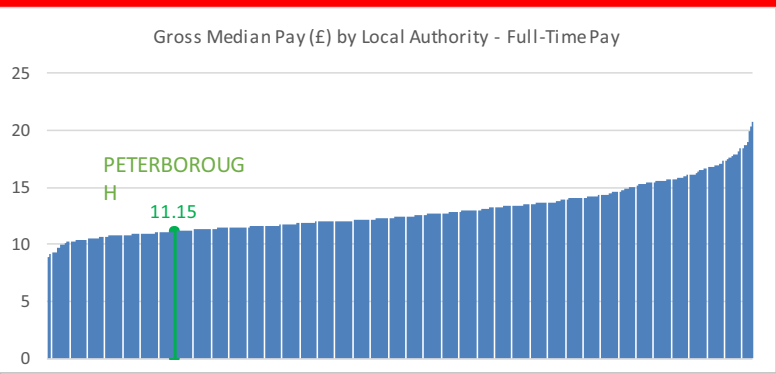
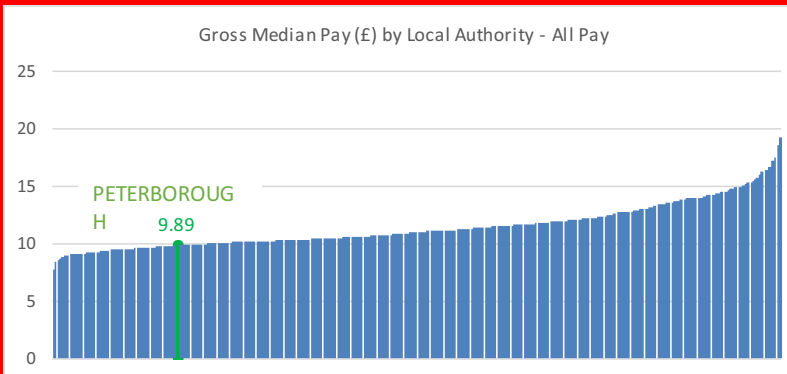
The map above shows the combined proportion of all Crime, Anti-social behaviour and Quality of life incidents reported to the police and local authority.



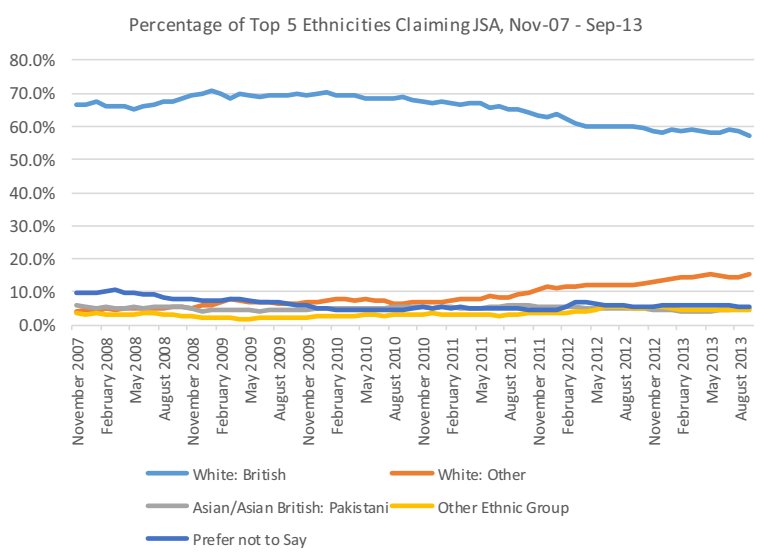
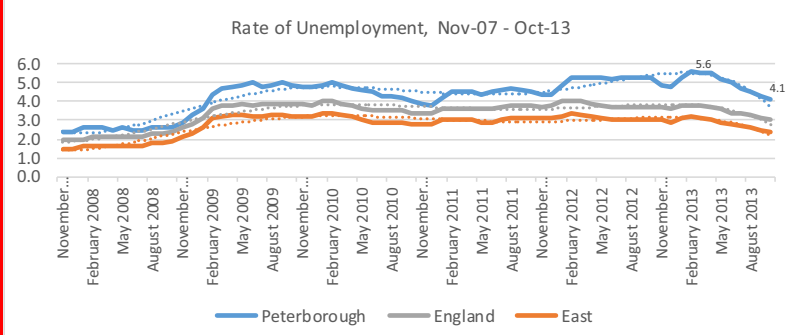
This graph to the left shows the range of Crime Survey of England and Wales scores with the national average and Peterborough superimposed. Peterborough exceeds the national average, but the gap is gradually reducing.

Sustainable Growth and Environmental Capital

45



Residents of Peterborough earn comparatively less than the national median of all British local authorities. This is especially so regarding Peterborough's part-time employees whose median wage is amongst the very lowest in Britain after having experienced an annual reduction of 6.8%. This places Peterborough as 359th of 373 comparable local authorities and well within the lowest 5% in the country at 3.8%. Peterborough's part-time employees accordingly account for 22,000 (27.5%) of Peterborough's 80,000 employees.

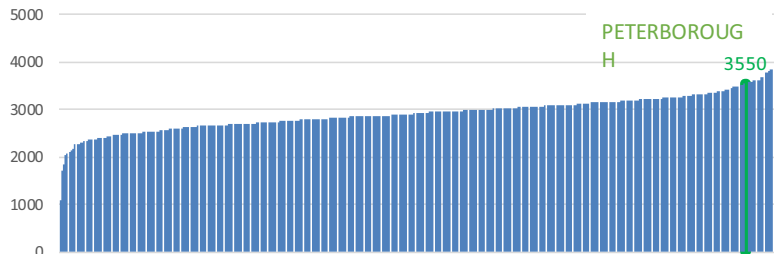


This graph shows the rate of working age unemployment. Peterborough has historically had a higher rate than the region and country although this has been exacerbated by the financial crash. However, during the last couple of months, Christmas hiring seems to have reduced the gap.

This graph shows the proportion the top 5 ethnicities contribute to Jobseekers' claims. As would be expected, White British contribute the most although this has been in gradual decline for the past few years. White Other contribute a distant second and has been increasing for roughly the same

Sustainable Growth and Environmental Capital

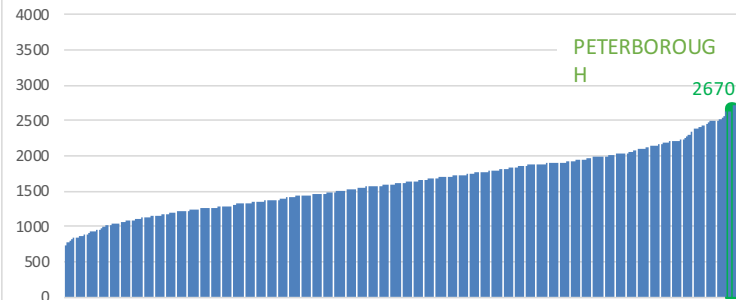
Child Benefit reductions, Households Affected Rate per 10,000



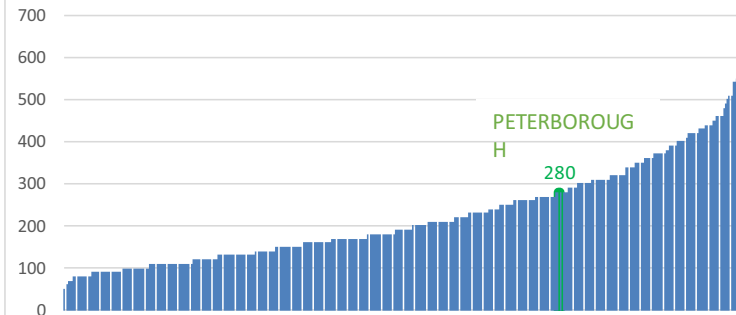
- Peterborough has amongst the highest rate of households affected by child benefit cuts in England and Wales with 3,600 (36%) per 10,000 households affected. This puts Peterborough at 365th of 379 comparable local authorities and well within the top 5% of local authorities most affected at 3.7%.

- Peterborough has amongst the highest rate of households affected by tax credit cuts in England and Wales with 2,720 (27.2%) per 10,000 households affected. This puts Peterborough at 372nd of 379 comparable local authorities and well within the top 5% of local authorities most affected at 1.8%.

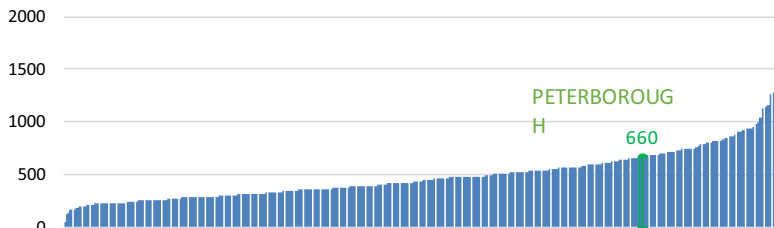
Tax Credit reductions, Households Affected Rate per 10,000



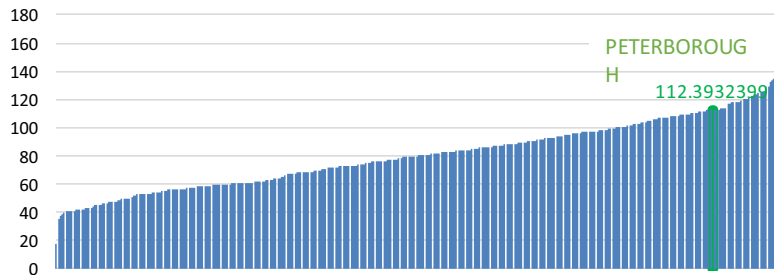
Housing Benefit reductions: Under Occupation (Bedroom Tax), Households Affected Rate per 10,000



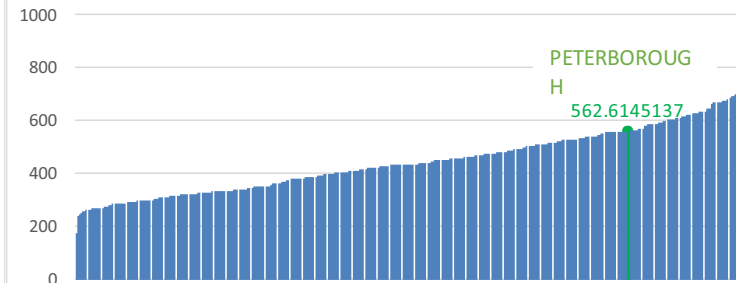
Housing Benefit reductions: Local Housing Allowance, Households Affected Rate per 10,000



1% Uprating, Financial Loss per Working Age Adult, £ per Year

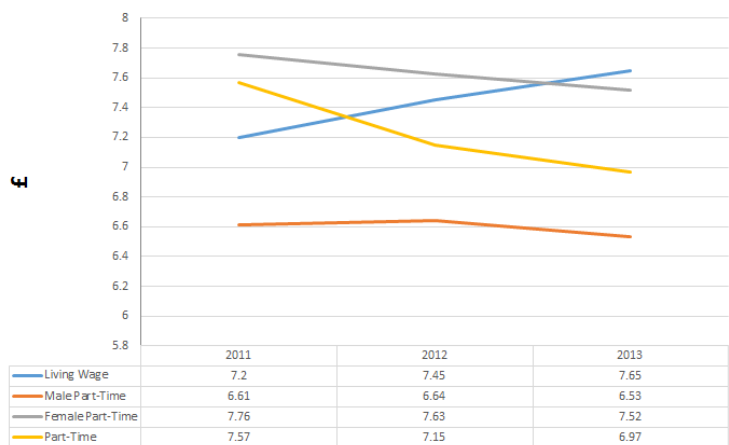


Total reductions, Financial Loss per Working Age Adult, £ per Year

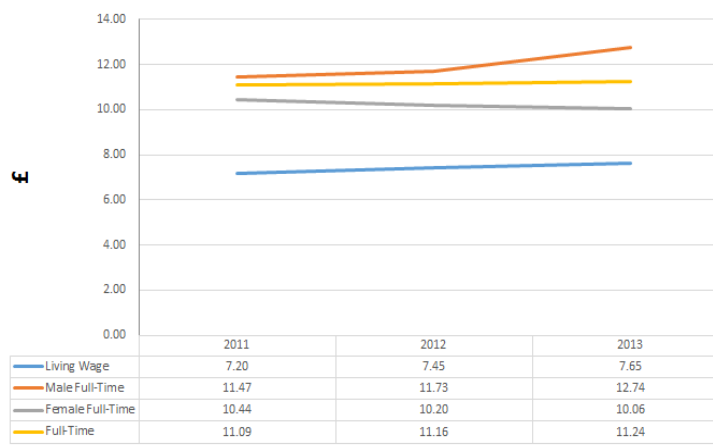


Sustainable Growth and Environmental Capital

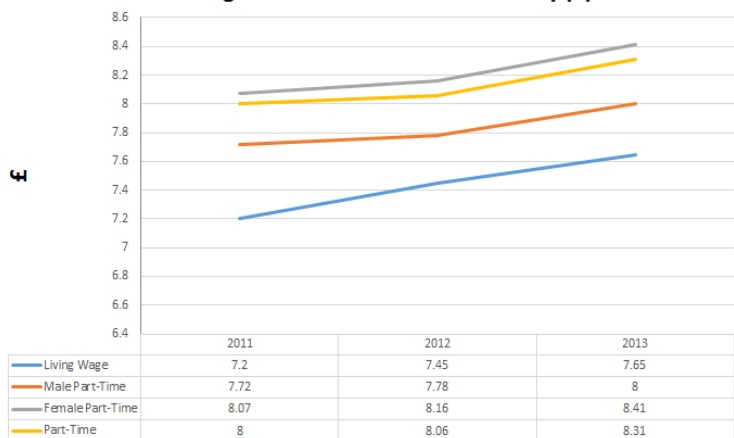
Peterborough - Part time median salary (£)



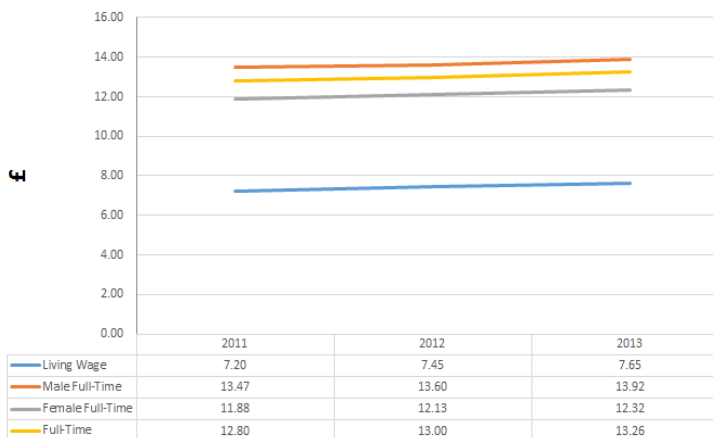
Peterborough - Full time median salary (£)



England - Part time median salary (£)



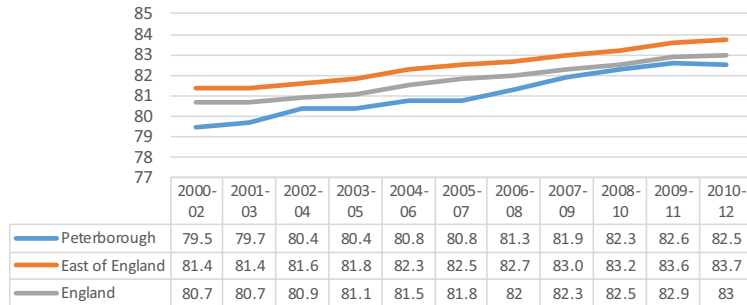
England - Full time median salary (£)



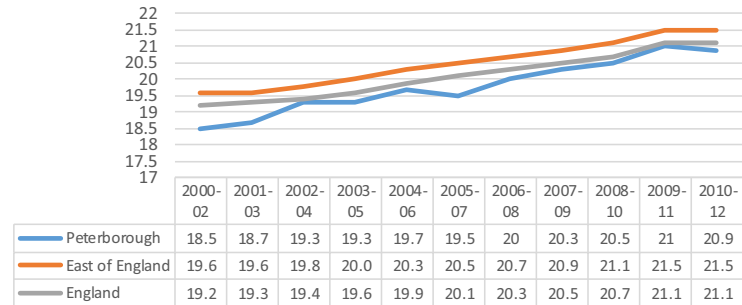
The living wage (not inclusive of London) is currently £7.65, the current minimum wage is £6.31, therefore, in Peterborough, part time males salaries are significantly lower than the living wage, and broadly in line with the minimum wage. These graphs also show that Peterborough's hourly wages are lower than the region and country, as well as demonstrating that female part-time workers are paid in excess of their male counterparts and vice versa regarding full-time wages.

Health Issues

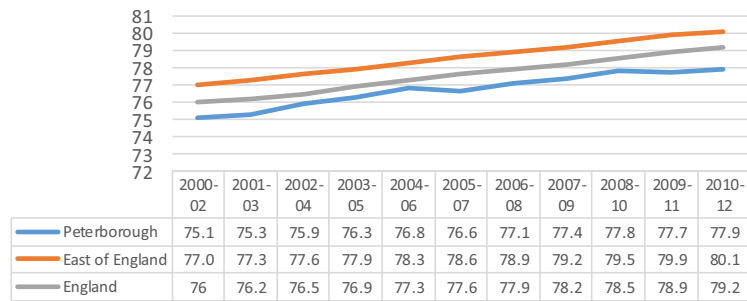
Female Life Expectancy at Birth



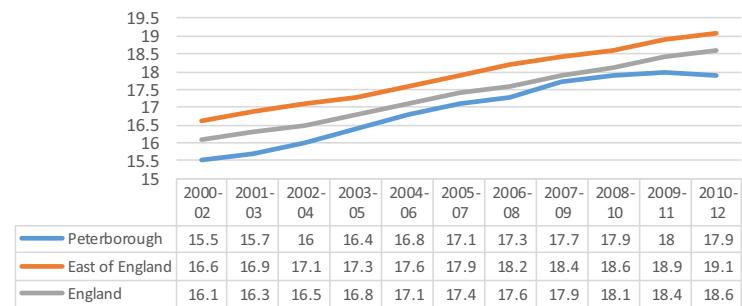
Female Life Expectancy at 65



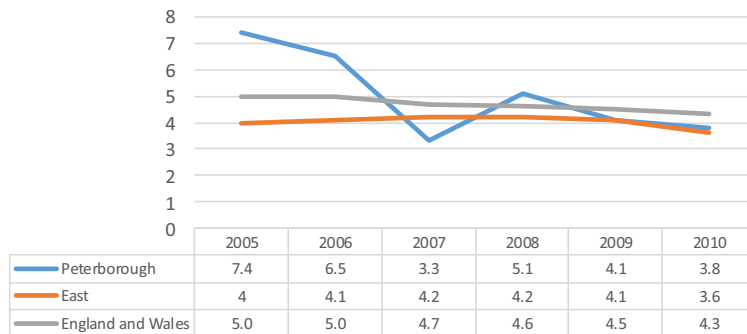
Male Life Expectancy at Birth



Male Life Expectancy at 65



Infant Mortality, Rate per 1,000 Live Births

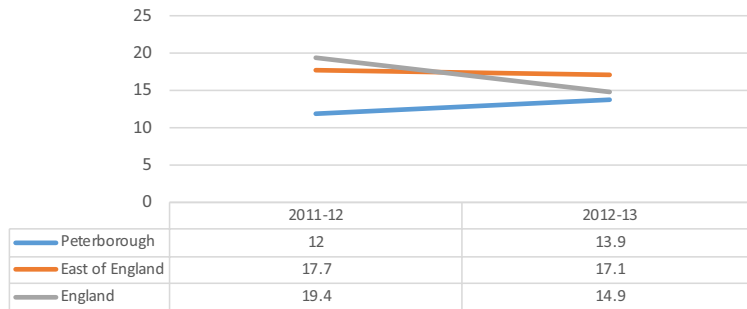


The above four graphs show that life expectancy in Peterborough, regardless of sex and stage of life, is below the region and country, although is improving at a similar rate.

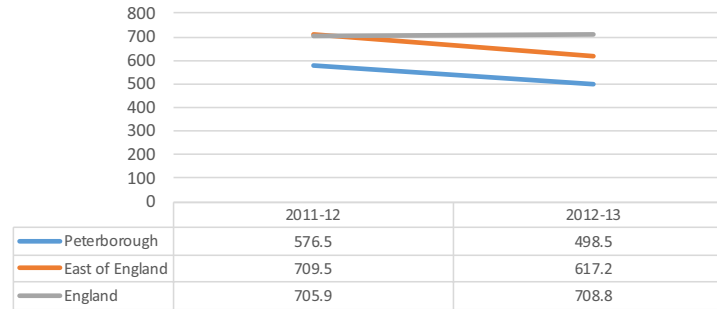
The graph to the left shows that infant mortality has declined from significantly above the regional and national rates in 2005 to in line with both in 2010.

Health Issues

Care Home Admission (18-64), Rate per 100,000 Residents



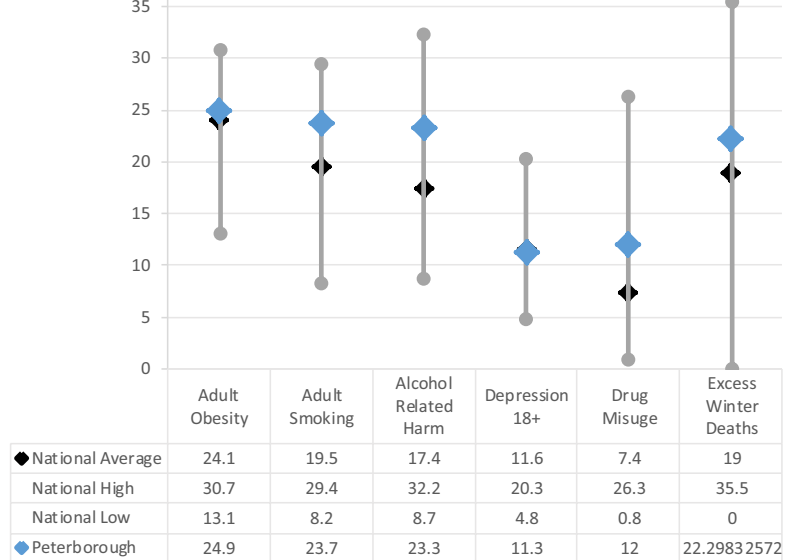
Care Home Admission (65+), Rate per 100,000 Residents



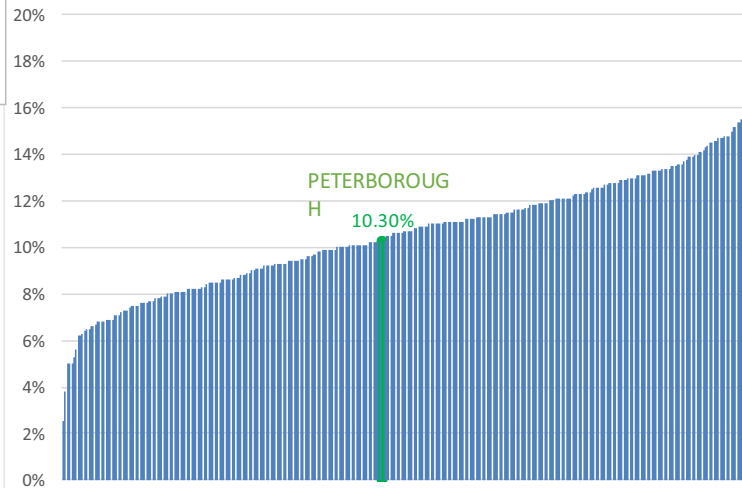
The above two graphs show that Peterborough has less care home admissions per 100,000 people than the region or country, although the trend for the ages of 18-64 suggests Peterborough will soon exceed both in this area.

This graph below shows the range of various health indicators per 1,000 residents with the national average and Peterborough's score superimposed. These show that Peterborough exceeds the national average in all but one indicator, that of Depression 18+.

Health Indicators, Rate per 1,000 Residents



Percentage of Household's Experiencing Fuel Poverty by Local Authority

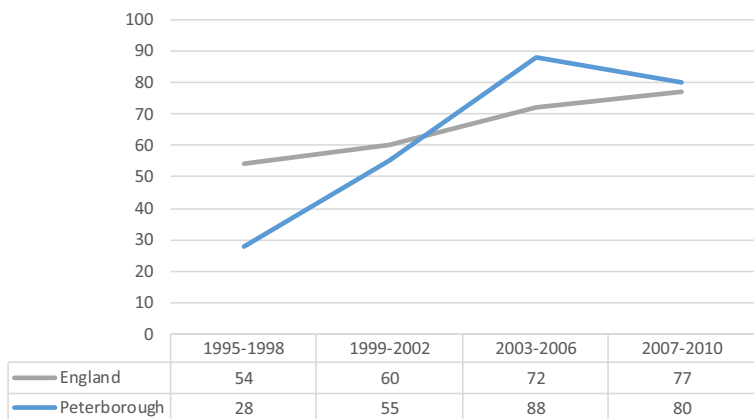


• Peterborough's rate of fuel poverty is 10.3%, better than the median of all comparable English local authorities of 10.7%. This places Peterborough 150th out of 326 local authorities with a percentile of 46%.

• There is a significant range in households experiencing fuel poverty in Peterborough's 104 LSOAs. The highest was 35.8% in one of Central's 6 LSOAs which accounted for 177 households, while the lowest was 3.1% in one of Orton Waterville's 5 LSOAs which accounted for 23 households. Across the 104 LSOAs Peterborough's average was 10% while the median was 9.4%.

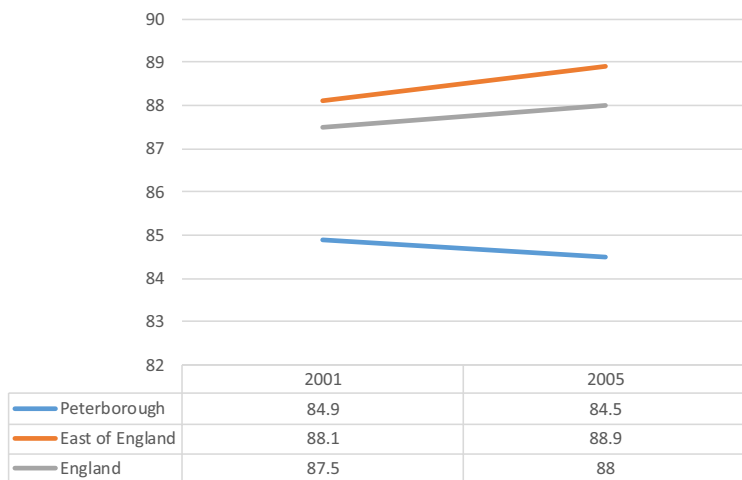
Rural Communities

Proportion of New Dwellings on Previously Developed Land



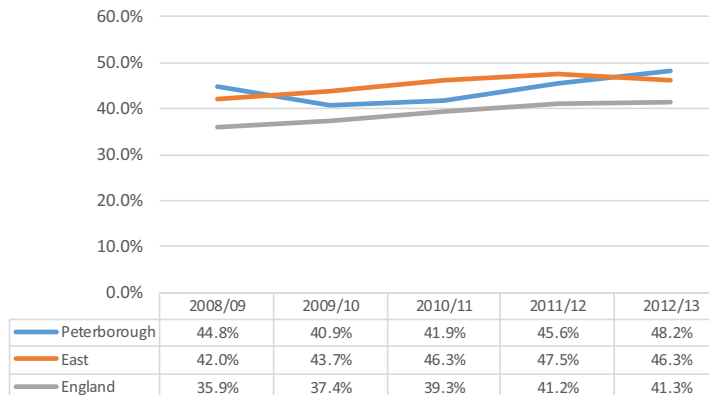
This graph shows that in recent years Peterborough has exceeded the country regarding the percentage of new dwellings built on previously developed land.

Percent of Green Space Land

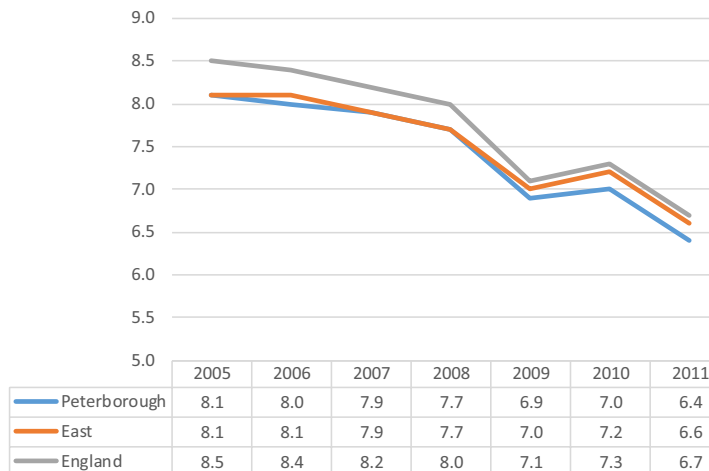


While the percent of green space land appears to have increased at both a regional and national level, Peterborough has noticed a very slight reduction.

Percent of Local Authority Collected Waste Sent for Recycling/Composting/Reuse



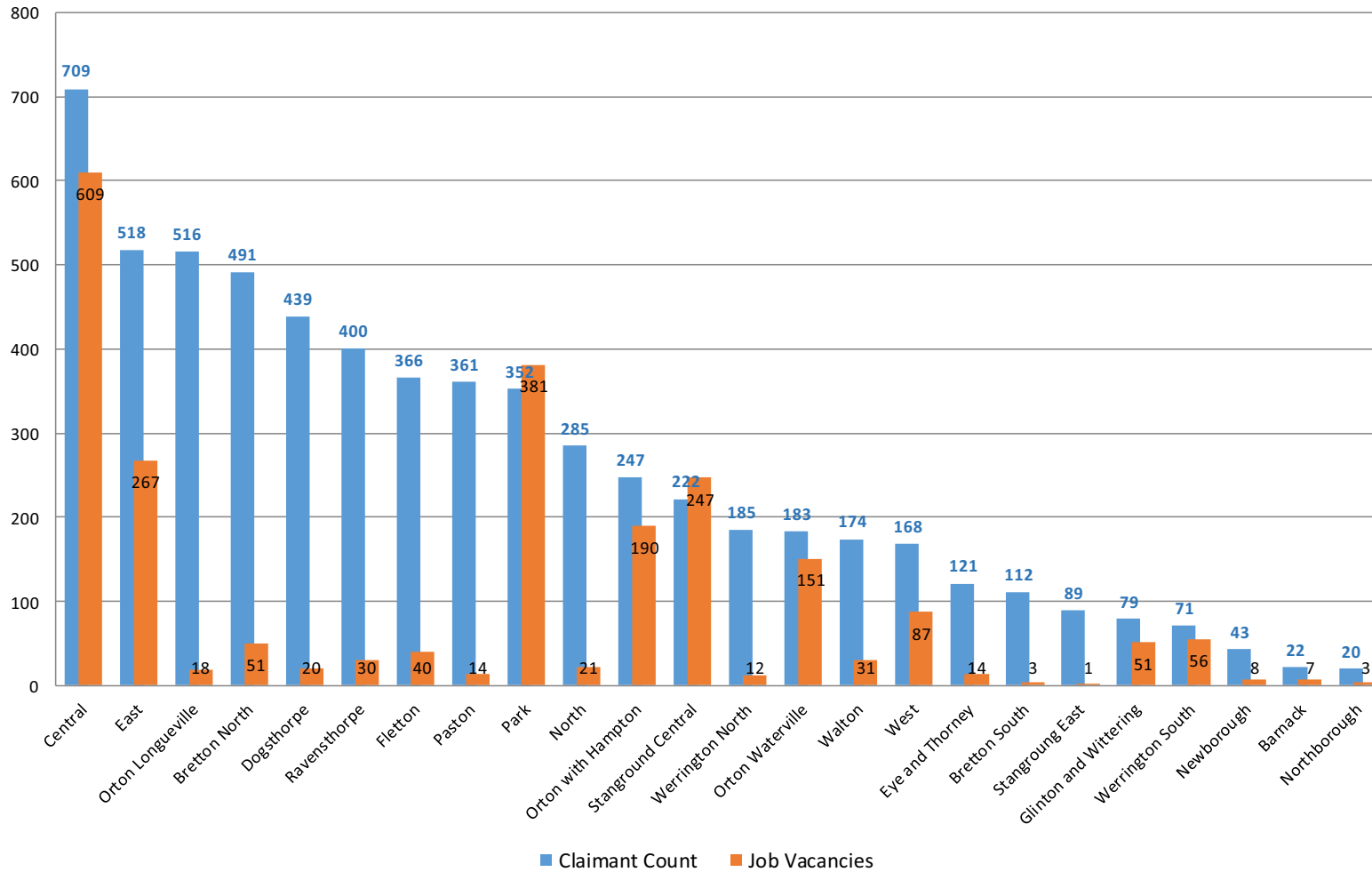
Total Per Capita CO2 Emission Estimates (t)



The above two graphs show that Peterborough is in line with the region and country regarding recycling, composting and reusing collected waste and also CO2 emissions.

Rural Communities

Average number of monthly claimant counts and Job vacancies by Ward (Dec2011 - Nov 2012).



There are clear disproportions regarding the volume of claimants by ward when compared to job vacancies by ward, this is likely to effect those living in rural communities as well as those less mobile claimants ability to easily commute to work without rely upon transport.

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APPENDIX 4: THE 'EVIDENCE' SESSION QUESTIONS AND ANSWERS

N.B. Correct answers are bold and underlined

Question 1

What is the Median Gross annual pay in Peterborough?

- a) £15,756 **b) £20,799** c) £23,539 d) £26,925

Question 2

There are approximately 40,000 children living in Peterborough, what % are classed as living in poverty?

- a) 6% b) 11% c) 18% **d) 24%**

Question 3

In 2001, 6% of households lived in either a council house/Registered Social Landlord property, what is the % 10 years later in 2011?

- a) 4% b) 6% **c) 13%** d) 19%

Question 4

What proportion of Peterborough's over 16 population have NO qualifications?

- a) 5% b) 15% **c) 25%** d) 35%

Question 5

Of Peterborough's 16-74 year population, what % is in full time employment?

- a) 23% b) 33% **c) 43%** d) 53%

Question 6

Of Peterborough's 16-74 year population, what % is classed as unemployed?

- a) **5%** b) 8% c) 12% d) 16%

Question 7

With the aforementioned question in mind, what proportion of prison entrants are unemployed?

- a) 24% b) 36% **c) 54%** d) 62%

Question 8

Peterborough has 80 Fixed Odd Betting Terminals spread over 20 licensed premises across the city, each arguably in the most deprived areas of Peterborough. How much money was lost over the last 12 months in these 80 machines?

- a) £40,000 b) £300,000 c) £1 million **d) £4million**

Question 9

With the last question in mind, how much money was actually gambled/put into these machines over 12 months?

- a) £1 million b) £5 million c) £50 million **d) £100 million**
(£127,363,700, equivalent to £1,103 per voteable adult)

Question 10

England and Wales has circa 7500 wards, each has been ranked according to its deprivation levels based on the Indices of Multiple Deprivation, With 1 being the least deprived and 7500 being the most deprived, where on this scale do you think Peterborough's least deprived ward sits and where does Peterborough's most deprived sit?

Least deprived is **Glinton ranked 1337**

Most deprived is **Central at 7256**

Question 11

The Peterborough Community Assistance Scheme has been in operation since April 2013. From then up to December last year, what is the average number of loans given out each month by the Credit Union?

- a) 22 b) 45 **c) 95** d) 327

Question 12

How much on average does the credit union effectively loan out?

- b) £ 58 b) £92 **c) £376** d) £820

This equates to an average of over £31,000 being loaned out per month.

APPENDIX 5: TRANSCRIPT FROM THE 'BIG QUESTIONS' SESSION

Question: We had the scenarios about people with not a lot of money buying ready meals and snacks and also the food banks. Is there anywhere or anybody that gives out recipes that people can use where they can buy bigger bags of say, rice and pasta and mixer. Is there anything out there where there are recipes whereby people can put down the cost of buying ready meals?

Answer: Through the public health service we work with a range of different communities, and it's not just about the recipes. In some cases and for some of the members in our communities it's about some very basic early learning about how to prepare and actually cook the food, so the support we provide goes beyond just providing recipes and looking at particular food which preserves longer, but also helping people choose the correct food and helping them prepare and cook that food, which we've found to be quite a challenge in certain communities. So we undertake that type of work both within communities – we run educational programmes within schools and we try and go the most appropriate place to access the people rather than seeking members of a community to try and find that information. We use a range of different health champions in the community that allows us to access those communities that are in most need.

Question: I was going to make the comment that eating properly is essential to both physical and mental health, and if people are suffering from a lack of money, that's going to be exacerbated. Now, I know that people try their hardest to help with food parcels, but a food parcel doesn't give a family a proper diet, certainly it doesn't give people fresh fruit and I was wondering what was being done to address this? And I can't help but add that as one of the richest nations in the world, it seems utterly appalling that we have to even consider this type of thing.

Answer: First of all, we are aware that giving people good menus would be something that we've got to look to in the future and we are working with volunteers, but just coping with what we are doing is taking our priority at the moment. The Food Bank gives out shopping lists to people which have been worked out nutritionally by the Trussell Trust and we know that it's all tinned food, dried food and we haven't got fresh food and we haven't got facilities to store that at the moment, but we are aware of it and we are thinking further ahead in the work we're doing. And we're aware that with some people we have to ask a question: do you have a tin opener? So there are problems out there which we are trying to cope with.

Question: One of the things we were able to see this morning looking at the Experience Session was looking at a number of different 'zones' and feedback looking at everything from adolescent intervention to domestic abuse, and there seemed to be a recurring theme: that many of those individuals access the services by referral, because they wouldn't have had access directly or known of the different services available. It seems that with lots of agencies and partners together today, there must be some kind of common ground on how we can improve awareness for the general public so they could access directly some of these services.

Answer: I'm primarily responsible for crime reduction, however it's much wider than that and I think we've accepted that one of the things we really need to work upon in the next phase of our work is being proactive in getting the messages out. We've got a very strong partnership in the field we've been working in.

One of the strongest partnerships, I daresay, in the country around community safety and crime, so we've got a strong statutory membership that works well together. The key for us, as I say, is in being more proactive rather than just waiting for referrals and I can assure you that that will be something that's in our plan for the next three years. It's one of the key things we've already identified and we will make sure that it happens. In particular, picking up on a meeting that we had earlier this week – it's not just the city, it's the rural areas as well which have very distinct issues for us.

Answer: We are going out and visiting all the community groups in Peterborough that are registered with us (PCVS) – we've got about 500 registered groups at the moment. Every week we have views of groups that have come forward – we had Women's Groups that have come just last week saying that they want to set up. So I think it's important that the questions that we're asking those groups are: what are the issues that you're facing? What are you currently doing to support people in your community? So I think that's the place that we need to get information to those groups out about what's available, to make sure that they are aware.

Question: Can I come back on that? I think it's a positive strand, because there's so many things discussed this morning that I wasn't aware of and we've confirmed other people couldn't access. Perhaps the suggestion for consideration is: rather than lots of individual groups finding means to spread the message, if they were consolidated, it might be a more effective way.

Answer: Just two things I wanted to come back on. One is that we do have a new communities directorate that does bring together the services we're talking about alongside the adolescent intervention services and all of the 0-19, and interestingly we do have a meeting actually set up with PCVS to look at how we can bring the services the Council provides – targeted services – with the voluntary and communities sector. In terms of letting people know, we do actually have a locality tool that is a web-based tool that is updated on a termly basis, which is services available to children and families at the moment, but we actually want to extend that to wider services, so we are going to build on that and I'd be happy to send that link out again.

Question: Do the members of the voluntary sector here look to leadership from the City Council, or would we be better funding a separate body to co-ordinate a response to the welfare changes? Because I'm conscious that we're delivering the welfare changes, so we're not necessarily the people that people would automatically come to for assistance.

Answer: What we have done very recently is gone out to the whole of the voluntary sector and asked them if they would be interested in setting up a partnership for voluntary organisations to look at how we can meet things that are coming up in the city and some of those partners are here today. I think of course the issue for us is – our intention – is to look at all of the issues that are coming up, we know that there's a strategy that you are currently delivering with the Council that was written with the voluntary sector. So we know that what we need to do as a sector is come back to you and say "this is how we think the best outcomes can be delivered", which may not be just about helping people fill out benefit forms. It might be about the whole need of a family, of their carers involved and basically we need to be able to come back to you and say that we've made a difference.

So the voluntary sector partnership and the community involvement partnership are coming together to do that. Where the challenges are, of course, as always, are around resourcing. What we're doing is coming back to local authorities and saying "with this amount of money, we can make this much difference". I also want to say something I think is very important – there are a lot of groups out in the communities – 98% that we believe with a little bit of resource could be delivering a lot more than they're currently doing. I've been in contact with people on the ground – they're the people that can be trusted to be honest about what's happening and where we can really make the changes.

I think it's also important to recognise that every time someone walks into a voluntary sector organisation, it's an opportunity for us to make a difference in that person's life all round.

Question: One thing that happens is that many people see councillors as the one-stop-shop. They come to us for the signposting that's been referred to, and I think that picks up from what was said earlier. What would be handy for me as a councillor and what I think would be even more handy for new councillors, is to have a list of all the agencies that are there to help and what they specialise in, so we can say – "have you tried so-and-so". Not that you'd do it off the top of your head and you're thinking it as you're there talking, but it would be handy to have a checklist in front of you, and I wonder whether other people would find that useful and whether our offices have considered that. I find trawling through the Council website when you're in a hurry is a hard slog.

Answer: I think that's something very practical we can do fairly easily from today, and I think it would be useful to have one set of information and not have multiple sets of information, so assuming there is general support for that approach, I think that's something that could be achieved.

Question: Peterborough is growing in its population and its diversity. Since often that growth in diversity is unplanned, how is it that we can work together to ensure that the poverty level of the people that are coming in are not going to be majorly affected. How do we work together to alleviate that?

Answer: I work as Community Cohesion Manager at the Peterborough City Council. In fact, it is very important that in tackling poverty that none of the communities are left out, whether they are new or settled communities. It's very important, particularly in groups that PCVS mentioned such as the Timorese, and other community groups are not left out because of the language they use, but the bulk of the issues dealt with are as I say, as evidenced by the people that are seeking help at least, are coming largely from the British White communities as they are 60% of the people seeking help, but there are growing numbers of other communities. But the Councillor is absolutely right – it's important for us to make sure that the others are not neglected and that's an important part which in the city is being done by the Community Cohesion Board and the work that we do with the Diversity Forum is linked with that.

Question: Can I just follow up on the question given by the Councillor and the reply given by the Community Cohesion Manager? People in the main, and we've been talking about councillors and their situations – Councillor Khan's and Councillor Peach's wards are a lot more challenging than mine. Five years ago I had five percent Eastern Europeans. This year, in my ward, I have 20%. In some wards there are 25%. One thing that came out to me this morning and worried me a great deal was the fact that one out of every eight is White British and the changing pattern in the population. Now, I can't speak these languages, and we're the councillors that represent, and there's been a 140% increase in those that have come from Eastern Europe in the past four years. They may be in poverty, but they don't know how to come to me and I don't know how to go to them, so how do we look into that?

Answer: We've been talking about this within the new Communities Directorate and saying that what we need to do now is more around community development, but when we talk about is getting into the community to identify people that can help us to provide information to the different people from the different cultures and that's something we're keen to major on in this coming year.

Answer: In my own church we have a big international community and we've found that by nominating a representative to each group that they can then come forward to the clergy and say that they've got problems. The East Timorese were one in particular, as they are a young community of young men especially living on their own, living in multi-occupancy houses.

The other thing we have being set up is an African Group being set up because we see that our African population is growing within our church. I think that churches have a role in this to help the Council by realising what they've got in their own churches, and there are many international churches using the state churches here in Peterborough and it's trying to keep up with them. And unfortunately, some of the groups split – they're not happy with their church leaders, so they go off, but I am aware of where people are from various groups, but I'm sure the churches could help.

Answer: I'd like to respond to the support available to the councillors, because it is a crucial area. So apart from the community development work that we've talked about and also the important work that the faith communities are doing – I think this could be a good opportunity for us to see what support we can give to the councillors. It's not about training for languages – it's about understanding the way of life of different communities. So in fact that could be something we can explore further with the Democratic and Governance services to see what we can do in terms of understanding different communities. We've done something similar for the Roma community and I know City College are in the process of organising it further, so that could be one of the starting points and I can discuss details with Governance services on that.

Answer: As a businessman and some academics and people from voluntary sectors – I'd watch this space because we're actually going to trial something in Peterborough which is about exactly this issue, which has been hopefully picked up nationally, which is a cross-language communication device, which allows doctors, legal professionals and people like ourselves to communicate without the language knowledge. So the issue has created an opportunity which looks like it could work.

Question: Helping people with crisis support is perhaps when people first go to the voluntary services – how do you currently help people in poverty that maybe have long-term mental health problems in the long term?

Answer: We are part of the community assistance scheme so we do provide support with crisis in the short term, but it isn't what we provide long-term support with, but we do provide support with the recovery style which looks at all aspects of life – everything that encourages living full life in the community, so money, employment, having a social life, hobbies is all part of that. We have a 12-step recovery program which is an outcomes-focused model that looks at the whole life. But there are links between poverty and depression, and they go hand-in-hand.

Question: I don't think any individual or family has a single-issue problem and if our approach to solving problems is to hit each crisis as it comes, we'll end up with families still in crisis. One example in a very small way in which St. Marks is trying to get to the root of a person's lifestyle and choices is we've partnered with the Hope Into Action project which is based in Peterborough. Between us we've purchased a house in our ward and we've installed three tenants there – three young men who we look after. So they have to make their way in life – they've had problems with homelessness, drug-taking and employability and we're applying a team of people who are befriending them over the long period, which could be years, in order to help them turn their lives around and become practical, valuable citizens which they want to be, but they find they're trapped within the lifestyle they've been brought up in. But it's about building that long, healthy relationship rather than just hitting individual crises.

Question: This is one of the key strands you picked up on at the beginning and I guess links into lifestyle and choices which, I guess, is the gambling theme that was highlighted this morning, and some of the numbers were presented during the quiz session. It appears there's less controls over the licensing of gambling than there is perhaps for alcohol, but I wonder if there was any grand plan of what can be done locally to limit the proliferation moving forward?

Answer: There is a national campaign for local authorities to come together to use aspects of the Localism Act to restrict the number of gambling shops on the high street. That would be one approach. We, like many authorities, have been asked to sign up to that. We are currently producing thoughts on whether that's a viable option, but I've had some discussion with Simon Machen to limit the number of licensed premises.

Answer: The largest difficulty we face is that under the planning system there is the ability to change the use of a property from one thing to another without the need for planning permission. Local authorities do have the opportunity to remove those automatic rights, but all that does is require someone to apply for planning permission for that change of use which they otherwise wouldn't have to do. If you're in a situation whereby planning permission is required for that change of use, what you've got to have if you're going to refuse those planning applications, is a body of evidence that can demonstrate that the new use into this area would be proven to cause harm, and that's where the challenge lies.

Question: I just wonder if there's been any studies done it really affects the amount of gambling – the number of gambling establishments. So for example if on a particular road there's a couple of gambling establishments and a third one wants to open, does that increase the amount of gambling in that area, or will those who want to gamble go to the existing two? I actually do think there's too many gambling establishments around, but I wonder if there's been any studies on whether the actual numbers increase the amount of gambling or if it just spreads it around a bit?

Answer: I don't know if we have the answer, but not meaning to pass the buck at all, I wonder if that wouldn't be a recommendation by the Sustainable Growth Committee this afternoon?

Question: Most people claiming benefits are actually genuine and I believe there's a stigma attached to claiming benefits. As a result people that are disabled might be more at risk of being a victim of a hate crime. What are the Council doing to reduce that, to protect vulnerable people in our city and to take that stigma away?

Answer: I don't know if I can say from my perspective whether there is stigma attached to being a benefit claimant. I can't answer that positively or negatively. But the issue around vulnerable groups and vulnerable people is something that we started people on over the course of this current year to try and make sure that our services were proactive in identifying vulnerable groups, and we've already discussed how many groups there may be in the city that could be vulnerable to different types of issue. That's a theme that will carry on in earnest through the Safer Peterborough Partnership throughout the next year, and as has been said the reorganisation of the Council into a communities directorate gives more scope and grip around that issue and it should be more joined up now than it has been in the past, so I think the direction in which we're travelling is positive. However, the issue of stigma I can't make a comment on.

Answer: I think it's hard to feel generally whether there is a stigma or not. I think some people feel about benefit claimants in a different way to how others do. So whereas some may sit in judgment, others may not necessarily. I think nowadays due to the financial crisis there's less negativity because I think there's an understanding that some people have found themselves in a difficult situation. So the fact is, however, that the benefits system has been and is sometimes exploited and when you have a situation where there is a degree of exploitation, there'll be a degree of negativity around it. I mean – even bankers have a stigma now.

Answer: I feel a lot of the stigma could be self-perceived, which is a difficult one to tackle – if people feel they're letting themselves down. Certainly one thing I've found in the Council offices there's no stigma at all. Certainly with housing, Sean has been fantastic and his team are very good at sorting out those sorts of problems – they're all too willing to help, and the same goes with benefits departments too.

Answer: On stigma being self-inflicted. I meet a lot of people who want a job and don't have one, and they feel shame that they can't provide what they want to provide for their families – when schools come with letters saying it's another £40 for a trip somewhere, it's a real challenge. Having been involved in giving out some money to people in need from another charity. People cried when they were given it – cried because they needed it, cried because they've been given it, but they also there was an element of “why do I need this – I shouldn't need this, but I do”.

Question: Has anybody actually looked at the impact that Universal Credit will have on Peterborough, bearing in mind online applications, if people don't know how to fill in the forms. How will that impact on Peterborough?

Answer: The welfare reform action group put together a paper on what we thought the effects of Universal Credit would be when we thought it was coming in last year, which I believe was published?

Answer: Yes, it was fairly widely circulated. Sheffield Hallam University did a study which is probably more scientific and that shows a breakdown of the costs and impact of various welfare reforms so we can circulate that.

Question: I'm interested – we talked about firefighting post-crisis. I'm interested in what the voluntary sector would say are the solutions pre-crisis. In other words – what are the solutions that they see the Council could deliver i.e. better housing, licensing issues – that type of thing. What do they think?

Answer: We feel very strongly that the first point of contact in the voluntary sector is to pick up issues that aren't picked up. If, for example, I come to Bayard Place for an issue – I'm unlikely to tell you that I'm unable to feed my child because social workers might work two floors above, and maybe a social worker will then come and take my child away. But if I go and see a voluntary sector I'm more likely to trust them and open up more to what the issues might be and to accept that.

One of the important things about our partnership is that once we've got the outcome on the table we can come back and say "this is what we think" and we know that it's a difficult budget time and there's cuts, but whatever funding may be available left over to deal with poverty – this is the best way we think it should be dealt with, we're on the ground day to day – this is the best way we think your outcomes can be achieved. And this would be up to you to decide if you agree. This decision would be made by key voluntary organisations that have seen the changes as they occur. I think I should refer to my other colleagues.

Answer: The Council don't take children into care because their parents are unable to feed them so that isn't something we would like the voluntary sector to communicate to them.

Answer: My point is that people are not likely to tell the full story to the Council.

Answer: I accept that.

Question: The economy is slowly coming out of the doldrums that it's been in and it's now growing, inflation rates are down. This is likely to lead to an interest rate increase. Do members of the voluntary sector or members of the officer team have any expectations as to how that will impact on people. Will the situation for welfare claimants and others in need get worse before it gets better?

Answer: This is a major issue we see across England and Wales. Lots of people in work doing their best to keep their families together are right on the edge. Salaries and wages haven't grown over the last two or three years but the cost of living has grown exponentially. Those people who are either in mortgage properties or whose landlords bought buy-to-let properties, if the mortgage rate starts to rise you will either see people in mortgaged or tenanted properties struggling to move forward.

So I keep lobbying the council because this is the next major issue in the city and in areas like Hampton which are relatively new communities, where people struggle to get on the property ladder in the first place, I think that'll be a key area in the city, moving forward.

Question: In the voluntary sector, if someone rung up today asking for an appointment, how long would it be until they were able to see somebody?

Answer: It depends. We do an initial assessment from everyone who comes to see us. Different people get different service. We've moved from the bad old days where we'd spend an afternoon with you and someone suffering domestic violence would have to wait in the queue. If it's an urgent issue we will try and see you in the same day or same week. We've seen demand on our service rise 35%. In the first week of January we doubled the amount of clients we saw in the same week last year, so it's a resource issue and whilst we've had increased funding from some funders, other funding from, say, legal aid, has been reduced, so it's a balancing act. But what we try and do is if it's an urgent case we try and see you in the same day or within a few days. If it's something that is challenging to you as an individual but in the real world isn't so material, you may have to wait two or three weeks, or even longer I'm afraid. It's very much down to resource and prioritisation.

Answer: We'd agree with that as well - various waiting times. If it's urgent we will see immediately, we will always do an initial assessment within two weeks. But the demand is so high – in our advocacy service which helps with a wide range of issues from housing benefits to family law, civil law, two thirds of the waiting list is benefits at the moment and welfare reform. We just cannot cope with that sort of demand, so one of the things we're trying to do to meet that demand. One thing we've done recently is introduce clinics where we have a full day where people spend 45 minutes with an advisor so we can at least get them started with the forms. But some of the clients are so ill that they can't even talk. I recently did a home visit with one of our advocates because the person was too ill to leave the house and to speak. The thought of them having to manage filling in the form is impossible. They won't be able to do it by themselves. So we are doing everything we can to meet the demand because if we're not there to help then I don't know where else people will go, so it is a concern.

Question: Migrants are lured to this country with the promise of good pay, but when they get here they find that they're exploited and given poverty pay and end up in poverty. They're basically exploited by business and landlords that take too much money for accommodation. They also end up paying travel costs and things like that. So the reality is that when they arrive here they're exploited and they're able to undercut the amount that local people will work for. So my question is an issue of enforcement – how are we enforcing the national minimum wage in this city to make sure people aren't coming here and ending up in poverty?

Answer: Do you want to hear an answer on behalf of the Council? We're looking at whether it would be feasible to introduce a living wage. What we have found is that it isn't as simple as it appears because it would have repercussions on the local authority schools as well, which would then possibly present a problem for them that we hadn't foreseen, so it's wider than just the Council. So that's what we're looking at from the Council's point of view. It's not a no, it's just we're looking at what it means.

Answer: There are some other examples of how we can eat away at these issues - you mentioned housing officers who can identify problems in accommodation and see what we're providing and they have a great relationship with other agencies such as the UKBA. So whilst it doesn't directly tackle the issue of minimum wage, it is a way of enforcing and encouraging certain behaviours from landlords, employers and so on.

Answer: I think we have good and bad examples in Peterborough, in not just the minimum wage, but living wage employers. In our day-to-day work we do come across bad examples which we treat as a social policy issue and try and address it on behalf of our clients, but on the other hand we do have examples of workers being treated equally and properly.

Answer: You heard my presentation early on this morning and seen some of the reality of what vulnerable people and those in poverty face in Peterborough. The one main positive thing out of this is the very positive working relationship between the voluntary and statutory sectors – we've broken down the barriers and have very adult, realistic conversations and we drill down, find out what the issue is and we're moving forwards in a very positive way to assist people. Predominantly that major piece of work has been funded by the DWP through the welfare support grant. That ends in March 2015. We spoke about interest rates rising, we know about zero hours contracts, we know about the minimum wage. The problems are not going to go away – potentially they will get greater. My challenge to the Council is – what are you going to do to support the vulnerable and poor in our city in March 2015?

SCRUTINY COMMISSION FOR RURAL COMMUNITIES	Agenda Item No. 5
1 APRIL 2014	Public Report

Report of the Executive Director of Adult Social Care, Health and Wellbeing

Contact Officer(s) – Cath Mitchell, Local Chief Officer, Borderline and Peterborough LCG for Cambridgeshire and Peterborough CCG.
Contact Details – 01733 758414

BETTER CARE FUND

1. PURPOSE

- 1.1 The purpose of this report is to provide the Commission with information on the development of proposals for use of the Better Care Fund in Peterborough.

2. RECOMMENDATIONS

- 2.1 The Commission is asked to note the contents of the report and make any comments or observations.

3. BACKGROUND

- 3.1 The June 2013 Spending Round announced a further £3.8bn of pooled budgets between Health and Social Care, starting in April 2015, and building on existing integration funding; in preparation for this significant increase, an additional £200m of integration funding will also be made available for 2014/15. The fund, originally called the *Integration and Transformation Fund*, but now known as the *Better Care Fund* is not “new monies”, but represents a change to the way that some NHS budget is allocated with the explicit intention of integrating health and social care systems and services at a local level. It is described in guidance published in December 2013 as a “financial incentive for Councils and local NHS organisations to jointly plan and delivery services, so that integrated care can become the norm by 2018”.
- 3.2 The DH Guidance, released late in December 2013 (and attached as an appendix to this paper) identified allocations for Peterborough as follows (noting the inclusion of two other funding streams into the total in 2015-16):

Year	Disabilities Facilities Grant (£000)	Social Care Capital Grant (£000)	CCG Transfer (£000)	<u>Total</u> (£000)
2014-15	-	-	-	661
2015-16	811	442	10,390	11,643

The £661k allocated for transfer in 2014-15 is in addition to the existing Section 256 monies of £2,840,646 in 2013-14, providing a total transfer of £3.5m, but is believed to build on Section 256 monies of £455k for the purposes of re-ablement. Overall therefore, the above funding allocations for 2015-16 (and subject to confirmation for 2014-15) should therefore be seen as including the following existing allocations:

- Carers Break funding
- CCG Re-ablement funding
- Capital funding
- Existing transfer from health to adult social care

The present S256 agreements with Peterborough City Council includes the following priorities, and it is assumed that these will be included in, and indeed may well provide the foundation for future arrangements:

Priority A – Interim beds / Acute hospital / City Care Centre

- Total spend £1,349k

(Including: Interim beds – Independent Sector; Enablement and transitional Support; Community equipment; Telecare development and spend; Transfer of care team)

Priority B – Patients and carers, voluntary sector, prevention, community - Total £575k

(Including: Preventative services – voluntary sector; ISP respite services; Universal Advise and Signposting service)

Priority C – MDT working, Single Assessment, Care plans

- Total £665k

(Including: Assessment and reviews – increased capacity OP, PD and LD; Mental Health assessments)

Priority D&E – Carer support, assessments and safeguarding

- Total £251k

(Including: Carers support Services ; Adult Safeguarding)

Re-ablement – intensive time-limited support following a fall or illness

- Total: £455k (under separate S256 agreement).

(Directly provided re-ablement service to prevent deterioration, delay dependency, and support recovery.)

- 3.3 Local councils and health services are expected to submit plans to Government explaining how they will use this fund to improve local services, and the CCG are actively working with Peterborough City Council, and Cambridgeshire County Council (and other Local Authority and wider partners), to develop a shared vision and principles for the use of the Fund, as well as a set of schemes for its use.

Planning timescales for development of proposals are exceptionally tight, with draft plans for use of the Fund to be submitted by 14th February 2014, for formal agreement by NHS England by 4th April 2014. It is with this timescale in mind that the Health and Wellbeing Board is asked to give consideration to plans which remain at such an early stage of development, and to delegate authority for further development of the plans in advance of its next meeting.

- 3.4 In Peterborough, the further development of plans for the Better Care Fund is being led by the *Integration and Transformation Fund Group* (so called based on the previous name of the fund, and presumably subject to update at its next meeting following the recent change). The group includes representatives from Peterborough City Council, and the CCG (including Jana Burton, Executive Director of Adult Social Care, Health and Wellbeing, Peterborough City Council, and Cath Mitchell, Local Chief Officer, Borderline and Peterborough LCG, for Cambridgeshire and Peterborough CCG).

- 3.5 Plans for the scheme must fulfil four conditions:

- They must be jointly agreed, and signed off by local Health and Wellbeing Boards, local Councils, and local CCGs.
- They should identify how adult social care services will be protected by the plans
- They should facilitate 7-day services in health and social care to support patients to be discharged and avoid unnecessary admissions at weekends
- They should use the NHS number to develop better data sharing between health and social care

Of the total funding, the Spending Round indicated that £1bn of the funding would be linked to achieving outcomes; it has now been confirmed that half of this (£500m) will be released in April 2015, as follows:

£250m on the basis of four national conditions:

- Protection of adult care services
- Provision of 7-day access to support discharge
- Agreement of the consequential impact on the acute sector
- Ensuring that there is a lead professional for integrated packages of care

£250m on the basis of progress against locally agreed metrics during 2014/15, to include:

- Delayed transfers of care
- Avoidable emergency admissions

The final £500m will be released in October 2015 on the basis of further progress against all of the national and local metrics.

This significant sum or outcome focused funding represents a significant incentive for health and social care to work jointly (and including with other partners) to meet the requirements of this national initiative.

3.6 The work in Cambridgeshire and Peterborough to date has developed the following Vision, Aims, and Objectives:

VISION FOR HEALTH AND SOCIAL CARE SERVICES

3.6.1

Our vision is to bring together all of the public agencies that provide health and social care support, especially for older people so that we can:

- *co-ordinate services such as health, social care and housing*
- *maximise individuals' access to information, advice and support in their communities, and*
- *help them to live as independently as possible in the most appropriate setting*

To be successful, this transformation will require the contribution of a range of health and social care providers as well as the greater involvement of the community and voluntary sectors.

The Better Care Fund (BCF) offers an important opportunity to transform the health and social care system and delivery in Cambridgeshire and Peterborough to:

- *meet the needs of a rapidly ageing population better, and by doing so*

- ease the pressure on the system more generally
- enable the health and social care system to provide better services to the whole population of the City

The BCF offers a unique opportunity to re-think how a significant amount of public money could be more efficiently and effectively spent.

Fundamentally, we agree that BCF will be used for genuine transformation of the health and social care system in Cambridgeshire and Peterborough; through creating greater synergy and hence efficiencies in the provision of social care and health services these can better be protected from pressures brought about by increasing demand and reducing budgets.

The scale of the transformation opportunity is significant. It is much more than just reducing admissions to hospital. Rather, it is about changing the whole system so that services are focused on supporting people wherever possible with person-centred and professionally-led primary / community / social care guided by the goal of living as independently as possible, for as long as is possible.

This approach aligns with the principles set out by Government, NHS England and Local Government Association; it is also well-supported by evidence that clinical and service integration delivers better outcomes for people, particularly if groups of patients or service users are clearly identified and services for them are joined up around their needs.

3.6.2 INTEGRATION AIMS AND OBJECTIVES

The model adopted in Cambridgeshire and Peterborough will have the following characteristics:

❖ ***A united approach to advice and information on community and public sector services.***

This will include developing robust and reliable sources of advice and support for older people before they become frail or need to access the statutory system; and providing universal information and advice about services from all partner agencies, which should be quick to access, clear, friendly and personalised.

❖ ***Investment in community capacity to enable people to meet their needs with support in their local community.***

This could include extension of the community navigator system; and work to consider people's social capital alongside their other assets and support people to be engaged with their families and in their communities. Further development and investment in community capacity building will prevent some people from entering a crisis, accessing specialist services and potentially reducing long term care costs; and importantly helping people to stay where they want to be – at home.

❖ ***Coordinated and intelligence-led early identification and early intervention.***

This might include professionals being proactive in identifying need rather than waiting for it to be presented as a formal referral; ensuring that the workforce are able to feed back as much intelligence as possible as to the needs of the service users they are supporting and how service delivery and deployment of available resources can be improved; further improving information sharing between the range of organisations in contact with older

people about individuals at risk of requiring more support in the future; Social Workers having greater identification with a community and working with other agencies to identify those at risk and interventions available, preferably through the voluntary and community sector for needs that might be below the thresholds for statutory assessment; and giving professional freedom to deliver a flexible response to need to avoid escalation of cost (e.g. through use of direct payments, or community development interventions).

❖ **An improved approach to crisis management and recovery.**

This might include a process for rapid escalation and action when a crisis occurs in the life of an older person; this is likely to involve a coordinated response from all agencies working in or operating as multi-disciplinary teams to provide intensive support in the short term and encompassing services such as respite care. Support should focus on ensuring that when the crisis is over older people and their carers remain as independent as possible and avoid short term crises triggering a deterioration which leads to long term health or social care need.

4. KEY ISSUES

4.1 The following table outlines some of the schemes that are under consideration for the Better Care Fund in Peterborough. This list has been developed taking into account the national conditions, achieving nationally agreed metrics during the period of the fund, and with reference to both existing local initiatives and evidence of impact, as well a review of evidence recently undertaken by the public health colleagues. Further details relating to some of these criteria or characteristics can be found in Appendix 1, below.

Scheme	Brief details
Enhanced re-ablement service	Building on the provision successfully provided by the City Council under present pooled funding arrangements, with the proposed impact being reduced admissions, reduced length of stay and reduced (or at least delayed) demand for long term care. Including closer alignment of community therapies to develop a structured and intensively supported discharge service (in particular for conditions such as stroke for which there is an evidence base as to the positive impact of e.g. Early Supported Discharge). In addition to include a focused and preventative approach to (repeat) fallers, including close work with other initiatives including medication review, etc.
Enhanced carers services	Building on the future aspiration of the Carers' Strategy, to join up monies from the Council and the CCG to improve outcomes for carers; including roll-out and implementation of Carers' Prescription Service, support in a crisis, carers breaks, and better advice and upstream support for carers and communities.
Closer alignment of present S256 funding with existing health and care gaps	Increased investment in frontline care services targeted in areas of greatest need which are presently under-provided by the health and care sector, including (for instance): through enhanced Multi-Disciplinary Teams (MDT) working with adults as well as older adults (e.g. to reduce admissions for patients with concurrent learning disability and epilepsy);

	increased social care input to all MDT working; 7-day working through MDT (or similar) teams, including The Firm (or equivalent); improved psychiatric liaison services or mental health presence in MDTs.
Admission avoidance and intermediate care	Building on existing intermediate care and admission avoidance schemes (including The Firm or equivalent), to further reduce the number of avoidable admissions, and emergency bed days. To increase patient flow through intermediate care sector to ensure access to “step-up” as well as re-ablement beds.
Increased funding for home adaptations (and assessment leading to these, including enhanced OT service).	To improve waiting times and capacity by working in partnership with housing providers, to provide timely and preventative adaptations, as well as to enhance re-ablement services following admission etc. To consider how the existing ICES contract might be aligned or more closely integrated with this work.
Increased investment in “upstream” preventative services.	<p>Building on existing 3rd Sector provision, to pro-actively develop community navigator schemes that improve access to advice and information (including for carers, and wider communities); and to promote social and community capital with a particular aim to combat isolation, and the social causes of ill health.</p> <p>To develop a universally accessible and joined up first point of contact, with a view to avoiding escalation of demand (including admission to care or acute settings).</p> <p>To promote empowerment and self-management, building on the philosophy of self-directed support, whether through development of personal health budgets, or associated planning mechanisms for those with long-term conditions.</p> <p>To more closely align community resources that exist for different client groups; this could result in efficiencies and greater community cohesion and support.</p>
Enhanced dementia support services	To develop great community resource, building on the development of the Dementia Resource Centre, with a particular view to early diagnosis, and “upstream” interventions (e.g. psycho-educational, and including support to carers and wider communities) which may maintain independence and reduce (or delay) admission to long-term care settings.
End of Life	Enhanced home care support at end of life through specialist third sector provision, with the aim of improved experience for patients and their families at the end of life as well as reduced unplanned care costs.
Care Sector Review Team	To develop enhanced services (alongside incoming Lead Integrator for Older Peoples Community

	Services, and with reference to the Primary Care Strategy, in partnership with Primary Care) to review the health and care needs of citizens in the care sector, to review quality of care, and to support discharge (back to more independent living), increased independence (for those who require longer term care).
Focussed medications review	Coupled with the above (working in, but not exclusively in, the care sector) to prioritise timely medication review, and with a view to avoid falling.
Telecare and telehealth	To invest in areas for which assistive technologies are proven (e.g. for people with chronic heart-failure, COPD / asthma) with a view to maintaining independence, and reducing unnecessary hospital admissions.

5. CONSULTATION

5.1 In addition to the on-going work of the PCC Integration and Transformation Group, the CCG is actively engaging with both Cambridgeshire County Council, and Northamptonshire County Council, to ensure effective alignment (where possible) and disaggregation (where necessary) of its BCF plans.

5.2 PATIENT, SERVICE USER AND PUBLIC ENGAGEMENT

We have endeavoured to engage with stakeholders as widely as possible given the tight timescales for development of the early drafts of the agreement, and to ensure that the views obtained through dialogue and feedback from our stakeholders are played appropriately into the final version of this plan. We envisage that engagement will continue as an on-going activity throughout the duration of the BCF plan so that we can assure ourselves that the initiatives we implement reflect, as far as possible, the opportunities identified as a result of engagement.

The scope of engagement in Cambridgeshire and in Peterborough has been comprehensive including:

- Health and Well-being Boards in Cambridgeshire and in Peterborough
- Cambridgeshire Public Sector Board
- Local Authority Cabinet and Scrutiny members
- CCG Executive and Governing Body
- Older People Programme Board
- Local Clinical Commissioning Groups
- Chief Executives of all hospitals (acute sector)
- Several Housing Providers (excluding City/District Councils' housing services)
- Independent Sector Providers (Provider Forum and Strategic Provider group)
- Voluntary Sector Groups

Our approach throughout has been to:

- secure buy-in to the use of the fund through the active **engagement** of all key and relevant stakeholders

- ensure there is **engagement** on draft proposals prior to discussions at the Health and Wellbeing Boards prior to submission to government
- be **proportionate** given the time and resource constraints - so where ever possible using existing meetings/forums and communication channels e.g. website consultation pages to facilitate the process; and
- ensure there will be **further opportunities** to shape and influence use of BCF once plans have been accepted by government i.e. at the more detailed planning stage

We have adopted three phases of work:

Phase 1: Stakeholder engagement

- Development of the Vision and Principles document and associated strategies with stakeholders, in particular Health and Social Care providers, public sector bodies, Healthwatch and the community and voluntary sectors. The aim is to seek 'buy-in' to the overall proposition; to clarify issues (e.g. funding, scope) and to manage expectations

Phase 2: User, Patient and Wider Public Engagement

- Formal publication of the Vision and Principles document seeking views from patients and service users across the health and social care system

Phase 3: Further involvement of stakeholders (providers, patients and users) to help shape final proposals and service design (February to March 2014)

- The 'shape' of stakeholder involvement will reflect the nature of the schemes included in the approved plan.

6. NEXT STEPS

6.1 The future outcome for the BCF will be improved service integration, community cohesion and capacity, and to develop better outcomes for the citizens of Peterborough in terms of health and social care service delivery; it should also improve the medium-term affordability of services in the stretched local health and social care economy. The Health and Wellbeing Board will wish to take a strategic oversight of these plans (once developed, and through their implementation), including through regular qualitative and quantitative reports to this Board.

In the shorter term, the hoped for outcome of this paper will be to delegate (and indeed authorise) the next step in the planning process, to ensure that local plans can be developed within the required time envelope to allow the full allocation of local funding to be pooled. It is recommended that an update on this process be brought back to the next Board meeting for formal ratification, and to request any recommendations for review and refresh of the plans as their detail is developed during 2014/15. Prior to this it was proposed that the first draft be taken to the February meeting of the Joint Commissioning Forum for approval prior to submission on 14th February Draft BCF Action Plan attached at Appendix I The revised draft will be presented to the March meeting of that group, prior to being sent to the Health and Wellbeing Board for virtual sign-off prior to submission of the final draft to NHS England on 4th April.

7. BACKGROUND DOCUMENTS

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

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

- The BCF guidance, released on 20/12/13.
- Terms of Reference for the ITF Board.

8. APPENDICES

8.1 Appendix 1 - Draft BCF Action Plan

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APPENDIX 1



PETERBOROUGH – 14th February 2014 Submission

Better Care Fund planning template – Part 1

Please note, there are two parts to the template. Part 2 is in Excel and contains metrics and finance. Both parts must be completed as part of your Better Care Fund Submission.

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to:

NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	Peterborough City Council
Clinical Commissioning Groups	NHS Cambridgeshire and Peterborough Clinical Commissioning Group
Boundary Differences	For NHS Cambridgeshire and Peterborough Clinical Commissioning Group, there are two differences to the boundary when compared with that of Cambridgeshire County Council and with Peterborough City Council. From 1 st April 2012, several practices from North Hertfordshire and Northamptonshire became part of NHS Cambridgeshire and Peterborough Clinical Commissioning

	<p>Group:</p> <p><i>North Hertfordshire – Royston</i> Three Royston practices provide care for a patient population of 24,142 residents in the town of Royston itself and the surrounding villages and they comprise Royston Medical Centre, Roysia Surgery and Barley Surgery.</p> <p><i>Northamptonshire</i> The Oundle and Wansford practices provide care for a patient population of 17,448 residents in the town of Oundle itself and the surrounding villages and they comprise Oundle Surgery, Wansford Surgery and Kings Cliffe (branch surgery).</p>
Date agreed at Health and Well-Being Boards:	The Peterborough Health and Wellbeing Board met on 16 January, and discussed the emerging plans for the BCF; given that they will not meet again until April, the Board agreed to delegate the sign off of the drafts to the Joint Commissioning Forum, with a virtual sign off of the final draft prior to submission in April.
Date submitted:	Friday 14 February 2014
Minimum required value of BCF pooled budget: 2014/15	£661,000
2015/16	£11, 643,000
Total agreed value of pooled budget: 2014/15	£TBC
2015/16	£TBC

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	NHS Cambridgeshire and Peterborough Clinical Commissioning Group
By	Andy Vowles
Position	Chief Operating Officer
Date	14 February 2014

Signed on behalf of the Council	Peterborough City Council
By	Jana Burton

Position	Executive Director of Adult Social Care, Health and Wellbeing
Date	14 February 2014

Signed on behalf of the Health and Wellbeing Board	Peterborough Health and Wellbeing Board
By Chair of Health and Wellbeing Board	Councillor Marco Celeste
Date	14 February 2014

c) Service provider engagement

Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it.

We have endeavoured to involve as many health and social care providers as possible during the drafting of this 'first cut' plan. Provider involvement has been achieved through:

- Participation in the work of the Peterborough Health and Wellbeing Board
- Discussion at the Chief Executive Officers Group (comprising all NHS Trust / Foundation Trust) providers in Cambridgeshire and Peterborough
- Active engagement in the Borderline and Peterborough Joint Commissioning Forum, with delegated oversight for the BCF from the PCC HWB between its meeting dates
- Active engagement in the Borderline and Peterborough Transformation Board (on which provider organisations, Patient Participation Groups and Healthwatch are represented)
- Development of two planning and engagement workshops to which a wide range of provider organisations (including housing, third sector, and NHS providers have been invited).
- Meetings with individual NHS Trust and NHS Foundation Trusts at Chief Executive and Director level
- Discussion and generation of ideas at the Urgent Care Networks
- Joint Local Authority / CCG-led working group, including PCC social care leads
- Ongoing engagement through a range of local meetings (e.g. Older People's Partnership Board, Carers Partnership Board) – for a full list, please refer to the Engagement Plan.
- Presentation of BCF material on both the PCC and CCG websites, with a dedicated email address for comments and suggestions, plus engagement in the BCF groups for Northants
- Discussion with Northamptonshire County Council.

This has proved to be a positive experience and it has contributed materially to the generation of ideas around the approach we should take in constructing the BCF joint commissioning fund and to the range and scope of potential individual initiatives.

Arising from this period of engagement, several common themes have been identified:

- The need to align the work associated with the Older People's Programme procurement with that of the Better Care Fund and the potential to achieve greater synergy of transformation
- It would be sensible for providers to design transformation proposals jointly

instead of each organisation putting forward its own set of ideas. There is a clear recognition of the need for alignment of resources and change management effort

- A recognition that we need to think more strategically, moving away from a bids culture to one of designing change programmes at sufficient scale to enable the health and care system to achieve the depth of transformation required to meet the significant challenge posed during the current strategic period
- The need for clarity around how the joint commissioning fund will be deployed and specifically how to mitigate the risk of transferring CCG funding to the BCF joint commissioning fund without achieving a tangible and measureable return on this investment e.g. through performance metrics

d) Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

Our approach throughout has been to:

- secure 'buy-in' to the use of the Better Care joint commissioning Fund through the active engagement of all key stakeholders
- conduct consultation on draft proposals prior to discussions at the Health and Wellbeing Boards and sign off and submission to government
- be proportionate given the time and resource constraints. Where ever possible, we have achieved this by using existing meetings/forums and communication channels e.g. consultation pages on the CCG and the Local Authority websites to facilitate the process, formal presentations to meetings, organising Area Events to ensure that we reach a broad audience directly
- ensure there will be further opportunities to shape and influence use of the Better Care joint commissioning Fund once plans have been accepted by government i.e. at the more detailed planning stage

To date, the scope of engagement in Cambridgeshire and Peterborough has been comprehensive including:

- Health and Well-being Board meetings (development and formal meetings)
- Older People Programme Board
- Integrated Mental Health Governance Group
- Chairs of the Local Health Partnership Boards
- City and Northants County Council, District Council representatives
- The CCG Patient Reference Group
- Local Commissioning Group Patient Reference Groups on request

- Presentation of BCF material on both the PCC and CCG websites, with a dedicated email address for comments and suggestions
- Promotion of the BCF Themes by Healthwatch via their Newsletter.

In addition, several of the items in Section (c) above, formally include patient representatives (e.g. Borderline and Peterborough Joint Commissioning Forum, Borderline and Peterborough Transformation Board, Stakeholder Workshops).

Throughout the planning process, we have endeavoured to engage with stakeholders as widely as possible and to ensure that the views obtained through dialogue and feedback from our stakeholders are played appropriately into our plan as it develops. We envisage that engagement will continue as an on-going activity throughout the duration of the BCF plan so that we can assure ourselves that the initiatives we implement reflect, as far as possible, the opportunities identified as a result of engagement.

Overall, the response from stakeholders has been positive with a wide range of views expressed, for example:

- There is agreement on the Vision and Principles
- The importance of putting our Vision and Principles effectively into practice was underlined by several key stakeholders
- The need to avoid 're-inventing the wheel' and to ensure that we optimise care pathways
- Greater understanding of social care is needed generally and, in particular, how the social care elements of the plan inter-link with health services on the ground
- The need for Health to receive the equivalent benefit to the value of funding to be transferred to social care. It was noted that the money to be transferred has already been invested in services and that we would all need to be clear about what the impact could be of transferring it to a pooled budget

Joint working with the voluntary service sector is in place but we need to learn from examples elsewhere where voluntary and statutory sector services work particularly closely to deliver a range of services targeted at those in most need

e) Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	Synopsis and links
Better Care Fund Consultation and Engagement Plan	Sets out a suggested approach for consulting on Cambridgeshire and Peterborough's Better Care Fund plans and how engagement with key stakeholders will be managed.
Review of Evidence to support Better Care Fund (BCF) Spend	This review assesses and qualifies the evidence of the effectiveness of social care and health interventions that impact

	on the outcome measures required by the Better Care Fund. Both integrated health and social care and non-integrated interventions are considered. The review assesses interventions across a spectrum from primary prevention of social care to interventions aimed at reducing hospital admissions.
The King's Fund Evidence summary: Making best use of the Better Care Fund	This document provides a summary of the requirements of the BCF with supporting evidence and suggested approaches,
NHS Cambridgeshire and Peterborough CCG Medium Term Financial Plan	This document sets out our medium term financial plan for the period 2013/14 to 2016/17 which shows how we will deliver the financial metrics requested by NHS England by 2014/15 and gives an overview of plans for future years.
NHS Cambridgeshire and Peterborough CCG Older People Services programme leaflet	Sets out an overview of the CCGs vision and plans for older people's services.
Better Care Fund Performance Metrics (Cambridgeshire)	Provides an overview of the national and local metrics required to track progress towards the conditions attached to the Better Care Fund.
Health and Wellbeing Strategies: Cambridgeshire, Peterborough, Hertfordshire and Northamptonshire	These documents set out the key priorities on which the Health and Wellbeing Boards will focus on in the next five years. NHS and Local Authority plans need to be informed by the Health and Wellbeing Strategies.
Joint Strategic Needs Assessments for Cambridgeshire and Peterborough	JSNAs analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNAs underpin the health and well-being strategies of each local authority and the CCG commissioning plans
Peterborough City Council Medium Term Financial Plan	This plan sets out the Cabinet's proposals for meeting the challenges of the Government's Spending Review (October 2010) and following Government announcements that impact local government funding.

2) VISION AND SCHEMES

a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

Our long-term shared vision is to bring together all of the public agencies that provide health and social care support, especially for older people, to co-ordinate services such as health, social care and housing, to maximise individuals' access to information, advice and support in their communities, helping them to live as independently as possible in the most appropriate setting.¹ To be successful, this transformation will require the contribution of a range of health and social care providers as well the greater involvement of the community and voluntary sectors.

Cambridgeshire County Council, Peterborough City Council and the Clinical Commissioning Group believe that the Better Care Fund offers an important opportunity to transform the health and social care system and delivery in Cambridgeshire and Peterborough to meet the needs of a rapidly ageing population better, and by doing so, ease the pressure on the system more generally, enabling it to provide better services to the whole population of the county / City. The Better Care Fund offers a unique opportunity to re-think how a significant amount of public money could be more efficiently and effectively spent.

Fundamentally, we believe that the Better Care Fund should be used for genuine transformation of the health and social care system in Cambridgeshire and Peterborough; through creating greater synergy and hence efficiencies in the provision of social care and health services, these can better be protected from pressures brought about by increasing demand and reducing budgets. The scale of this transformation opportunity is significant; it is much more than just reducing admissions to hospital. Rather, it is about changing the whole system so that it is focused on supporting people wherever possible with person-centred and professionally-led primary care / community / social care, guided by the goal of living as independently as possible, for as long as possible.

This approach aligns with the principles set out by Government, NHS England and Local Government Association, is consistent with the priorities set out in Cambridgeshire's and Peterborough's Health and Wellbeing Strategies 2012-17. It is also well-supported by evidence that clinical and service integration delivers better outcomes for people, particularly if groups of patients or service users are clearly identified and services for them are joined up around their needs.²

¹ Adapted from 'Older People Community Budgeting: Principles and project ideas' available from notes of item 3 of Health and Wellbeing Board 17 October 2013, at

<http://www.cambridgeshire.gov.uk/CMSWebsite/Apps/Committees/Meeting.aspx?meetingID=636>

² See 'Clinical and service integration' Curry, N and Ham, C; King's Fund 2010; available from <http://www.kingsfund.org.uk/sites/files/kf/Clinical-and-service-integration-Natasha-Curry-Chris-Ham-22-November-2010.pdf>

Over the next five years we would anticipate, amongst other things, the following changes:

- A transformational shift from what has tended to be an acute hospital-centric system to one which provides timely and appropriate care and support along the whole care pathway, delivered through a variety of service providers and care givers
- Greater emphasis on multi-disciplinary working across health and social care leading to more effective care planning, early recognition of impending crisis and better co-ordination and targeting of resources tailored to the service user's needs
- A transition to 7 day working to enable all agencies to respond in a timely and effective manner
- A more holistic approach to commissioning health and social care recognising the importance of taking into account social, mental health and physical conditions

We anticipate a range of positive outcomes for patient and service users including:

- Greater personalisation of service response to users' needs
- Enhanced support and guidance to carers
- Services which are responsive, timely and pro-active

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

Aims and Objectives of the Integrated System

The integrated system planned for Cambridgeshire and Peterborough through deployment of the Better Care Fund joint commissioning will have the following overarching aims and objectives:

Coordinated and intelligence-led early identification and early intervention.

For example, this could include:

- professionals being proactive in identifying need rather than waiting for it to be presented as a formal referral
- ensuring that the workforce are able to feed back as much intelligence as possible as to the needs of the service users they are supporting and how service delivery and deployment of available resources can be improved
- further improving information sharing between the range of organisations in contact with older people about individuals at risk of requiring more support in future
- Social Workers having greater identification with a community and working with other

agencies to identify those at risk and interventions available

Investment in community capacity to enable people to meet their needs with support in their local community.

For example, this could include:

- further development and investment in community capacity-building to prevent some people from entering a crisis
- improving access to a range of specialist services with the potential to reduce long-term care costs
- helping people to stay where they want to be, that is, at home

An improved approach to crisis management and recovery.

For example, this could include:

- a process for rapid escalation and action when a crisis occurs in the life of an older person
- a coordinated response from all agencies working in or operating as multi-disciplinary teams to provide intensive support in the short term and encompassing services such as respite care
- ensuring that when the crisis is over, older people and their carers remain as independent as possible and avoid short term crises triggering a deterioration which inevitably leads to long term health or social care need

A united approach to advice and information on community and public sector services.

For example, this could include:

- developing robust and reliable sources of advice and support for older people before they become frail or need to access the statutory system
- providing universal information and advice about services from all partner agencies, which should be quick to access, clear, friendly and personalised

How we will measure our Aims and Objectives

We will measure how well we achieve our aims and objectives through a variety of methods through:

- setting and monitoring performance against agreed outcomes and metrics
- continuing engagement with key stakeholders and service providers which will provide feedback on how successful the initiatives we have commissioned are 'on the ground' and where the key gaps in service are
- formal reviews and evidence-building as we make progress with implementing our joint commissioning approach

Applying Measures of Health Gain

We wish to ensure that the Better Care Fund plan initiatives form an integral part of joint plans and are not viewed as something separate. We will monitor the health gains achieved via the Better Care Fund using the following measures of health gain:

- EQ5D as a marker of health related quality of life for people with long term

conditions

- Emergency admissions from causes considered amenable to healthcare as a marker of the ability of integrated care to keep people out of hospital

We will consider how we can monitor, understand and improve the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

c) **Description of planned changes.** Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

Overview of the Schemes and Changes covered by our Joint Work Programme

Support at Home (Early intervention, prevention, and proactive support)

This theme includes the following:

Carers services: to enhance the offer for carers, building on carers prescription, respite and other carers support, and working to align strategies for adults and children's services. Building on the future aspiration of the Joint Carers' Strategy, we wish to join up monies from the Council and the CCG to improve outcomes for carers, including young carers, and those adults who care for disabled or vulnerable children. It is envisaged that this work would include roll-out and implementation of Carers' Prescription Service, support at crisis, carers breaks, and better advice and upstream support for carers and communities.

Early intervention and prevention: to develop the upstream offer, to avoid future demands on health and care sector. We wish to develop a universally accessible and joined up first point of contact, with a view to avoiding escalation of demand (including admission to care or acute settings). Building on existing Third Sector provision, we will pro-actively develop community navigator schemes that improve access to advice and information (including for carers, and wider communities) and promote social and community capital with a particular aim to combat isolation, and the social causes of ill health. We will also promote empowerment and self-management, building on the philosophy of self-directed support, whether through development of personal health budgets, or associated planning mechanisms for those with long-term conditions.

End of Life: support the development of community resources alongside the Lead Integrator for Community Services. This includes enhanced home care support at end of life through specialist third sector provision, with aim of improved experience for patients and their families at the end of life as well as reduced unplanned care costs.

Support when People need Help and leave Hospital (Enhanced reablement services)

This theme includes the following:

Enhanced reablement team: Building on the provision successfully provided by the City

Council under present Section 256 transfer arrangements, with the proposed impact being reduced admissions, reduced length of stay, and reduced (or at least delayed) demand for long term care. This initiative includes closer alignment of community therapies to develop a structured and intensively supported discharge service (in particular for conditions such as stroke for which there is an evidence base as to the positive impact of e.g. Early Supported Discharge plus orthopaedic discharges following hip fracture). In addition, it will include a focused and preventative approach to (repeat) fallers, including close work with other initiatives including medication review, etc. We wish to improve waiting times and capacity by working in partnership with housing providers, to provide timely and preventative adaptations, as well as to enhance reablement services following admission etc. In future, we will consider whether local ICES contracts might be aligned or more closely integrated with this work.

The Firm / MDT: move to 7 day working, and enhanced level of service (including Adult Social Care input) to promote admission avoidance, and timely discharge from acute and intermediate care. We will increase investment in frontline care services targeted in areas of need which are presently under-provided by the health and care sector. This includes:

- building on existing intermediate care and admission avoidance schemes (including The Firm)
- further reducing the number of avoidable admissions and emergency bed days through enhanced MDT working with adults as well as older adults (e.g. to reduce admissions for patients with concurrent learning disability and epilepsy, or improved routine review of medications)
- increased social care input to all MDT working
- 7-day working through MDT (or similar) teams and inclusion of 7-day working in acute contracts, including The Firm (or equivalent)
- improved psychiatric liaison services or mental health presence in MDTs
- increased patient flow through intermediate care sector to ensure access to “step-up” as well as reablement beds.

Home adaptations, telehealth and telecare: better development and utilisation of emerging and existing technologies to support independence, and reduce demand on acute / long term care sectors. We will invest in areas for which assistive technologies are proven (e.g. for people with chronic heart-failure, COPD / asthma) with a view to maintaining independence, and reducing unnecessary hospital admissions.

Care sector review team: to support medication reviews, quality improvement, discharge from short-term care placements, market alignment, support, and development. We will develop enhanced services (alongside incoming Lead Integrator for Older Peoples Community Services, and with reference to the Primary Care Strategy, in partnership with Primary Care) to review the health and care needs of residents in the care sector (including those supported by Domiciliary Care Services, or in Extra Care or Sheltered Housing provision). We wish to review the quality of care and to support discharge (back to more independent living), increased independence (for those who require longer term care), and with a view to e.g. medication review.

Enhanced psychiatric liaison, and mental health community support

This theme includes the following:

Psychiatric Liaison: to support the ongoing development of psychiatric liaison services in PSHFT, to enhance discharge (and admission) planning, and develop timely care packages for discharge.

Dementia Resource Centre: to develop the centre as a resource for both “upstream” (preventative, community, and educational) interventions, as well as a “hub” to support discharge and care planning We wish to develop great community resource, building on the development of the Dementia Resource Centre, with a particular view to early diagnosis, and “upstream” interventions (e.g. psycho-educational, and including support to carers and wider communities) which may maintain independence and reduce (or delay) admission to long-term care settings.

The key success factors including an outline of processes, end points and time frames for delivery

- First draft submission to NHSE 14 February 2014, to await and respond to any comments as part of ongoing development of the plans, prior to sign off through local governance arrangements (including through HWB, CCG Governing Body).
- Final submission of BCF proposals will be made on 4/4/2014, but it is expected that these will be the subject of ongoing transformational planning through 2014/15 in preparation to implementation in 2015/16.
- The CCG will continue between the 14 February and 4 April submissions actively to work with the four Health and Wellbeing Boards by whom BCF proposals will be authorised to ensure that synergies relating to schemes and proposals for the use of the fund (in the different LA areas) can be maximised, and that any duplications or inconsistencies of approach avoided.
- Further discussion with stakeholders and providers will be ongoing throughout, with two stakeholder workshops already planned to further develop the details of proposals, and a shared vision of transformational (rather than project based) change.
- The final plan will include an outline delivery plan focusing on resources, sequencing and risk issues.

Key success factors will be:

- Thorough alignment with overall strategy
- Achieving a reduction in demand for acute / emergency / long-term services, including reductions in DTOCs (where applicable), reductions in avoidable emergency admissions, and reductions in long-term care placements.
- It will also include: commitment to named lead professional for integrated packages of care, use of the NHS number as the primary identifier, and development of increased 7-day working.
- Stakeholder involvement and commitment to transformation

How we will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

The national planning guidance has signalled the closer alignment of NHS and local authority planning cycles and this is welcomed. Historically, we have worked closely together to ensure that our service plans are in direct alignment where appropriate and that we have a shared understanding of the strategic direction to meet the health and social care needs of our population. As an example, in terms of strategic

direction and priorities for Older People, Cambridgeshire County Council and NHS Cambridgeshire and Peterborough CCG are working closely to agree a single, shared strategy for Older People this year.

In drawing up our plans and activities for the Better Care Fund, we have worked closely with members of the Health and Wellbeing Board who have provided the required strategic direction and advice, grounded in the priorities set out in the Health and Wellbeing Strategy. As a result, we believe that our plans and activities will contribute directly towards four of the five priorities set by the Board, that is:

- Preventing and treating avoidable illness
- Healthier older people who maintain their independence for longer
- Supporting good mental health
- Better health and well-being outcomes for people with life-long disabilities and complex needs

We have used the intelligence available in the JSNA to identify the key target areas of focus and complemented this through the collation of an evidence base, led by the Public Health Team.

The development of the CCG Five Year Strategic Plan is being shaped through a substantial amount of stakeholder engagement and through reference to key sources of shared intelligence such as the JSNA and other organisations' plans.

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

Overview and Main Implications

The acute sector provider landscape will change appreciably over the next few years as a result of several factors:

- Implementation of the Integrated Older People's Pathway and Adult Community Services Procurement led by NHS Cambridgeshire and Peterborough CCG
- Aligned to this, implementation of the initiatives set out in the Better Care Fund plan
- Provider-led initiatives in response to the challenges and opportunities available during this strategic period

In discussions with acute providers we have identified the following implications for

the acute sector:

- The need to jointly re-design and streamline admission and discharge processes to ensure that the planned developments in community capacity and expertise are complemented by the right capacity being available at the right time. Urgent Care Boards are engaged in this but there is also a need for a more strategic approach to the whole system
- A risk of reducing capacity (and therefore income) related to emergency admissions in anticipation of the transformational changes to community-based capacity taking effect but not actually being achieved
- A requirement that, as a whole system, we jointly align the work and objectives of the Older People Programme with that of the Better Care Fund to avoid risk of a fragmented response by acute providers

Discussions have also identified opportunities for the acute sector to work in a more innovative and radical way with social care, clinical commissioners and others including the third sector to:

- Draw up a strategic vision of what a fully integrated health and social care system could look like and what would be needed to achieve it, using the BCF as one of the key enablers for change and transformation
- Create more efficient care pathways which are more responsive to individuals' needs and which support the role of carers
- Achieve sustainable and appreciable reductions in unnecessary emergency admissions to hospital
- Achieve more efficient and effective streamlining of discharge processes and 'handovers' to other care agencies
- Reduce eliminate the number of delayed transfers of care
- Respond better overall to the personalisation agenda

Realisation of NHS Savings

National planning guidance³ sees the BCF as having the potential to improve sustainability, raise quality and reduce emergency admissions; the latter will have to reduce by around 15%. Within Peterborough, there is a joint vision and a collective commitment to radical change. Unlike programmes which are funded from 'new' money, the BCF cannot operate in isolation. It has touch points with our main strategic work streams, for example, the older people's programme. It will also form a part of the CCG five year strategic plan. The Better Care Fund is one of the essential elements of this wider strategic programme and we need to ensure that it supports our wider vision.

In terms of process, we are at the initial stage of preparing the BCF plan and, as a result of our engagement activities, we have received a large number of proposals for transformation from a wide range of stakeholders. Having grouped those proposals into key themes, our next task is to evaluate the proposals in detail, in order to assess the potential scale and scope of NHS savings which could be

³ Everyone Counts: Planning for Patients 2014/15 to 2018/19; issued by NHS England on 20 December 2013; gateway reference 01000

realised as a result of their implementation.

One of the key tasks ahead for the joint project team will be to map the potential impact against each of the health providers, so that we can see clearly the extent to which they would be affected. The CCG will also link the BCF initiatives back to the delivery plans set out in the two year operational plan both to ensure consistency of approach and to eliminate the risk of duplication. The results of this work will be set out in the second 'cut' plan submission in April 2014.

Risk of Savings not being realised

We are aware of the risk that the required savings may not be realised, despite having implemented a wide range of transformational schemes. In the risk section of this template, we have described several areas of risk and, in particular, the risk of failing to protect acute services. We are working jointly to conduct a risk assessment which will be informed by the evaluation of the proposals mentioned in the section above.

e) **Governance**

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

Oversight and governance of the Better Care Fund Plan are provided by the Peterborough Health and Wellbeing Board who will sign off the plan. The development of plans for the Better Care Fund in the Borderline and Peterborough LCGs is undertaken jointly with Peterborough City Council (PCC), Cambridgeshire County Council, and Northamptonshire County Council. The majority of the agreement will relate to funding transfers (and subsequent pooled funding arrangements) with the former, PCC.

With this in mind, the following arrangements have been developed:

- the PCC Health and Wellbeing Board has delegated a small working group (the BCF group) to take forward the planning work. This group meets regularly to coordinate the work
- the BCF Group will report to the monthly Joint Commissioning Forum from February to April. The Forum has been delegated responsibility for the sign-off of drafts of the plan (in advance of the next Health and Wellbeing Board meeting in April)
- the PCC Health and Wellbeing Board will be asked to sign off virtually the final plan before submission on 4th April 2014
- the monthly Transformation Board will be used to engage more widely on the plans as they develop; in addition however, two workshops are being planned (mid-February and mid-March) to more widely engage with local stakeholders]

Regular formal and informal reporting is undertaken to each organisation's board / governing body.

Within NHS Cambridgeshire and Peterborough CCG, leadership from the top is provided by the Chief Clinical Officer, supported by the Chief Operating Officer, who generate the drive, focus and performance management ethos within the organisation on behalf of the Governing Body. The Chief Clinical Officer works particularly closely with Local Commissioning Group Chairs to ensure that service transformation is shaped and steered through clinically-led commissioning. Local commissioning group engagement is steered and overseen by Local Chief Officers who work closely with their respective Local Commissioning Group Boards.

3) NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services

The BCF working group have proposed that the funding and schemes behind the two s256 funding agreements which currently exist for the main DH funding allocation for Social Care and additional reablement funding, will form the basis of the amount of fund set aside for the protection of social care services. This funding is already embedded in agreed priorities and investment in social care and delivering benefits across the health and social care spectrum. The areas will be reviewed as part of the use of other BCF funding with a view to ensuring that maximum transformational change can be developed across the entire pool of funding and the services to which it relates.

Please explain how local social care services will be protected within your plans

Adult Social Care is facing increasing demographic pressures due to increased numbers of older people longevity and medical advances which mean people with disabilities are living longer. Pressure on services will be increased as a result of the implementation of the Care Bill and the need to meet the needs of self-funders. The funding allocated will need to be sustained and if necessary increased, to meet these pressures. The plans will be reviewed over the period of the BCF and amended as necessary to ensure that maximum transformational change can be developed across the entire pool of BCF funding and the services to which it relates, and that social care service are protected and in a position to deliver services which will give a whole system benefit across health and social care.

b) 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Strategic Commitment to 7 Day Services

There is a clear understanding and commitment to the importance of 7-day service delivery, and a CQIN relating to this has been in place with PSHFT during 2013/14. In addition:

- The offer of Health and Social care Domiciliary Services that can be called into stay with patients overnight by OOH's GP's to prevent admissions, with the same team supporting A&E Patients to return home overnight to prevent being admitted for Social Reasons.
- Care Homes accept referrals on the same day as assessment 7 days per week, step up and down, and Domiciliary Care Agencies accepting and

starting new care packages 7 days per week.

- 7 day assessments Health and Social Care in the Hospital to support 7 day discharging includes CHC needs
- 7 day support from Voluntary Sector Organisations to support people in the Community who don't meet Health and Social Care

Local Implementation Plans

Success will mean that people will be able to be discharged from hospital at the weekend, because staff are there to medically approve discharge, plan their discharge and link up with a suitable provider if they need ongoing care. This will mean service providers needing to change their staffing patterns to allow this, which might mean changes in terms and conditions or working hours for staff in hospitals, social services, housing or care providers.

Local implementation plans for introducing 7 day discharge have not yet been developed, and will form part of the next stage of planning.

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

Cambridgeshire and Peterborough CCG mandates the NHS Number as the primary identifier for correspondence through the NHS Standard Contract for providers, while at the same time ensuring compliance with the NHS Care Records Guarantee and Patient / Citizen privacy mandates. Within Peterborough social care services, the NHS Number is not currently used as the primary identifier for correspondence. The social care record system does have functionality to support the use and therefore, as part of our wider transformation programme, we will seek to build its collection and use as an identifier.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

Peterborough City Council has a transformation programme with a timetable for delivery in 2014/15. Implementation of the NHS number as a primary / universal identifier will need to be introduced in a phased way across providers as part of the transformation programme.

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

Cambridgeshire and Peterborough CCG is committed to adopting systems that are based upon Open API and Open Standard wherever possible and encouraging existing supplier to adopt Open API and Open Standards in future releases of software. NHS Cambridgeshire and Peterborough CCG is often directed to use

specific software suppliers by NHS England and or the Health and Social Care Information Centre. Peterborough City Council is committed to implementing the requirements of Caldicott2 and has recently reprocured software to allow secure sharing with the independent sector care providers. Use of GCSX - NHSnet e-mail when communicating between Council and Health professionals is well embedded.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

Cambridgeshire and Peterborough CCG submitted IG Toolkit Version 11 (2013/14) for publication at the end of October 2013. 'Satisfactory' assurance was attained for this early submission as required to enable Stage 1 Safe Haven status. NHS Standard Contract used. Caldicott2 recommendations are known and will be implemented. The CCG has a well-established IG and IM&T Group in place to ensure compliance with all aspects of information governance. Peterborough City Council has submitted the IG Toolkit assessment and established an action plan for key areas.

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

Existing MDT arrangements (including the Firm for crisis support in the B&P system) provide a good foundation for ensuring that all those who are identified as at high risk of admission have an agreed lead professional. Present challenges around IG hamper formal approaches to risk stratification, but there is local agreement as to the benefit of taking this kind of approach.

4) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	Risk Rating	Mitigating Actions
<p>Loss of Strategic Perspective and Scale:</p> <p>The plan focusses on many small scale initiatives leading to lost opportunity to undertake strategic transformation of services</p>	<p>Medium</p>	<ul style="list-style-type: none"> • Refer back as needed to the 5 year strategic plan context and over-arching priorities and other relevant strategic and commissioning plans • Consistently map the initiatives and proposals back to the agreed End State to check for right scale and scope • Agree a set of categories for strategic

		change and group ideas and proposals around these
<p>Failure to protect social care services:</p> <p>Demand for social care increases at a rate that outstrips the increased investment and transformation</p>	Medium	<ul style="list-style-type: none"> • Closely monitor demand for social care arising from demographic change and the new statutory duties under the Care Bill
<p>Failure to protect acute services:</p> <p>Investment in prevention fails to sufficiently reduce demand for acute services, creating financial challenges for the acute sector</p>	Medium	<ul style="list-style-type: none"> • Closely monitor demand for acute services and ensure that contingency plans are in place for diversion of funding if necessary
<p>Failure to meet performance targets:</p> <p>Results in loss of up to £9m</p>	Medium	<ul style="list-style-type: none"> • Effective negotiation of targets with government • Clear alignment of BCF investment and change areas to key performance targets • Robust performance management arrangements are put in place
<p>Destabilising ‘the system:’</p> <p>Making changes to the current patterns and models of service delivery in advance of implementing new ways of working de-stabilising current levels of demand and performance</p>		<ul style="list-style-type: none"> • On-going review of strategy and vision • Robust arrangements for reviewing progresses across all change activities • Appropriate investment in communication to users and staff • Development appropriate workforce and OD plans
<p>Clinical Commissioner engagement:</p> <p>Localities and member practices feel disenfranchised and alienated by the planning process</p>	Medium	<ul style="list-style-type: none"> • Regular briefing and discussion at CCG Governing Body and at Clinical Management & Executive Team meetings • Local Chief Officers to keep their Local Commissioning Group (LCG) Boards fully informed and ensure they have the opportunity to contribute • Nominate clinical champions from LCGs / local health systems who would co-lead with SROs the priority change programmes • LCGs to engage regularly with their practices / localities and ensure that they are kept informed and aware of the wider context • CCG Members’ Events to give

		opportunity for wider discussion and opportunity to address concerns raised by the membership
<p>Provider engagement:</p> <p>Lack of engagement and support from Providers</p>	Medium	<ul style="list-style-type: none"> • Use the Chief Executive Officer Group to identify and obtain consensus on the key strategic priorities • Invite providers to submit their ideas and proposals for transformation and use these to inform on-going discussions • Use selected provider clinical forums to keep clinicians aware and engaged • Incorporate specific change initiatives into the mainstream commissioning and contracting cycle to ensure that the BCF plans are part and parcel of everyday business
<p>Staff engagement:</p> <p>Staff are not fully aware of and engaged with the changes set out in the Better Care Fund plan</p>	Medium	<ul style="list-style-type: none"> • Hold regular staff briefings • Post updates to organisations' websites • Use the organisations' newsletters to promote better understanding and flag examples of excellent performance and innovation
<p>Strategic Vision / End State:</p> <p>Lack of clarity around the 'end state' resulting in loss of delivery</p>	Medium – needs further refinement	<ul style="list-style-type: none"> • Link to the 5 year Strategic Plan – move to single OP's Plan for Cambridgeshire • Ensure all clients groups are reflected in the vision • Agree vision and principles and set them out clearly in the Better Care Fund plan (and reflect this in each organisation's core planning documents) • Set out in the plan each initiative and how it will contribute towards realisation of the bigger picture
<p>Stakeholder Engagement:</p> <p>Key stakeholders do not have the opportunity to contribute to and shape the Better Care Fund plan</p>	Low but needs to be maintained	<ul style="list-style-type: none"> • Ensure that key stakeholders are identified • Build time into the Better Care Fund planning timetable to brief and discuss stakeholders • Maximise the opportunity to brief and debate through attending existing meetings • Organise bespoke events e.g. Health and Well-being Board development days etc. • Keep stakeholders up to date with progress in drafting the plan e.g. through regular written briefings, use of websites etc.

		<ul style="list-style-type: none"> • Reflect back to stakeholders the key outcomes of the engagement discussions
<p>Financial Information:</p> <p>Lack of clarity around the funding to be transferred from the CCG to the Better Care Fund joint commissioning pools</p>	Low	<ul style="list-style-type: none"> • CCG and Local Authority Finance leads agree the methodology for calculating the funding to be transferred and the process for transfer • Financial information to be set out explicitly in core planning documents e.g. CCG 5 Year Strategy
<p>Planning Assumptions:</p> <p>Early planning assumptions may prove to be incorrect.</p>	Low	<ul style="list-style-type: none"> • Ensure that the BCF plan is updated regularly to reflect the emerging position and any agreements and/or changes made • Ensure effective co-ordination of the work of the different local authority project teams to allow timely update of assumptions
<p>Governance:</p> <p>Insufficient project control, transparency and accountability.</p>	Low	<ul style="list-style-type: none"> • Appoint a Senior Responsible Officer in each organisation who will be accountable for progress with developing and implementing the plan • Appoint joint CCG/PCC project team(s) to implement the process and to meet the key milestones for delivery • Maintain the opportunity for scrutiny through regular formal reporting to boards responsible for decision-making • Through regular communication and briefing, ensure sufficient transparency and openness with regard to the Better Care Fund Plan • Maintain a detailed project timetable to ensure that key board meeting dates are identified and met
<p>Sign-Off:</p> <p>Lack of agreement between partners and at the Health and Wellbeing Board means that an agreed plan cannot be signed off</p>	Low	<ul style="list-style-type: none"> • All partners to be involved in discussions and represented at the Executive Group • All partners signed up to Vision and Principles • Special meeting of the Health and Wellbeing Board to allow sufficient time for discussion
<p>Government Approval:</p> <p>Delay in government signing off use of the Better Care Fund, leading to loss of the funding</p>	Low	<ul style="list-style-type: none"> • All partners working to ensure that proposals address the national criteria • It is likely that the Government will allow time to refine proposals rather than rejecting immediately

SCRUTINY COMMISSION FOR RURAL COMMUNITIES	Agenda Item No. 6
1 APRIL 2014	Public Report

Report of the Safer Peterborough Manager Gary Goose

Contact Officer(s) – Gary Goose

Contact Details – gary.goose@peterborough.gov.uk 863780

TROUBLED FAMILIES IN RURAL COMMUNITIES

1. PURPOSE

- 1.1 To review the progress of the Troubled Families programme (known locally as Connecting Families) in rural localities.

2. RECOMMENDATIONS

- 2.1 The Commission is asked to note the contents of the report and the issues contained therein.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 The issues pertaining to the Troubled Families agenda links across all aspects of the Sustainable Community Strategy, particularly around Creating Strong and Supportive Communities.

4. BACKGROUND TO THE TROUBLED FAMILIES PROGRAMME

- 4.1 Troubled families are those that have problems and often cause problems to the community around them, putting high costs on the public sector. In December 2011, the Prime Minister launched a new programme to turn around the lives of 120,000 troubled families in England by 2015.
- 4.2 The aims of the Troubled Families Programme are to get children back into school, reduce youth crime and anti-social behaviour, put adults on a path back to work and bring down the amount public services currently spend on them.
- 4.3 All 152 upper-tier local authorities in England are taking part in the programme and have agreed the number of troubled families in their area that they will work with.
- 4.4 The Government is making £448 million available to councils on a payment-by-results basis. This represents a contribution of up to £4000 per family, around 40% of the estimated costs of actions needed to turn a family around. Funding will come from a number of departments including Communities and Local Government, Education, Work and Pensions and Health, with full payment made only when results are achieved. The other 60% will be covered by local authorities and other local partners who all benefit from the savings that result.
- 4.5 A one-off average investment of £4,500 in work with each family is expected to reduce the annual £15,000 cost of dealing with their problems, by supporting families to access work, reducing anti-social behaviour, poor school attendance and criminality.
- 4.6 DCLG reported figures to the end of October 2013 indicate that, nationally:
- 92,000 families have been identified
 - 62,000 families are being worked with

- 22,000 families have been 'turned around' (1,400 into sustained jobs)

5.0 HOW THE PROGRAMME WORKS

- 5.1 For the purposes of qualifying to be part of the Troubled Families Programme, they are those who meet three of the four following criteria:
- Are involved in youth crime or anti-social behaviour
 - Have children who are regularly truanting or not in school
 - Have an adult on out of work benefits
 - Cause high costs to the taxpayer
- 5.2 The outcomes set out by Government required to achieve a payment by results are:
- 60% reduction in anti-social behaviour, across the family in the last 6 months and/or a 33% reduction in youth offending.
 - Each child in the family having fewer than three fixed term exclusions and/or less than 15% unauthorised absence in the last 3 school terms
 - At least one adult in the family to have either volunteered for the Work Programme or be attached to the European Social Fund (ESF) provision in the last 6 months
 - At least one adult in the family moving off out-of-work benefits into continuous employment in that last 6 months

6.0 TROUBLED FAMILIES IN PETERBOROUGH – THE CONNECTING FAMILIES PROGRAMME

- 6.1 Peterborough's response to the national Troubled Families programme is 'Connecting Families'.
- 6.2 Troubled families often have a whole host of agencies involved with them, often focussing on the individuals within that family, which can bring its own problems as families become confused by overlapping professionals, assessments and appointments. This costly and unfocussed activity can mask the lack of progress for that family. Some of the starkest evidence for this collective failure to properly help families is to be found in the frequency of problems which are transmitted from one generation of the same family to another.
- 6.3 The Troubled Families programme works by assigning a dedicated worker to engage with a whole family on all of its problems, such as ensuring that the children attend school, appointments are met and appropriate services are accessed. Crucially, all of the public services involved with members of a family are coordinated and the demand on them reduced
- 6.4 The model creates a virtual team where partner agencies provide their own co-ordinator(s) referred to as 'Connectors'. Each full time equivalent Connector will hold a caseload of approximately 10 families, managing the family's action plan, co-ordinating the family's participation with partnership interventions, and acting as the single point of contact to their host agency.
- 6.5 Troubled Families funds will support agencies towards payment of the Connector. This equates to £15,000 per connector. A personal budget of up to £2,000 per family will be made available to support interventions.
- 6.6 The analysis team in the Communities and Targeted Services Directorate are currently in the process of identifying these families. The identification process involves a trawl of historic information from a wide range of data sources including, school attendance data, school exclusions, children in Pupil Referral Units, Youth Offending Service data, Police data, Children's Social Care data and information from Registered Social Landlords. This information is taken from across the Peterborough Unitary Authority area and is not confined to urban wards.

7.0 KEY ISSUES

- 7.1 The local identification of troubled families in Peterborough is ongoing. Based on the Government figures suggesting that there are 450 troubled families in the City as a whole, it can be inferred that given that 12% of households¹ in Peterborough are situated in rural wards, this equates to 54 troubled families who live in rural wards.
- 7.2 This is a crude analysis but provides an illustration of indicative numbers. Further work is currently being done to identify more information on the location of these families and this is likely to be completed by the end of financial year.
- 7.3 The Commission for Rural Communities, in their Annual Report for 2006, identified three main causes of rural isolation in England:
- Lack of income and employment
 - Lack of access to transport and other services
 - Lack of contact with, and help from, relatives, friends and neighbours.
- 7.4 The Troubled Families programme can be viewed as an integral part in reducing the rural isolation that families living in outlying villages often feel. The programme focuses on creating lasting change. Getting adults back into work may involve working with families to improve, for example, access to local services, internet access and access to transport, amongst other things.
- 7.5 The anticipated results of the programme will be families working better as a unit, with children attending school regularly, parents in jobs or training, lower levels of crime and anti-social behaviour and, overall, healthier, happier and stronger communities.

8.0 FAMILY CASE STUDY

The case study below provides an anonymised example of a real case in where a Connector is working with a family, this is the words of the Connector who describes the issues they faced.

8.1 Summary of the problems the family faced

- State of the house: Mum and son were living in was in such bad condition their health was being affected. Mould on the walls, damp, grimy and discoloured.
- Heating was constantly being cut off as the Landlord had arrears which Mum was ending up paying.
- Domestic violence from son towards mum in which Police have been called.
- Son's attendance was low and dropped below 85%
- Mum was finding it difficult to find work.
- Son's behaviour inside and outside of school fluctuated and could become angry very quickly. Also involved in anti-social behaviour.

8.2 Description of the situation before intervention

Before Connecting Families intervention the conditions that Mum and Son were living in was in such a bad state, their health was being affected, particularly Son's as he had rashes from being so cold inside the property. This caused his attendance to drop as he found it difficult to go to bed and get up for school, the school attendance team got involved at this point without realising the extent of the situation. He was also angry at Mum because of the situation and this led to violent behaviour from time to time towards her. Mum was also struggling for money, when she

¹ 8,709 households are located in the rural wards of Barnack, Eye and Thorney, Glinton and Wittering, Newborough and Northborough, All Occupied Household Spaces, Census 2011

paid for her heating on a meter half of it was being cut off as it had arrears. This meant she needed to pay more for fundamental requirements and left her little money to spend on other things such as food.

8.3 **Description of the intervention**

Date intervention began - 16/01/2013

Date results achieved - 10/1/2014

8.4 **Type of/ intensity of intervention**

The first initial meeting with the family was at a Team Around A Child Meeting at the school. It was at this meeting that all the issues the family faced was brought to light. For example the condition of the property, her financial situation and school attendance etc. The meeting was a good way to begin to build a rapport with the family, from the Team Around A Child Meeting the Connector set themselves some actions to support with Mums issues. These actions involved organising some new heaters for the property which would help in the short term, whilst at the same time get the family moved to a more appropriate property.

Completing these action helped build trust between the Connectors and family. This ensured that Mum was being honest and open about her situation. The Connector continued to take actions from the case to offer continued support. These actions included contacting the energy company to obtain compensation for Mum and to prosecute the Landlord for the arrears Mum had been wrongfully paying off. Getting Son involved in extracurricular activities and clubs outside of school, having this social interaction and burning off extra energy really helped son in school and out with behaviour and attendance. Support was also made with attending meetings to CAB and the Job Centre. The Connector made sure all her benefits were on track and that she paying off any arrears appropriately. It was important whilst working with the family that the intensity of the intervention dies down and that we give Mum responsibility for herself, to achieve her own actions, this way the family can be independent without the need for intervention in the future. We helped support Mum with employment, we got her onto flower arranging courses which she wanted us to attend with her, this built up her self-confidence and give her self-esteem. This was a big boost, and gave her the confidence she needed to attend interviews. The Connector found a job close by which Mum applied for, she got an interview, passed and then started employment. Mum was extremely excited as she would have more money and more confidence.

8.5 **Result of intervention**

- Son's attendance is over 90%
- Mum is in employment.
- Family are now in a property which provides their fundamental needs.
- Son is more active and less angry.
- Mum would like to go into full time employment.
- Relationship between Mum and Son is much better, no domestic violence.
- Son is not involved in any crime or ASB.

9.0 **EXAMPLES OF GOOD PRACTICE - WANDSWORTH**

9.1 The London Borough of Wandsworth has been held up nationally as an authority of good practice in the way they have delivered their Troubled Families model. They launched their Family Recovery Project in November 2011 with 30 of their most challenging families who were failing to engage or make progress with existing services; had children subject to or on the edge of care; and who had multiple of complex problems.

9.2 The Family Recovery Project (which operates a family intervention service) has been funded through a Community Budget that brings together the staff-in-kind contribution of two police officers, a Job Centre advisor, mental health worker, housing officer and health advisor, alongside existing local authority family intervention workers. This pooled budget also includes

significant cash contributions from the Primary Care Trust, registered social landlords, the Home Office's Safer Stronger Communities Fund and local authority contributions.

9.3 To date, Wandsworth has worked with over 600 families and in November 2013 was ranked 1st in London for the proportion for Troubled Families being worked with and 6th in London for the proportion of Troubled Families 'turned around'. Qualitative evaluation of FRP in Wandsworth suggests that the programme is strongly valued by families and other agencies; that families welcome the team around the family approach; and that direct emotional practical

9.4 Cost avoidance evaluation carried out in Wandsworth using data for families before and after FRP intervention suggests annual projected savings to the public purse of around £29,000 per family.

10.0 THE FUTURE

10.1 Due to the nationally recognised success of the programme, a commitment to Troubled Families phase 2 has been announced by the Government. This will extend the programme to 2015-16, committing a new £200 million to the budget. It is likely that local authorities will be asked to identify families for phase 2 in 2014/15. DCLG see phase 2 as a 5 year programme, however they only have the financial commitment for 2015/16 at the present time. It is also expected that they will broaden the Troubled Families criteria for phase 2.

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SCRUTINY COMMISSION FOR RURAL COMMUNITIES	Agenda Item No. 7
1 APRIL 2014	Public Report

Report of Public Health

Contact Officer(s) – Julian Base
Contact Details - 207180

PUBLIC HEALTH

1. PURPOSE

- 1.1 This report provides the Commission with an overview of developments being undertaken by Public Health and partners, notably Peterborough Environment City Trust related to local and sustainable food produce.

2. RECOMMENDATIONS

- 2.1 The Commission is asked to note the information provided within the report and to identify any specific areas that it wishes to scrutinise in greater depth.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 This report links to the following priorities within the Sustainable Community Strategy:

- Creating opportunities, tackling inequalities
Activity outlined below positively impacts on existing health inequalities with evidence demonstrating the potential of programmes such as Food for Life referenced below to 'close the gap' for disadvantaged children in terms of their health and academic attainment.
- Creating the UK's Environment Capital
Activity outlined below related to local and sustainable food is an important part of the Environment Capital Action Plan.

4. BACKGROUND

- 4.1 Local authorities were given renewed responsibility for public health as part of the health and social care reforms introduced in April 2013, alongside a new public health outcomes framework and dedicated funding. The framework sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected.
- 4.2 However, in order to achieve improvements at a local level, not only on how long people live, but also on how well they live at all stages of life, consideration of the many factors that influence public health over the course of a lifetime need to be understood and acted upon. Programmes and services will need to be planned in the context of the broader social and economic determinants of health to achieve positive outcomes.
- 4.3 At a local level Public Health working within the local authority has been developing and embedding a range of programmes, services and initiatives aimed at achieving sustainable positive outcomes. Of particular relevance to the Commission is the work that Public Health is developing related to local and sustainable food.

- 4.4 Peterborough is a founding member of the UK's **Sustainable Food Cities Network** and through our local **Food Partnership** aims to bring local food producers and local people closer together.
- 4.5 The national network led by the Soil Association, with Food Matters and Sustain, has been supporting pioneering communities at every scale - from individual institutions through to entire city-regions – who have recognised the key role food can play in dealing with some of today's most pressing social, economic and environmental problems. As the Soil Association has noted from obesity and diet-related ill-health to food poverty and waste, climate change and biodiversity loss to declining prosperity and social dislocation, food is not only at the heart of some of our greatest problems, but also a vital part of the solution.
- 4.6 The Soil Association has been encouraging public, private and third sector organisations and local communities to work together to improve their food system and to use food as a catalyst to tackle local challenges for a number of years. They have been at the cutting edge of work to develop sustainable and stable markets for producers - and to improve public access to organic food. At a local level our partnership works with, amongst others: farmers, farming organisations, social landlords, food distributors and schools.
- 4.7 One specific example of work being developed with the Soil Association is to commence a Food for Life pilot programme locally. Working within schools the programme is about bringing people together – teachers, pupils, families, cooks, caterers, farmers and the wider community – to enjoy good, wholesome food and change food culture. The programme will also seek to establish the Soil Association Food for Life Catering Mark related to freshly prepared, locally sourced meals within selected pilot schools.

5. KEY ISSUES

- 5.1 As a founding member of the Sustainable Food Cities Network Peterborough can benefit from sharing challenges, exploring practical solutions and developing best practice in all aspects of sustainable food with other partners across the UK. However, Peterborough, while shortlisted, was not among the six UK cities selected in 2013 to receive funding to employ dedicated Sustainable Food City officers for the next three years.
- 5.2 As such developing our local food plan, that is critical in helping to make local food more of a priority in our city, will inevitably be more challenging. However, the work undertaken by our Food Partnership to date provides a strong foundation to create a joined up approach to food related issues in our City with the following priorities identified:
- Sustainable supply chains
 - Community food projects
 - Food knowledge and skills

6. IMPLICATIONS

- 6.1 As a result of the Local Authority now having responsibility of Public Health there is an opportunity to develop the work identified above to achieve positive health outcomes.

7. CONSULTATION

- 7.1 As part of Peterborough's aspiration to create the UK's Environment Capital, the city has created an Environment Capital Action Plan that sets out priority areas for ongoing improvement. Local and sustainable food is an important part of the Action Plan and this section has been drafted and passed by Peterborough City Council's full council meeting. In addition Public Health will continue to work closely with partners externally and colleagues internally to develop work through our local Food Partnership.

8. NEXT STEPS

- 8.1 Embedding the Food for Life pilot programme in selected pilot schools and the further development of the local Food Plan.

9. BACKGROUND DOCUMENTS

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

- 9.1 See web links to referenced initiative.

<http://sustainablefoodcities.org>

<http://www.foodforlife.org.uk>

10. APPENDICES

- 10.1 Appendix 1 - An outline of Sustainable Food Cities is provided in Appendix 1, while further details can be accessed at the web link provided in 9.1.
- 10.2 Appendix 2 - The Peterborough Food for Life proposal is attached as Appendix 2 for reference, while further details related to the national Food for Life programme can be accessed at the web link provided in 9.1.

APPENDIX 1

Note: Information taken from Sustainable Food Cities website

About Sustainable Food Cities

We are passionate about towns and cities taking a joined up approach to food and want to help public agencies, NGOs, businesses and communities to work together to make healthy and sustainable food a defining characteristic of where they live.



Throughout the UK, pioneering communities at every scale - from individual institutions through to entire city-regions - have recognised the key role food can play in dealing with some of today's most pressing social, economic and environmental problems. From obesity and diet-related ill-health to food poverty and waste, climate change and biodiversity loss to declining prosperity and social dislocation, food is not only at the heart of some of our greatest problems, but also a vital part of the solution.

The Sustainable Food Cities Network is an alliance of public, private and third sector organisations that believe in the power of food as a vehicle for driving positive change and that are committed to promoting sustainable food for the benefit of people and the planet. The Network - which is run by a coalition of NGOs led by the Soil Association, Food Matters and Sustain and is funded by the Esmée Fairbairn Foundation - aims to help people and places to share challenges, explore practical solutions and develop best practice in all aspects of sustainable food.

Principles of sustainable food

The following 10 principles try to capture the full breadth of critical food issues and may help to provide a framework for people and places wishing to develop their own programmes.

Health and wellbeing for all

- Access to affordable healthy and sustainable food and to information that helps people make better food choices is a fundamental right for everyone in society.
- All food providers - manufacturers, retailers and caterers - should provide safe, healthy and sustainable food to promote the wellbeing of the people they serve.

Environmental sustainability

- Food production should conserve and enhance terrestrial and marine ecosystems and natural resources including soil, water and air.
- Food should be produced, processed, distributed and disposed of in ways that minimise both its local and global ecological footprint.

Local economic prosperity

- Planners and policy makers should support local food economies by promoting a high number and diversity of food enterprises throughout the food chain.
- Public and private sector bodies should procure and provide healthy and sustainable food in a way that promotes local economic prosperity.

Resilient communities

- Everyone should have an opportunity to develop food growing, cooking and buying skills that foster community resilience and individual self-reliance.
- Planners should ensure communities can access land, buildings and other resources and assets that enable them to take more control of their food.

Fairness in the food chain

- Workers throughout the food chain, both in the UK and abroad, should have good working conditions and be fairly paid for their work.
- Tackling food poverty, which has become one of the most prevalent forms of social injustice in the UK, should be a priority for institutions and policy-makers.

APPENDIX 2

The Food for Life Partnership (FFLP) Pilot Programme for Peterborough City



Food for Life Partnership Funded Programme for Peterborough Schools

Peterborough's "Live Healthy" programme is the City's Health Improvement Service that encompasses programmes, support and services for the population of Peterborough and includes Healthy Eating and Physical Activity strands of work. Part of this remit is to improve the way children and the wider population of the City eat and has access to fresh and healthy food, leading to better choices around food and health. FFLP operates a whole systems based approach that enables change for individuals and communities, in line with the objectives of the Live Healthy programme.

This programme outline is based on a 12 month pilot FFLP programme. The programme will aim to engage and focus training and main FFLP activities in two Secondary school clusters in two different Wards within the City (i.e. two clusters in total). The Wards will be identified by the Live Healthy team, but the offer of engagement will be available to all schools within those Wards to identify proactive schools willing to engage. Engagement, communications and strategy around messaging and delivery will be shared closely with other local support mechanisms, such as Healthy Schools, Youth Health Champions, Love Local and the Peterborough Environmental City Trust (PECT).

In addition to work centred in the school clusters, all schools in the City will be able to receive telephone and email support from the Local Programme Manager (LPM), online support and resources, benefit from changes to catering services, learn from cluster schools and attend/be able to access available training and events as part of the wider grant support.

FFLP is a multi-component programme that works to develop embedded change within settings, leading to positive impacts associated with health, education and environmental sustainability, and independent evaluation of FFLP demonstrated impacts over 2-3 years. FFLP would recommend that a longer term approach to changing food culture is facilitated following this pilot programme to enable settings to incorporate a holistic approach to food culture and sustain changes.

What is the Food for Life Partnership?

The Food for Life Partnership (FFLP) has created a network of over 4,800 schools across England committed to transforming their food culture. We support them to provide fresh, nutritious and sustainably sourced meals and make lunchtime a positive social experience. The programme helps children, their teachers and families understand the importance of good nutrition and where their food comes from, through practical cooking and food growing activities and farm visits.

The Soil Association is the lead organisation in the FFLP partnership of five charities: Garden Organic, Focus on Food, Health Education Trust, and the Royal Society for Public Health. It is free for schools in England to enrol and we provide a wealth of resources to support their progress through the award

framework. The programme was developed over five years with £16.9 million funding from the Big Lottery. In March 2012 it moved to a locally commissioned model, with local authorities and the NHS contracting the programme to support key health and wellbeing priorities in their areas.

In May 2013 the programme received a two year funding grant of £3.6 million from the Big Lottery wellbeing fund to support its further development and extension into new settings, including early years, hospitals, workplaces, sports & leisure centres and care homes. The extension of the FFLP work started in Early years settings – this programme is now developed and the approach is currently being piloted in Early Years Settings. Work in the other setting is in the development stages.

Impact

Independent evaluation of the FFLP programme shows that it has impact on the health and wellbeing of both participating children and their families. The evidence supports all six recommendations from the 2010 Marmot Review 'Fair Society, Healthy Lives'.

Some key findings from the independent evaluation:

- The number of children reporting eating five or more portions of fruit and veg portions a day increased by 28% in FFLP primary schools.
- 45% of parents report eating more vegetables as a result of the FFLP programme.
- For every £1 invested in Food for Life menus, the social, economic and environmental return on investment for the local authority is over £3, mostly in the form of new jobs in the local economy.
- Free school meal take-up increased by an average of 13 percentage points overall in FFLP schools & 20 percentage points in FFLP secondary schools.
- Twice as many primary schools received an Outstanding Ofsted rating after working with the Food for Life Partnership.
- Researchers also noted that FFLP was:
 - Effective at re-engaging pupils with learning issues.
 - Attracting high levels of parental engagement.
 - Particularly effective in schools within areas of high social deprivation.
 - A useful tool for improving emotional health and wellbeing and an increase in pupil voice.

For the summary and full reports, please visit www.foodforlife.org.uk/evaluation

The recent Big Lottery Funding awarded to FFLP is enabling further independent evaluation to be undertaken over the next two years.

The WHO found that school based health improvement interventions that use a multi-factorial approach, teaching knowledge and skills in the classroom, changing the social and physical environment of the school and creating wider links with the community have the most impact on health outcomes and sustainable changes in school practice.

NICE guidance also highlights the importance of family-based approach to nutrition education and weight management provision, and of involving parents, carers and wider family members, as appropriate to the age of the child or young person.

School Food Plan

The Department for Education's School Food Plan was launched on 12th July 2013. The plan makes the case for the importance of changing school food culture and increasing the take up of healthy school meals in improving children's health and wellbeing. The School Food Plan cites the success of the FFLP in this regard. The plan includes a number of actions, and funding has been allocated to help expert organisations like FFLP support Head Teachers to adopt a whole school approach that puts food, including cooking and growing, at the heart of school life and increases the take-up of healthy school meals. FFLP is supporting the School Food Plan and has applied for allocated funding to support schools as appropriate over the next two years (to end of 2015).

Universal Free School Meals

Government has announced that all children at school in Key stage 1 will be eligible for a free school meal from September 2014. This enables the school meal to become the norm for children starting school and improves the viability of the school meal service.

The Food for Life Partnership (FFLP) awards

The Food for Life Partnership awards schools' achievement at three levels: Bronze, Silver and Gold. For each award, there is a set of criteria which help form an action framework for schools but also leaving scope for teachers and pupils to be creative and set their own priorities. The criteria are centred on four areas of development:

- **Food leadership and school food culture** – for example, at Bronze: engaging school leaders in improving the lunchtime experience and setting a 'whole school framework'; monitoring school meal take up and taking action to maximise the take up of free school meals.
- **Food quality** – for example, at Bronze: removing trans fats; fresh, seasonal menus served by skilled catering staff; sourcing traceable meat and free range eggs. This area is backed by Food for Life Catering Mark inspection where external caterers provide meals.
- **Food education** – for example, at Bronze: pupils learn to cook and grow food; an annual farm visit; these activities feed into wider learning and are supported by curriculum-linked resources.
- **Community and partnerships** – for example, at Bronze: involving parents and/or the wider community in food events, school markets and growing and cooking activities.

Why FFLP is important

What people eat and levels of physical activity are second only to smoking tobacco in impacting on ill health and disease. Obesity is responsible for 9000 premature (before retirement age) deaths each year in England, and reduces life expectancy by, on average, 9 years and diabetes is rising sharply.

The FFLP programme demonstrates through independent evaluation how the holistic FFLP approach to changing food culture in schools and their communities can support key health and wellbeing priorities by focusing on prevention and working with communities. Please see [‘Good Food for All’](#) for evidence of FFLP’s impact associated with tackling inequalities.

Access to a balanced and nutritious meal at lunchtime supports children to concentrate and learn while at school. Many children depend on the school lunch as the main meal of the day and reports show that some children in England arrive at school hungry. Many parents may be unaware of how the school meal service has changed over the last few years and not value this important service. Good lunch services in schools and early years settings, and support for all children eligible for free school meals to access them, are important steps in supporting the most disadvantaged children. The School Food Plan and the introduction of the Universal free school meal for Key stage 1 pupils (from September 2014) are an important opportunity to bring larger numbers of children to eat in school, establishing the school meal as the norm for all children. This has the added benefit of creating the potential for a viable catering service in school, preventing the need for subsidy from school or local authority budgets.

FFLP current activity

FFLP commissioned areas

FFLP has been commissioned to run programmes in schools in eleven areas across England: Lincolnshire, Calderdale, Devon, Kirklees, Warwickshire, Bath & North East Somerset, Cornwall, Cambridgeshire, Derbyshire, Leicestershire and Rutland. FFLP has also been commissioned to work with Early Years Settings and older people in care settings in some of these areas.

National enrolments and awards:

- Over 4,800 schools are enrolled with the programme nationally.
- Over 600,000 Food for Life Catering Mark accredited meals are served in schools every day (See Appendix 1 for details of the FFL Catering Mark Award).
- Since the programme’s inception, 731 schools have been awarded Bronze, 159 Silver & 19 Gold (figures to Feb 2014).

Food for Life Partnership work in Early Years settings

Work is currently being piloted to use the FFLP framework as a basis for extending the work into Early Year settings. The Early Years award, training package and resources will be available early in 2014.

The Local Picture

To date, FFLP has had limited ‘on the ground’ delivery and input in Peterborough since 2008. Under the BIG Lottery funding stream, FFLP selected one Flagship school in the City (Sacred Heart RC Primary School) and subsequently supported two others to their Bronze Awards (St Thomas More RC Primary and Abbotsmede Primary) by the end of 2011. 14 schools are enrolled in the City, with Abbotsmede also achieving Silver in 2013. From 2007 to 2011 the City Catering Service did not achieve FFL Catering Mark standards to support schools with progression and the Service has since changed significantly and many contracts with schools been lost, resulting in a fragmented catering service in the City. A list of the schools can be found at: <http://www.foodforlife.org.uk/whats happening/Findaschool.aspx>

The FFLP Programme has an open and collaborative approach to working with other organisations from the 3rd, public and business sectors. In this proposal we would anticipate partnerships and collaboration with local voluntary organisations to ensure the programme builds local capacity and any

potential duplication in delivery is prevented. Schools, Head Teachers and other stakeholders would also be key partners in our approach and engagement from settings involved is sought throughout programme delivery.

Aims and objectives of the FFLP Programme

FFLP aims to support and facilitate schools, the wider school community, and caterers to have the opportunity, confidence, and ability to access healthy and sustainable food, providing the skills and knowledge to make informed food choices leading to healthy and sustainable food behaviours. In addition, FFLP aims to enable change within school settings, and across wider health, education, and school meal systems through influencing stakeholders and strategy at local and national levels to adopt the FFLP framework and ethos.

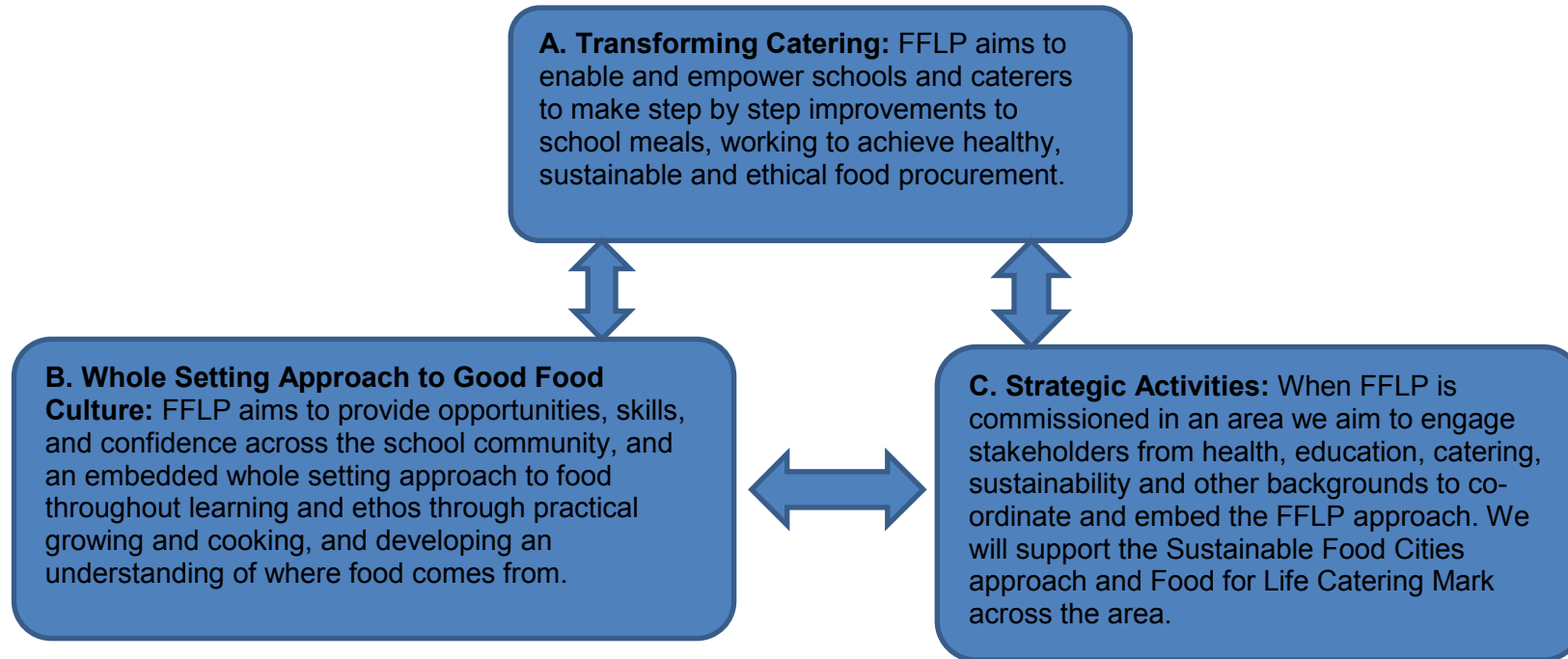
**Aim: To enable the positive transformation of food culture within schools and their communities
To develop the FFLP approach in Early Years and Care Settings**

Objectives:

- 1. To support and facilitate schools, the wider school community, and caterers to have the opportunity, confidence and ability to access healthy and sustainable food.**
- 2. To provide the skills and knowledge for the school communities to make informed food choices leading to healthy and sustainable food behaviours.**
- 3. To enable change in food culture within the settings engaged through a whole setting approach.**
- 4. To enable change in food culture across wider health, education, and school meal systems through influencing stakeholders and strategy at local and national levels to adopt the FFLP framework and ethos.**

Strategy for delivery of FFLP in Peterborough

FFLP involves three key areas of activity that are closely linked and approached simultaneously in local areas: A. Transforming Catering, B. Whole Setting Approach to Good Food Culture, C. Strategic Activities.



Programme outputs, performance measures and outcomes

FFLP are currently working closely with the University of the West of England to establish appropriate systems for monitoring and evaluating local commissioned FFLP programmes. We anticipate that systems will be in place by the end of March 2014 and we are happy to share our progress with Peterborough City Council at any time. The FFLP Portfolio is being evaluated by the University of the West of England through Big Lottery funding, and an FFLP Evaluation Steering Group exists to advise and steer this process. The Steering Group includes independent experts and a representative from Public Health England.

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SCRUTINY COMMISSION FOR RURAL COMMUNITIES	Agenda Item No. 8
1 APRIL 2014	Public Report

Report of the Director of Governance

Report Author – Paulina Ford, Senior Governance Officer, Scrutiny

Contact Details – 01733 452508 or email paulina.ford@peterborough.gov.uk

FORWARD PLAN OF KEY DECISIONS

1. PURPOSE

- 1.1 This is a regular report to the Scrutiny Commission for Rural Communities outlining the content of the Forward Plan of Key Decisions.

2. RECOMMENDATIONS

- 2.1 That the Commission identifies any relevant items for inclusion within their work programme.

3. BACKGROUND

- 3.1 The latest version of the Forward Plan of Key Decisions is attached at Appendix 1. The Forward Plan contains those key 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 18 April 2014.
- 3.2 The information in the Forward Plan of Key Decisions provides the Commission with the opportunity of considering whether it wishes to seek to influence any of these key decisions, or to request further information.
- 3.3 If the Commission wished to examine any of the key decisions, consideration would need to be given as to how this could be accommodated within the work programme.
- 3.4 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.

4. CONSULTATION

- 4.1 Details of any consultation on individual decisions are contained within the Forward Plan of Key Decisions.

5. BACKGROUND DOCUMENTS

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

None

6. APPENDICES

Appendix 1 – Forward Plan of Key Decisions

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PETERBOROUGH CITY COUNCIL'S FORWARD PLAN OF KEY DECISIONS

PUBLISHED: 21 MARCH 2014

FORWARD PLAN OF KEY DECISIONS

In the period commencing 28 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. 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, it's members are as listed below:

Cllr Cereste (Leader); Cllr Elsey; Cllr Fitzgerald; Cllr Holdich (Deputy Leader); Cllr North; Cllr Seaton; Cllr Scott; and Cllr Walsh.

This Plan should be seen as an outline of the proposed decisions for the forthcoming month and it will be updated on a fortnightly basis. 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 Gemma George, Senior Governance Officer, Chief Executive's Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388039). Alternatively, you can submit your views via e-mail to gemma.george@peterborough.gov.uk or by telephone on 01733 452268.

Whilst the majority of the Executive's business at the 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 this is indicated in the list below. A formal notice of the intention to hold the meeting, or part of it, in private, will 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).

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 Gemma George, Senior Governance Officer, Chief Executive's Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388039), e-mail to gemma.george@peterborough.gov.uk or by telephone on 01733 452268. For each decision a public report will be available from the Governance Team one week before the decision is taken.

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 Governance Support Officer using the form attached. For your information, the contact details for the Council's various service departments are incorporated within this Plan.

KEY DECISIONS FROM 18 APRIL 2014

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	MEETING OPEN TO PUBLIC	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER (IF ANY OTHER THAN PUBLIC REPORT)
<p>S75 Agreement Between the Council and Cambridgeshire and Peterborough CCG - KEY/18APR/01 To formalise integrated community equipment service joint funding arrangements.</p>	<p>Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care</p>	<p>April 2014</p>	<p>N/A</p>	<p>Scrutiny Commission for Health Issues</p>	<p>Relevant internal and external stakeholders.</p>	<p>Nick Blake Improvement & Development Manager Tel: 01733 452406 nick.blake@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>Award of Contract for Build of a Waste Transfer Station - KEY/18APR/02 To award a contract for the build of a waste transfer station.</p>	<p>Councillor Gavin Elsey Cabinet Member for Culture, Recreation and Waste Management</p>	<p>May 2014</p>	<p>N/A</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Paul Robertson Waste Project Officer Tel: 01733 864740 paul.robertson@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>

<p>Award of Contract for Build of a Household Recycling Centre - KEY/18APR/03 To award a contract for the build of a household recycling centre.</p>	<p>Cabinet Advisor to the Cabinet Member for Culture, Recreation and Waste Management (Culture and Recreation) Cabinet Member for Culture, Recreation and Waste Management</p>	<p>May 2014</p>	<p>N/A</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Paul Robertson Waste Project Officer Tel: 01733 864740 paul.robertson@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>PREVIOUSLY ADVERTISED DECISIONS</p>							
<p>Delivery of the Council's Capital Receipt Programme through the Sale of Dickens Street Car Park - KEY/03JUL/11 To authorise the Chief Executive, in consultation with the Solicitor to the Council, Executive Director – Strategic Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale of Dickens Street Car Park.</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>March 2014</p>	<p>N/A</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments & external stakeholders as appropriate.</p>	<p>Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>

<p>Care and Repair Framework Agreement - KEY/18DEC12/01 To approve a framework agreement and schedule of rates to deliver disabled facility grant work, specifically providing disabled access to toilet and washing facilities and associated work in domestic properties.</p>	<p>Councillor Nigel North Cabinet Member for Environment Capital and Neighbourhoods</p>	<p>Between 2 Nov 2013 and 30 May 2014</p>	<p>N/A</p>	<p>Strong and Supportive Communities</p>	<p>Relevant Internal Departments.</p>	<p>Russ Carr Care & Repair Manager Tel: 01733 863864 russ.carr@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>City College Extension Project - KEY/20SEP13/03 Using Education Funding Agency grant to create a dedicated, customised space for students aged 16-19 with learning difficulties and disabilities.</p>	<p>Councillor John Holdich OBE Cabinet Member for Education, Skills and University</p>	<p>March 2014</p>	<p>N/A</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders.</p>	<p>Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>Amendments to the Affordable Housing Capital Funding Policy - KEY/04OCT13/02 To agree the amendments to the Affordable Housing Capital Funding Policy.</p>	<p>Cabinet</p>	<p>28 Apr 2014</p>	<p>Yes</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Richard Kay Policy and Strategy Manager Tel: 01733 863795 richard.kay@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>

Strategy for People with Dementia and their Carers - KEY/04OCT13/05 To approve the Dementia Strategy.	Cabinet	30 Jun 2014	N/A	Health Issues	Service users, relevant departments and Scrutiny Commission for Health Issues.	Rob Henchy Commissioning Manager Tel: 01733 452429 rob.henchy@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Long Causeway Public Realm Improvements - KEY/15NOV13/01 To award the contract to undertake engineering works as part of the Long Causeway Public Realm Improvement works.	Councillor Gr. Uff. Marco Cereste Leader of the Council and Cabinet Member for Growth, Strategic Planning, Housing, Economic Development and Business Engagement	March 2014	N/A	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Simon Mullins Project Engineer/Development Engineer Tel: 01733 453548 simon.mullins@peterborough.gov.uk	CMDN - Long Causeway Public Realm Improvements PUB
S256 Agreement between the Council and Cambridgeshire and Peterborough CCG - KEY/15NOV13/03 To agree the transfer of funding for social care.	Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care	March 2014	N/A	Health Issues	Relevant stakeholders.	Paul Stevenson Interim Head of Finance Tel: 01733 452306 paul.stevenson@peterborough.gov.uk	It is not anticipated that there will be any further documents.

To Award a Contract for the Installation of a District Heating Scheme System - KEY/29NOV13/02 To award a contract for the installation of a district heating system.	Councillor David Seaton Cabinet Member for Resources	June 2014	N/A	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Steven Morris Client Property Manager Tel: 01733 384657 steven.morris@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Older People's Day Service Review - KEY/10JAN14/05 To consult users and carers/ family members on proposals to develop a dementia specific day service.	Cabinet Member for Adult Social Care Cabinet	30 Jun 2014	Yes	Scrutiny Commission for Health Issues	Relevant internal and external stakeholders.	Nick Blake Improvement & Development Manager Tel: 01733 452406 nick.blake@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Local Transport Plan Programme of Works 2014/15 - KEY/24JAN14/01 To approve the Local Transport Plan Programme of Works 2014/15.	Councillor Gr. Uff. Marco Cereste Leader of the Council and Cabinet Member for Growth, Strategic Planning, Housing, Economic Development and Business Engagement	April 2014	N/A	Sustainable Growth and Environment Capital Scrutiny Committee	Relevant internal and external stakeholders.	Mark Speed Transport Planning Team Manager Tel: 317471 mark.speed@peterborough.gov.uk	It is not anticipated that there will be any further documents.

<p>Integrated Community Equipment Service Contract Award - KEY/24JAN14/02 To seek approval for the award of contract to provide an Integrated Community Equipment Service.</p>	<p>Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care</p>	<p>March 2014</p>	<p>N/A</p>	<p>Scrutiny Commission for Health Issues.</p>	<p>Relevant internal and external stakeholders.</p>	<p>Nick Blake Improvement & Development Manager Tel: 01733 452406 nick.blake@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>Approval of Community Asset Transfer of Gladstone Park Community Centre - KEY/24JAN14/03 Approval for the Council to enter into a full repairing lease with the recommended provider under the terms of the Community Asset Transfer Strategy.</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>March 2014</p>	<p>N/A</p>	<p>Sustainable Growth and Environment Capital Scrutiny Committee</p>	<p>Relevant internal and external stakeholders.</p>	<p>Emma Everitt Project Support Officer emma.everitt@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>Community Based Supported Living Service - KEY/07FEB14/01 Award of a one year contract to Turning Point Services for the period 1 April 2014 – 31 March 2015. The contract is for the provision of home care services to adults with a learning disability living in supported living services. The</p>	<p>Cabinet Member for Adult Social Care Cabinet Member for Adult Social Care</p>	<p>March 2014</p>	<p>N/A</p>	<p>Scrutiny Commission for Health Issues</p>	<p>Relevant internal and external stakeholders.</p>	<p>Mubarak Darbar Head of Commissioning Learning Disabilities Tel: 01733 452509 mubarak.darbar@peterborough.gov.uk</p>	<p>CMDN - Extension of Contract to Turning Point Ltd for the Provision of Community Based Supported Living PUB</p>

one year contract is an extension of a current contract.	Section 75 Agreement with the Clinical Commissioning Group (CCG) for the Provision of a Joint Child Health and Wellbeing Commissioning Unit - KEY/21FEB14/01 Authorisation for the entry into a statutory Section 75 Agreement, for an initial two year period, with the CCG for the provision of a borderline and Peterborough joint child health and wellbeing commissioning unit.	Cabinet Member for Adult Social Care Cabinet Member for Adult Social Care	March 2014	N/A	Scrutiny Commission for Health Issues	Relevant internal and external stakeholders.	Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Award of Contract for the Extension of Discovery Primary School - KEY/21MAR/01 Award of contract for the extension of the Discovery Primary School to accommodate	Cabinet Member for Education, Skills and University Cabinet Member for Education, Skills and University	June 2014	N/A	Creating Opportunities and Tackling Inequalities.	Relevant internal and external stakeholders.	Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborough.gov.uk	It is not anticipated that there will be any further documents.	

increased pupil numbers.									
Sale of Greenwood House - KEY/21MAR/02 Delivery of the Council's Capital Receipt Programme through the sale of Greenwood House, South Parade.	Cabinet Member for Resources Cabinet Member for Resources	March 2014	N/A	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Simon Webber Capital Receipts Officer Tel: 01733 384545 simon.webber@peterborough.gov.uk	It is not anticipated that there will be any further documents.		
Sale of the Herlington Centre - KEY/21MAR/03 Delivery of the Council's capital receipts programme through the sale of the Herlington Centre, Orton Malborne.	Cabinet Member for Resources Cabinet Member for Resources	March 2014	N/A	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Howard Bright Growth Delivery Manager Tel: 452619 howard.bright@peterborough.gov.uk	It is not anticipated that there will be any further documents.		
Financial System Services - KEY/21MAR/04 To award the contract for the provision of a financial system.	Cabinet Member for Resources Cabinet Member for Resources	March 2014	N/A	Sustainable Growth and Environment Capital		Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.Pilsworth@peterborough.gov.uk	It is not anticipated that there will be any further documents.		

<p>Transforming Day Opportunities for Adults Under 65 - KEY/21MAR/05 To provide an update on consultation and to seek approval to implement the recommendations contained within the report.</p>	<p>Cabinet Member for Adult Social Care Cabinet</p>	<p>24 Mar 2014</p>	<p>Yes</p>	<p>Scrutiny Commission for Health Issues</p>	<p>Relevant internal and external stakeholders.</p>	<p>Mubarak Darbar Head of Commissioning Learning Disabilities Tel: 01733 452509 mubarak.darbar@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents</p>
<p>Peterborough City Council Customer Strategy 2014 - KEY/21MAR/06 To approve the Customer Strategy. The vision is to provide a range of high-quality services whilst maximising customer satisfaction and delivering these services through different channels at the lowest reasonable cost, whilst also reducing or diverting demand.</p>	<p>Cabinet Member for Resources Cabinet</p>	<p>28 Apr 2014</p>	<p>Yes</p>	<p>Strong and Supportive Scrutiny Committee</p>		<p>Ricky Fuller ricky.fuller@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>Assistive Technology Charging Policy - KEY/04APR14/01 To amend the Council's charging policy.</p>	<p>Cabinet Member for Adult Social Care Cabinet Member for Adult Social Care</p>	<p>April 2014</p>	<p>N/A</p>	<p>Scrutiny Commission for Health Issues</p>	<p>Relevant internal and external stakeholders.</p>	<p>Mark Gedney Adult Social Care mark.gedney@peterboroughpct.nhs.uk</p>	<p>It is not anticipated that there will be any further documents.</p>

<p>Housing Related Support Agreements 2014/15 - KEY/04APR14/02 To authorise the award of specific grant agreements for the provision of housing related support funded through the Housing Related Support (formerly Supporting People) Programme.</p>	<p>Cabinet Member for Resources Cabinet Member for Resources</p>	<p>April 2014</p>	<p>N/A</p>	<p>Strong and Supportive Scrutiny Committee</p>	<p>Relevant internal and external stakeholders.</p>	<p>Sharon Malia Housing Programmes Manager Tel: 01733 863764 sharon.malia@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
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RESOURCES DEPARTMENT Executive Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG

Strategic Finance
Internal Audit
Schools Infrastructure (Assets and School Place Planning)
Corporate Property
Waste and Energy
Strategic Client Services (Enterprise Peterborough / Vivacity / SERCO including Customer Services, ICT and Business Support)

CHILDREN'S SERVICES DEPARTMENT Executive Director's Office at Bayard Place, Broadway, PE1 1FB

Safeguarding Family and Communities
Education
School Improvement
Special Educational Needs / Inclusion and the Pupil Referral Service

ADULT SOCIAL CARE Executive Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG

Care Services Delivery (Assessment and Care Management and Integrated Learning Disability Services)
Mental Health
Public Health (including Health Performance Management)

COMMUNITIES DEPARTMENT Director's Office at Bayard Place, Broadway, PE1 1FB

Strategic Commissioning
Safer Peterborough, Cohesion, Social Inclusion and Neighbourhood Management

GOVERNANCE DEPARTMENT Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG

Communications
Legal and Governance Services
HR Business Relations (Training and Development, Occupational Health and Reward and Policy)
Strategic Regulatory Services
Performance Management

GROWTH AND REGENERATION DEPARTMENT Director's Office Stuart House, St Johns Street, Peterborough, PE1 5DD

Strategic Growth and Development Services
Strategic Housing
Planning Transport and Engineering (Development Management, Construction and Compliance, Infrastructure Planning and Delivery, Network Management and Passenger Transport)
Commercial Operations (Strategic Parking and Commercial CCTV, City Centre, Markets and Commercial Trading and Tourism)

