

ADULTS AND HEALTH SCRUTINY COMMITTEE

TUESDAY 21 SEPTEMBER 2021

7.00 PM

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

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

AGENDA

Page No

1. Apologies for Absence

2. Declaration of Interest and Whipping Declarations

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

3. Minutes of the Adults and Health Scrutiny Committee Meeting held on 13 July 2021 3 - 12

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

The decision notice for each decision will bear the date on which it is published and will specify that the decision may then be implemented on the expiry of 3 working days after the publication of the decision (not including the date of publication), unless a request for call-in of the decision is received from any three Members of a Scrutiny Committee. If a request for call-in of a decision is received, implementation of the decision remains suspended for consideration by the relevant Scrutiny Committee.

5. All Age Autism Strategy Consultation Report 13 - 82

6. Primary Care Update - Relating to Access to Primary Care During the Covid-19 Pandemic 83 - 88

7. Update Report on the Development of the Integrated Care System for Cambridgeshire and Peterborough 89 - 96

8. Monitoring of Scrutiny Recommendations 97 - 100

9. Forward Plan of Executive Decisions 101 - 140

11. Date of Next Meeting

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

Emergency Evacuation Procedure – Outside Normal Office Hours

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

Recording of Council Meetings: Any member of the public may film, audio-record, take photographs and use social media to report the proceedings of any meeting that is open to the public. A protocol on this facility is available at:

<http://democracy.peterborough.gov.uk/ecSDDisplay.aspx?NAME=Protocol%20on%20the%20use%20of%20Recording&ID=690&RPID=2625610&sch=doc&cat=13385&path=13385>

Committee Members:

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

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

Non Statutory Co-Opted Members

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

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

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

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING
HELD AT 7.00PM, ON
TUESDAY 13 JULY 2021
VENUE: SAND MARTIN HOUSE, BITTERN WAY, PETERBOROUGH**

Committee Members Present: Councillors G Elsey (Chair), S Barkham, C Burbage, S Farooq, S Hemraj, A Iqbal, S Qayyum, B Rush (Vice Chair), B Tyler, S Warren and Co-opted Member Parish Councillors June Bull and Neil Boyce

Officers Present: Emmeline Watkins, Deputy Director of Public Health
Jyoti Atri, Director of Public Health – virtually
Charlotte Black, Director of Adult Social Care (DASS) – virtually
Debbie Mc Quade Assistant Director, Adult Social Care
Caroline Townsend, Head of Commissioning Partnerships and Programmes
Paulina Ford, Senior Democratic Services Officer

Also Present: Councillor Irene Walsh, Cabinet Member for Adult Social Care, Health and Public Health

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Knight and Councillor Ansar Ali. Councillor A Iqbal was in attendance as substitute for Councillor Ali.

2. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

Cllr Hemraj declared an interest in that she worked for the North West Anglia NHS Foundation Trust.

3. MINUTES OF THE HEALTH SCRUTINY COMMITTEE MEETING HELD ON 15 MARCH 2021

The minutes of the Health Scrutiny Committee meeting held on 15 March 2021 were agreed as a true and accurate record.

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

There were no call-ins received at this meeting.

5. APPOINTMENT OF CO-OPTED MEMBERS

The Adults and Health Scrutiny Committee received a report in relation to the appointment of Co-opted Members in accordance with the Council's Constitution Part 3, Section 4 – Overview and Scrutiny Functions.

The purpose of the report was to seek approval from the committee to appoint Parish Councillor June Bull and Parish Councillor Neil Boyce as non-voting Co-opted Members to represent the rural communities for the municipal year 2021/2022

The Senior Democratic Services Officer introduced the report and explained that the nominations for Parish Council Co-opted Members had been put forward by the Parish Council Liaison Committee and that the appointments would be reviewed annually.

The Committee unanimously agreed to the appointments of Parish Councillor June Bull and Parish Councillor Neil Boyce as non-voting Co-opted Members for the municipal year 2021/22.

The Chair welcomed the two Co-opted Members who were in attendance and invited them to join the committee for the rest of the meeting.

Members sought clarification as to the criteria for further co-opted members to join the committee as there were two remaining vacancies. The Senior Democratic Services Officer advised that the committee may wish to seek expressions of interest from people who had knowledge and expertise of services covered within the remit of the committee that would add value and expertise to assist in the effective scrutiny of services covered within the remit of the committee.

AGREED ACTIONS

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

1. Appoint Parish Councillor June Bull as a non-voting co-opted member to represent the rural area for the municipal year 2021/2022. Appointment to be reviewed annually at the beginning of the next municipal year.
2. Appoint Parish Councillor Neil Boyce as a second non-voting Co-opted Member to represent the rural area for the municipal year 2021/2022. Appointment to be reviewed annually at the beginning of the next municipal year.

6. MANAGING COVID-19: PUBLIC HEALTH UPDATE

The report was introduced by the Deputy Director of Public Health and provided the committee with an update on the Covid-19 pandemic in Peterborough and its management. The Director of Public Health was also in attendance via virtual link.

Members were informed that there had been an increase in Covid cases since the report had been published. Peterborough currently had a case rate of 153 per 100,000 for the week up to 7 July for all ages. This was however lower than the East of England average of 215 per 100,000 and National average at 318 per 100,000. It was expected that case rates would rise as restrictions eased. Hospitalisations were currently between 8 and 15 per day across Cambridgeshire and Peterborough. Hospitalisations for Peterborough residents still remained low but the expectation was that cases would rise. The modelling anticipated that there would be an increase in hospitalisations over the August, September period. The expectation was that most cases were from the Delta variant.

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

- Members were concerned that with the restrictions easing towards the end of the summer and then entering into the flu season if there was a contingency plan in place to ease the pressure on the North West Anglia NHS Foundation Trust (NWAFT). The Deputy Director for Public Health informed Members that local winter planning resilience plans were in place but acknowledged that with Covid any outbreak would need to be dealt with in a co-ordinated manner. The outbreak management plans for flu and Covid and processes were being reviewed to ensure that everything was ready and in place for the autumn.
- Members sought clarification on whether double vaccinated people could still be infected with Covid 19. Members were informed that it was still possible to catch Covid when fully vaccinated however the vaccination provided a level of protection against hospitalisation and reduced the symptoms, research on the efficacy was ongoing.
- Members sought clarification as to why Peterborough had a low level of vaccination take up rate compared to national figures. The Deputy Director of Public Health acknowledged that the vaccine take up rate in Peterborough had been low and whilst it was the responsibility of the Clinical Commissioning Group to deliver the vaccine roll out Peterborough City Council had been working with them on engagement. Information received had shown that there had been concern about taking the Astra Zeneca vaccine, but it had not been the main deterrent. Uptake in the younger age groups had also been low. There was a Vaccine Confidence Group which had membership from the CCG, Public Health, PCC and District Councils to try and understand what the main issues were. There were a few themes being identified such as access to the vaccine, young people being concerned about taking the vaccine and side effects and if it would affect fertility and also concerns around taking the vaccine during pregnancy. The Director of Public Health advised that a behavioural insights piece of work had been commissioned to try and understand the hesitancy in young people and the over 50's group.
- Members referred to The Coronavirus Act (2020) which had brought in new legal powers for the Council in relation to management of outbreaks and sought clarification as to what the new legal powers were. Members were informed that part of it was the 'Contain framework' which included the ability to add restrictions or shut down events if the event was deemed to provide a risk to public health through a direction notice, however any action had to be proportionate to the risk.
- Members were concerned that the low rate of vaccination rates in Peterborough were due to the fact that some people could not easily access the current vaccination sites. Members were informed that the Clinical Commissioning Group were looking at putting in place an additional five vaccination sites across Peterborough some of which would be much more centrally located so that not everyone had to travel to the showground. There was one already running in Boots in Queensgate which was a walk-in centre. Members were advised to look at the Cambridgeshire and Peterborough Clinical Commissioning Group website which had a full list of vaccination sites. The CCG and the Vaccine Confidence Group were working with Youth Inspire to look at a range of initiatives to engage with and try and encourage the younger population to get vaccinated.
- Members noted that offshore there had been reports of cases of a new variant which was presumed to be relatively more aggressive and wanted to know if this should be a variant of concern? The Director for Public Health advised Members that a meeting had been held with the Chief Medical Officer and he was not overly concerned that any variants were a particular risk in the UK, at the moment.

- Age related information was collated for all reported cases of Covid and currently the highest rates were in the 10 to 25 year olds, however the distribution of cases in Peterborough was pretty general across all age groups, ethnicities and areas of Peterborough.
- Members noted that there would be a change in legislation from 16 August regarding self-isolation for those who had been fully vaccinated and wanted to know if it would be the local Public Health Department that would issue the guidance on this. Members were informed that this was national guidance and followed the government roadmap. Contacts of cases will not have to self-isolate if they have been double vaccinated, however there would not have been sufficient time for all groups to have been double vaccinated by 16 August.
- The Joint Committee on Vaccinations and Immunisations (JCVI) were currently reviewing whether school aged children should be vaccinated and were looking at the risk/benefits for school children.
- Plans were in place for a third booster jab, but clinical trials were ongoing to finalise who should receive this.
- Members wanted to know how many long Covid cases there were in the city and what had been the impact of these cases on services. Members were advised that the Clinical Commissioning Group had set up a long Covid clinic but did not know the number of people attending. It was too soon to understand all of the long-term effects and impact of Covid and work was being done nationally to try and understand this.
- Clinical trials to look at the mixing of vaccines were ongoing to see if there would be improved immunity versus the side effects. The JCVI would make the decision on this.

AGREED ACTION

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to note and comment on the Managing Covid-19: Public Health update.

7. CAMBRIDGESHIRE AND PETERBOROUGH ADULT SOCIAL CARE PARTNERSHIP BOARDS - 2020-21 ANNUAL REPORT

The Director of Adult Social Care introduced the report accompanied by the Assistant Director, Adults and Safeguarding. The report provided the Committee with a summary of the work of the Adult Social Care Partnership Boards during the previous year 2020-2021.

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

- The Old Partnership Board for Peterborough had a strong officer presence, there was now a commitment that at least half of the Partnership Board would either be carers or service users. The Sun Network which provided access to mental health and drug/alcohol interventions fed into the Adult Social Care Forum which covered all client groups. Members were referred to page 29 of the report which listed a range of other forums that the Board had been able to link to and work with. Whilst these groups and forums were not part of the Board they were just as important. A consultation had taken place across Cambridgeshire and Peterborough supported by Healthwatch to decide which organisations would become part of the Board. Healthwatch worked very closely with voluntary sector groups. It would be difficult to include the Private Sector on the Board as they were providers of Adult Social Care and the Board received feedback on service provision some of which may be related to the independent sector.
- Members felt that the independent sector made a very valuable contribution to the provision of Adult Social Care in Peterborough and therefore not to include them on the Board when they provided a large proportion of the care for adults in the area as a

critical friend did not seem right. Members were informed that there were mechanisms for involving the independent sector through various forums and through the Care Providers Association. A report would be brought to the Committee regarding working with the independent sector.

- Members noted that North West Anglia NHS Foundation Trust (NWAFT) had confirmed that they would be piloting a Healthcare at Home service which would extend the service to patients unable to attend the ACU, to assess the number of patients that this might benefit. The pilot was aiming to include patients from Peterborough City Hospital from mid-February to March 2021. Members wanted to know the outcome of the pilot scheme. Officers advised that they would contact the Trust and report back to the committee with details.
- Members referred to paragraph 4.1.1 of the report where it stated “*Peterborough City Council and Cambridgeshire County Council believe that all their citizens have the right to be involved in council decisions that affect their daily lives. One way of ensuring that this happens is by enabling their citizens to have a real voice in the design, delivery, and evaluation of the local services which they use*”. Members sought clarification as to how the citizens’ voice was heard and if the council listened to it. The Assistant Director advised that the citizens’ voice was listened to and this was part of the co-production. The voices were heard through the representatives who were part of the Board and various other forums. Healthwatch and other organisations within the voluntary sector conduct a lot of consultations with the local communities to ensure that their voices are heard. There was also an annual survey where all people supported by Adult Social Care were contacted and this provided detailed feedback as to how the services supported them. The annual survey would be presented to the committee.
- Members wanted to know what was being done to raise the profile of consultations and their outcomes so that people felt confident that they were being listened to. Members were informed that there was a more formalised approach to getting feedback in place than previously. Feedback was continually sought and not just on an annual basis. Co-production and planning of services going forward would be part of the Think Communities work and would provide a more place-based approach to providing Adult Social Care where local communities would get involved to help develop the service more directly.
- Members referred to paragraph 4.3.3. in the report which stated that feedback was discussed at the Cambridgeshire and Peterborough Community Resilience Group regarding the input from the Sensory Impairment Partnership Board on a report compiled by Cambridgeshire and Peterborough Healthwatch on the experiences of people with sensory impairments receiving services during the COVID-19 pandemic. Members wanted to know what the outcome of this discussion was and what had been taken from it. Officers advised that they would find out and report back to the committee.
- Members noted that to help shape frontline services and future commissioning, engagement with Partnership Board members and other experts by experience groups on people’s experiences and learning from the COVID-19 pandemic had also been undertaken. The aim was that the feedback gathered would help to inform the council’s recovery plan for both frontline practice and future commissioning; providing suggestions for service changes that the council should keep doing once the COVID-19 pandemic crisis has passed and highlighting the benefits of new ways of working. Members wanted to know if by doing this officers had achieved their aim and if so how was this being evidenced. Members were advised that the aims had been achieved and one of the areas which had been highlighted was that not all services could be delivered virtually, however some service users felt that some services could continue either by video call or telephone call, but others would need to be face to face. This information has been used to shape the practice of Adult Social Care staff going forward.

AGREED ACTIONS

1. The Adults and Health Scrutiny Committee **RESOLVED** to note and consider the contents of the report which provided an update on the work of the Cambridgeshire and Peterborough Adult Social Care Partnership Boards, 2020-21.
2. The Adults and Health Scrutiny Committee also requested that the Director of Adult Social Care:
 - a. Provide further information and feedback on the NWAFT Healthcare at Home pilot and outcomes which ran from February to March 2021 which extended the service to patients unable to attend the Ambulatory Care Unit at the hospital for Outpatient Parenteral Antibiotic Treatment.
 - b. Provide further information and actions being taken following the review of the report compiled by Healthwatch on the experiences of people with sensory impairments receiving services during the COVID-19 pandemic.

8. ADULT SOCIAL CARE RECOVERY PLAN UPDATE

The report was introduced by the Head of Commissioning Partnerships and Programmes and provided the committee with an update on the Council's strategy and response to COVID and to enable the Committee to review the outcomes of the strategy adopted.

Covid had shone a light on health inequalities and the way people accessed services. Adult social care demand had been varied and it was therefore difficult to predict future demand. It had been a very challenging time during the pandemic but had highlighted some good work in the communities which would be taken forward to offer a more holistic place-based approach. It had been recognised that going forward the service would have to work with the wider system and align with the Integrated Care System.

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

- Members referred to paragraph 4.1.4 and the way the pandemic had shone a harsh light on health inequalities especially in the more deprived areas and wanted to know what actions were being taken as a result of this. Members were advised that it had been recognised that services needed to be adapted locally. There had been an increase in mental health assessments coming through and trends showing a higher rate of over 65's entering residential care in the last six months of 2019/20 compared to the previous year. There had also been an increase in demand for younger working age people requiring support. Local place-based work will be more effective and could be adapted according to the needs of the community. An example of this was a piece of focused work that had been done with carers as it was recognised that carers would be under particular pressure. The Community Hubs were contacted and asked to contact all carers that were known to them to see if they needed any extra help or support including food parcels and transport. This had received very good feedback. A lot of work was also being done with the North Alliance which covered Peterborough, Huntingdon and the Fenland area to look at health inequalities and putting in early interventions to help address issues such as coronary heart disease and respiratory diabetes.
- Members referred to paragraph 4.3.6 of the report, Care Home Support Team which was a team of Social Workers which had been put in place for a 2-year period to work alongside managers and staff in care homes and with the CCG Quality Team to drive up practice and quality. Members wanted to know why it was felt that Social Workers would be best placed to drive up practice and quality when many had never worked or

managed care home facilities before. Members were informed that whilst many Social Workers had not worked in or managed care homes they had worked very closely with the providers. The support that had been provided from Social Workers working alongside the Contracts Team had been welcomed by the providers, it was about identifying issues that the care homes had and then working alongside them to help resolve them.

- Members referred to *"Build more care and support around peoples' homes and Technology Enabled Care"* and felt this was a good way forward but highlighted that a lot of Health Care Assistants in the community and private sector did not have access to training and were on low wages. How were people going to be encouraged to work in these sectors? Officers acknowledged that often Health Care Assistants were on the minimum wage and work was being done with providers to try and encourage them to pay the Living Wage as opposed to the minimum wage. Smaller providers were also supported with a robust training programme for their staff whilst the larger providers had their own robust training programme in place.
- Health Care Assistants were not recognised nationally as skilled workers and Members wanted to know how the council were going to communicate to residents that they were professionals and skilled workers. Officers advised members that one positive that had arisen from the pandemic was that there was a real recognition that Health Care Assistants were highly skilled. The council were rolling out a number of apprenticeships and were encouraging providers to engage with the programme. There was also a recognition that there was a need to promote career progression pathways and were keen to work with providers to promote this. A recruitment campaign was run at the end of the last financial year promoting the fact that the role was an opportunity for a career.
- In terms of commissioning care and support the appointment timings were based on the needs of the person being cared for and included travel time. If issues around this were highlighted and the provider was not providing the prescribed care, then the council would work with the providers to resolve this. If the issue continued, then the Contracts Team would intervene.
- Members were interested in the Full Life Journey approach mentioned at paragraph 4.2.4 in the report which was a multi-disciplinary approach to enable individuals to become empowered. Clarification was sought as to what conversations had taken place with primary care providers. Members were concerned that with the growing lack of access to primary care that these outcomes would not be achievable. Members were informed that regular meetings were held with the Clinical Commissioning Group, Acute Trust and Primary Care. A lot of work was being done to ensure that the right support was available so that people who needed to see their GP had access. It was acknowledged that due to the pandemic there was a backlog of appointments at the Acute Trust which would take some time to clear, and GP surgeries were facing a similar issue.
- Members were concerned that whilst GP's were not seeing patients face to face that there would be a loss of information and that some people may slip through the net and their vulnerabilities could be missed whilst there was more of a focus on making them more empowered.
- Members noted that COVID has impacted on adult social care providers, due to additional pressures and wanted to know what had been done to assist care providers to mitigate this impact. Members were informed that a lot of work had been done with providers throughout the pandemic which had provided both practical and financial support and this was ongoing. The financial support had included the additional funding for infection prevention control. Alongside this training and regular information updates in the changing guidance had been provided. Staff had also been deployed

- into the provider settings to assist with staff shortages and to look at their recovery plans.
- Members referred to page 35 and noted the statement “*The system is complex and is sometimes impenetrable*”. Members suggested that some analysis and modelling could be undertaken based on the WHO (what, how and outcome) principle in relation to the Adult Social Care system to look at what was causing the complexities and blockages and how they could be resolved and what the desired outcome would be. The Director of Adult Social Care responded that the WHO principle would be looked at, however there was a review being undertaken around the customer journey which would assist with this.
 - Members also noted that the report stated that National COVID funding had been reactive and one off in nature, this made it difficult to plan, as there was a level of uncertainty regarding funding arrangements. It was therefore suggested that the council push for greater devolved powers to achieve the recovery plan rather than wait for central government funding on an ad hoc basis. The Director of Adult Social Care advised that funding received for protection and infection control had been passed directly on to the independent providers to allow them to make the decision as to how the funding should be used and this would continue if such funding continued to be received.
 - Members noted that fewer people wanted to go into care homes and the need for domiciliary care instead was increasing the number of community clients. This appeared to be at odds with a further statement in the report which stated that permanent admissions to residential care settings for over 65-year olds in the last 6 months of 2020/21 were 30% higher than the same period in 2019/20. Members were informed that the original modelling which had taken place during the summer of last year had assumed that fewer people would want to go into care homes. However, the reality had been that there had been an increase in people wanting to go into care homes and that trend had continued into this financial year.
 - Members sought assurance on how the council ensured that the correct domiciliary care packages were in place. Members were informed that some people wished to stay in their own home but would actually be best placed in a nursing home. There needs would be fully assessed and the appropriate support would be put in place according to their needs, and this might mean overnight support or a live-in carer. It was acknowledged that on occasions some domiciliary care packages did not work. The model for domiciliary care at a neighbourhood level was still being developed with input from providers and residents. The Happy at Home Pilot which was being run in East Cambridgeshire was being looked at so that learning from this could be used to develop the local model.
 - Members referred to the Multi-disciplinary Team (MDT) delivery based around place which provided support to providers wrapped around care homes and wanted to know if the provision of the MDT added to the cost of a placement per resident over and above the basic bed price. What was the availability of the team and was there sufficient resource available. Members were informed that in terms of costing it would be part of the core offer. The model being developed would mean each Primary Care Network would support a number of care homes so that there was a regular point of contact rather than having to call 111. Not all care homes were nursing homes therefore the residential homes relied on the district nurses to support the care in those homes. The idea of wrapping around Primary Care and community nurses was to support those residential care homes in their own environment. The model was still being developed and continually reviewed.
 - Members felt that there would be additional costs associated with the MDT and were concerned as to who would be required to pay these, the care homes or people receiving the care.

- Members sought interpretation of what a Multi-disciplinary Team was and were informed that it was open to interpretation, it could be two people or five people depending on what the individuals needs were.
- It was noted that there was a proposal to a shift to significantly increasing the number of block purchased beds to spot purchased beds ratio and sought clarification around what would be done to ensure people were placed on need and not cost. Members were informed that this approach had not been progressed in Peterborough and the local requirement worked better on a spot purchase basis at the moment.
- Members asked for more detailed information on the Happy at Home Pilot and Officers advised that they would provide more information on the Pilot after the meeting. It was however a two-year pilot which would be fully evaluated at the end with interim learning being taken throughout.
- Members requested that the Director for Public Health provide a briefing note on the current position with regard to health inequalities across Peterborough and what preventative measures were being taken with a view to the Committee monitoring this going forward.

Councillor Qayyum seconded by Councillor Barkham proposed that the Director of Adult Social Care conduct some analysis and modelling based on the WHO (**what, how and outcome**) principle in relation to the Adult Social Care system to look at what is causing the complexities and blockages, how they could be resolved, what is the desired outcome and when could any improvements and changes be implemented. The recommendation was unanimously AGREED.

Councillor Hemraj seconded by Councillor Rush proposed that the Chair write to the local MP's requesting that they lobby central Government to push for greater devolved powers and funding for Peterborough. The recommendation was unanimously AGREED.

RECOMMENDATIONS

1. The Adults and Health Scrutiny Committee considered the report and **RECOMMENDED** that the Director of Adult Social Care conduct some analysis and modelling based on the WHO (**what, how and outcome**) principle in relation to the Adult Social Care system to look at what is causing the complexities and blockages, how they could be resolved, what is the desired outcome and when could any improvements and changes be implemented.
2. The Adults and Health Scrutiny Committee **RECOMMENDED** that the Chair write to the local MP's requesting that they lobby central Government to push for greater devolved powers and funding for Peterborough.

AGREED ACTIONS

1. The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to note and comment on the strategy and approach to date in responding to the impact of COVID on Peterborough's residents and communities.
2. The Adults and Health Scrutiny Committee also requested:
 - a. That the Director for Public Health provide a briefing note on the current position with regard to health inequalities across Peterborough and what preventative measures are being taken with a view to the Committee monitoring this going forward.
 - b. That the Director for Adult Social Care provide a briefing note on the Happy at Home pilot.

9. REVIEW OF 2020/2021 AND WORK PROGRAMME FOR 2021/2022

The Senior Democratic Services Officer presented the report which considered the 2020/2021 year in review and looked at the work programme for the new municipal year 2021/22 to determine the Committees priorities. Members also noted the Terms of Reference for the Committee which now included Adult Social Care and Safeguarding Adults. A short discussion was had regarding the monitoring of past recommendations and Members agreed that no further monitoring would be required of those recommendations listed.

AGREED ACTIONS

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

1. Consider items presented to the former Health Scrutiny Committee during 2020/21 and make recommendations on the future monitoring of these items where necessary.
2. Determine its priorities and approve the draft work programme for 2021/2022 attached at Appendix 1.
3. Note the Recommendations Monitoring Report attached at Appendix 2 and consider if further monitoring of the recommendations made during the 2020/2021 municipal year is required.
4. Note the Terms of Reference for this Committee as set out in Part 3, Section 4, Overview and Scrutiny Functions and in particular paragraph 2.1 item 3, Adults and Health Scrutiny Committee and paragraph 3.5 Health Issues as attached at Appendix 3.

10. FORWARD PLAN OF EXECUTIVE DECISIONS

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

AGREED ACTION

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

11. The date of next meeting was noted as being 21 September 2021.

7.00PM - 21.02

CHAIRMAN

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
21 SEPTEMBER 2021	PUBLIC REPORT

Report of:	Janet Dullaghan, County Lead for Autism Strategy, Cambridgeshire County Council, Peterborough City Council	
Contact Officer(s):	Jane Coulson, Senior Engagement Manager, Cambridgeshire and Peterborough Clinical Commissioning Group	

ALL AGE AUTISM STRATEGY CONSULTATION REPORT
--

RECOMMENDATIONS
<p>It is recommended that the Adults and Health Scrutiny Committee:</p> <ol style="list-style-type: none"> 1. Comment and note the contents of the proposed All Age Autism Strategy for Cambridgeshire and Peterborough. 2. Respond to the consultation on the All Age Autism Strategy.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee following the Group representatives meeting on 21 July 2021.

2. PURPOSE AND REASON FOR REPORT

2.1 This five-year (2021-2026) All Age Autism Strategy supports the aim for Cambridgeshire and Peterborough to be an autism friendly place where autistic children and adults can live full and rewarding lives, within a society that accepts and understands them. The vision is for both Cambridgeshire and Peterborough to be recognised as autism friendly places to live, where people with autism of all ages have access to equal opportunities.

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

3. Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

3.1 The national guidance "[Implementing and Rewarding Lives](#)" and "[Think Autism](#)" puts a statutory duty on local authorities and health services to have in place plans in relation to the provision of service for autistic people. While the guidance was initially just for adults in 2017 the government stated it was extending this to cover children and young people.

3.2 The guidance sets out requirements for local authorities and NHS organisations to work together with partners to develop a strategy for autistic people and gives a framework of what this should include, for example:

- A clear assessment of need for people with autism
- Clear diagnostic pathways with good pre and post support
- Joint commissioning

- Clarity about what needs to be developed to meet the needs of autistic people, including preventative support and safeguarding.

It is vital that this is a coordinated system approach, with all partners, to provide a range of support that autistic people may need at different times in their life. This may include Health services, Education, colleges, local businesses, housing, independent or supported living and support within the justice system.

- 3.3 This five-year (2021-2026) All Age Autism Strategy supports the aim for Cambridgeshire and Peterborough to be an autism friendly place where autistic children and adults can live full and rewarding lives, within a society that accepts and understands them. The vision is for both Cambridgeshire and Peterborough to be recognised as autism friendly places to live, where people with autism of all ages have access to equal opportunities.

It has been co-produced in partnership with autistic people and their families across Cambridgeshire and Peterborough.

- 3.4 The foundation of this strategy is the Autism Needs Assessment collated by Public Health which provided a comprehensive overview of the prevalence of autism across Cambridgeshire and Peterborough. It highlighted some of the gaps in current services and made recommendations that have been explored with all partners and through focus groups.

- 3.5 A countywide all age autism strategy group has been developing this strategy for the past 8 months with all key partners including:

- Family Voice
- Pinpoint
- VoiceAbility
- Healthwatch Cambridgeshire
- Healthwatch Peterborough
- National Autistic Society, Cambridge Branch
- Speak Out Council
- Cambridgeshire Constabulary
- Autism Centre of Excellence
- Peterborough City Council
- Cambridgeshire County Council
- Cambridgeshire and Peterborough CCG

- 3.6 The priorities and recommendations being taken forward through the working groups of the All Age Autism strategy are:

- Having clear diagnostic pathways for children and adults with good support throughout the process, combined with good pre and post diagnosis support.
- Training and raising awareness for all areas that helps services and professionals understand the needs of autistic people within our local communities and services and recognises that autism affects different people in different ways.
- Services that take a lifelong approach and supports autistic people in school, colleges, and universities, to be able to live independently and have meaningful employment opportunities.
- For Health and social care to work together to commission integrated services that make the best of the resources available.
- For services to understand what reasonable adjustments are and how they can improve settings so autistic people can have positive experiences when they go into healthcare settings such as primary care hospitals etc.

The All Age Autism Strategic Group wants to take time now to ensure that this co-produced strategy meets the needs of all people with Autism across our area and gain the views of local people on the principles and priorities identified by the group and the partners that worked alongside them to co-produce this strategy.

4 PRE-CONSULTATION FEEDBACK

The All Age Autism Strategy was shared the Clinical Commissioning Group (CCG) Governing Body on 7 September 2021 who approved the consultation process plan and agreed that the launch of the six-week consultation.

The All Age Autism Strategy and consultation process plans were shared with both the Peterborough Adults and Health Scrutiny Committee and the Cambridgeshire Adults and Health Committee in June 2021. The documents were shared with these committees remotely and both approved the process plans for the six-week consultation as well as giving feedback on the strategy.

Councillors from Peterborough thought the strategy and report were well constructed, comprehensive, and informative. They were pleased to see constructive co-production of the strategy and approved the process for consultation. Their feedback was constructive, and an additional question has been added to the consultation survey around health and care settings and their appropriateness for people with autism. The Peterborough Councillors were interested in more information on why there are more people with autism in Peterborough, and also more details on employers who were willing to offer work and work experience to people with autism.

The Cambridgeshire Councillors also gave feedback that they felt the consultation timescales were appropriate. They gave feedback that they would like to see representatives from education and skills providers represented during the consultation and asked how people with Autism would be consulted. The consultation process plan has been updated to reflect this feedback.

5. CONSULTATION

- 5.1 The Committee is asked to note and comment on the All Age Autism Strategy as part of this six week consultation running from 7 September 2021 to 19 October 2021.

The consultation is to enable the CCG to meet its statutory duty 14za of the Health and Social Care Act 2021 and the CCG Constitution Section 5.2.

This consultation will also meet with the national guidance "[Implementing and Rewarding Lives](#)" and "[Think Autism](#)" which requires local authorities and health services to consult on their All Age Autism Strategy in relation to the provision of service for people with autism.

6. CONCLUSION

This co-produced All Age Autism Strategy for Cambridgeshire and Peterborough has been developed over the past 8 months with all key partners. A six week consultation will run from 7 September to 19 October 2021 to gather further views and input from key stakeholders and local people.

The implementation of the final strategy will enable the NHS and Local Authorities to meet the statutory duty placed on health and local authorities and to have in place plans for the provision of services for autistic people.

7. APPENDICES

- 7.1 Appendix one: All Age Autism Strategy
Appendix two: All Age Autism Strategy Summary document for consultation
Appendix three: All Age Autism Strategy Easi-read version for consultation

This page is intentionally left blank

Draft



**CAMBRIDGESHIRE AND PETERBOROUGH
ALL AGE AUTISM STRATEGY
2021 – 2026**



ACKNOWLEDGEMENTS

This countywide All Age Strategy for people with autism was co-produced with parents, carers and people with lived experience of autism as well as all local partners. We wish to thank all of the people who contributed in creating this strategy and its ongoing implementation and action plan.



**AUTISM CENTRE
OF EXCELLENCE**



Creating a safer
Cambridgeshire



CONTENTS

0	Foreword	2
1	Executive Summary	3
2	Background	5
3	Our Vision	6
4	Autism Definition	7
5	Why an Autism Strategy?	8
6	Needs Assessment – National and Local Context	9
7	Priorities	13
8	Summary	34
9	References	35



FOREWORD

Wendi Ogle-Welbourn and Carol Anderson

As the Executive Director of People & Communities for Peterborough City Council (PCC) & Cambridgeshire County Council (CCC), and the Chief Nurse from Cambridge and Peterborough Clinical Commissioning Group (C&P CCG) it gives us great pleasure to introduce this strategy for children, young people and adults with autism.

The strategy was developed by PCC, CCC and the C&P CCG in partnership with local organisations, service user groups and parent carer forums, drawing on the knowledge and understanding of those with lived experience of autism. The development of this All Age Autism Strategy pulls together all of our autism workstreams across Children and Adults.

It also sets out our work to date; outlining the plans, ambitions and commitment to work together across Health, Social Care and Education to support people of all ages with autism including their families and carers.



Our aim is for both Cambridgeshire and Peterborough to be autism friendly; where people with autism can live full, healthy and meaningful lives, within a society that accepts and understands them. This includes focusing on needs led services being person centred; providing care informed by an understanding of what matters to a person with autism and their family.

Our strategy takes a whole life approach; with the right support, children, young people & adults with autism can live happy, healthy and independent lives within their own community; it is therefore vital to develop an All Age Strategy, focusing on what works for both children, young people and adults.

We have set out challenging but clear and achievable goals. We are aware that we are at the start of a long journey; it can only be made a success by working in partnership together.

We would like to thank all the people involved with the development of the strategy.



EXECUTIVE SUMMARY

This five-year (2021-2026) All Age Autism Strategy supports our aim for Cambridgeshire and Peterborough to be an autism friendly place where children and adults with autism can live full, healthy and rewarding lives, within a society that accepts and understands them.

It has been co-produced in partnership with people with autism and their families across Cambridgeshire and Peterborough; we have sought to capture their lived experiences and what is most important to them.

The development of the strategy was supported by the Autism Centre for Excellence (ACE), parent carer forums Family Voice Peterborough & Pinpoint Cambridgeshire, parents, carers, Healthwatch and other interested and autism specific groups and organisations including Cambridgeshire and Peterborough's branch of the National Autistic Society (NAS) along with professionals across Health, Education and Social Care.

The foundation of this strategy was the Autism Needs Assessment collated by Public Health which provided a comprehensive overview of the prevalence of autism across Cambridgeshire and Peterborough. Both national and local data sources were used to provide up to date information specifically in relation to autism; illustrating that the number of people with an autism diagnosis across Cambridgeshire and Peterborough is predicted to rise. This is key to understanding how Peterborough City Council (PCC), Cambridgeshire County Council (CCC) and the Cambridgeshire and Peterborough Clinical Commissioning Group (C&P CCG) will support all children, young people and adults with autism.

The Autism Needs Assessment also included a review of good practice across the UK. This, alongside information specific to Cambridgeshire and Peterborough, enabled Public Health to identify a series of priorities. These priorities have been key to the development of this All Age Autism Strategy.

Our priorities include:

- Having clear pathways for children and adults based on a needs led approach with good support throughout the process, combined with good pre and post diagnosis support.
- Training and raising awareness for all areas that helps services and professionals understand the needs of people with autism within our local communities and services and recognises that autism affects different people in different ways.
- Services that take a lifelong approach and supports people with autism in school, colleges and universities, to be able to live independently and have meaningful employment opportunities.
- For Health, Education and Social Care to work together to commission integrated services that make the best of the resources available.
- For services to understand what reasonable adjustments are and how they can improve settings so people with autism can have positive experiences when they go into Health, Education and Social Care settings such as primary care, hospitals, school etc.

The Needs Analysis has illustrated the priorities that we need to address in order to best support children, young people and adults with autism and their families.

Maintaining an understanding of the needs of children, young people and adults with autism across Cambridgeshire and Peterborough is vital in commissioning and delivering sustainable provision that meets need in the most effective way possible.

As this strategy will show, we have taken a life-course approach. It is vital that we work together as a system, with all partners, to provide a range of support that people with autism may need at different times in their life. This may include Health services, Education, colleges, local businesses, housing, independent or supported living and support within the justice system.

SPECIAL EDUCATIONAL NEEDS & DISABILITIES (SEND) STRATEGY (2019 - 2024)

PCC and CCC published the [SEND Strategy - SEND is Everybody's Business](#)¹ - in 2019. The SEND Strategy sets out the vision, principles and priorities to identify and meet the needs of Cambridgeshire and Peterborough's children and young people with special educational needs and/or disabilities (SEND) from birth to the age of 25. The priorities and recommendations of the All Age Autism Strategy are therefore interwoven with the wider strategic objectives for SEND Services. The three priority areas identified for SEND are:



The co-production and development of the All Age Autism Strategy is key in delivering these priority areas, and therefore relates to key actions within Cambridgeshire and Peterborough SEND Action Plans that followed the publication of the SEND Strategy. There are also key linkages to the priorities of Cambridgeshire and Peterborough's Learning Disability Partnership.

The implementation of the All Age Autism Strategy will be driven by the All Age Autism Strategy Board; this board will oversee the development of the action plan and implementation of the strategy with all partners. The All Age Autism Strategy Board, and the working groups connected, include those with autism, parents and carers alongside other professionals and organisations that have been key to the development of this strategy.

¹ <https://www.cambridgeshire.gov.uk/asset-library/i/imported-assets/SEND%20Strategy%20-%20Final%20Nov%202019.pdf>

2

BACKGROUND

2009

The first national guidance and legislation specifically aimed at provision for autism was '[The Autism Act](#)'² (2009); this put a duty on Central Government to produce, and regularly review, a National Autism Strategy to meet the needs of adults with autism in England. This included a duty to produce statutory guidance for local authorities and clinical commissioning groups to implement strategies locally.

2010

The [Autism Strategy \(2010\) - Fulfilling and Rewarding Lives](#)³, set out what local authorities and health services should provide for those with an autism diagnosis. It focused on:

- The need for training and awareness of the needs of people with autism for all staff working within the Public Sector; including Health and Social care, specifically providing specialist training for those in roles with a direct impact on access to services.
- Set up local diagnostic pathways based on The National Institute for Health & Care Excellence (NICE) guidance and increase diagnostic capacity.
- Person centred assessment and personalised care and support for those diagnosed with autism.
- Supporting children and young people with autism in transition to adult services.
- Enabling people with autism to have support to live independently within their communities.
- Involving people with autism in the development of local services.

2014

The more recent [Adults Autism Strategy \(2014\) "Think Autism"](#)⁴ was a revised version of the 2010 strategy and strengthened the noted priorities by re-enforcing the duty for:

- Local authorities to improve services for people with autism locally by implementing the national strategy and setting up Autism Partnership Boards.
- Having autism awareness projects with the local community.
- Developing services that promote innovation, early identification and prevention.
- Raising awareness across public services through training.
- Improving data collection and assessing local needs.

2015

The Department of Health's (DoH) 2015 "[Statutory guidance for Local Authorities and NHS organisations](#)"⁵ placed a statutory obligation on local authorities and other organisations, such as clinical commissioning groups, to support implementation of the Adult Autism Strategy.

2017

In 2017, Central Government outlined its intention to extend the National Autism Strategy to include children and young people; whilst we await the publication of the National All Age Strategy, Peterborough City Council (PCC) & Cambridgeshire County Council (CCC) have sought to ensure that the implementation of this Autism Strategy is all age. This strategy therefore brings together previous strategies for autism across Peterborough and Cambridgeshire into one integrated County Wide All Age Autism Strategy.

² https://www.legislation.gov.uk/ukpga/2009/15/pdfs/ukpga_20090015_en.pdf

³ https://webarchive.nationalarchives.gov.uk/20130104203954/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113369

⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf

⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/422338/autism-guidance.pdf

3

OUR VISION

Our vision is for both Cambridgeshire and Peterborough to be recognised as autism friendly places to live, where people with autism of all ages have access to equal opportunities. Autism friendly services throughout Cambridgeshire and Peterborough are those that person centred and take into consideration each person’s strengths, talents and interests; thereby ensuring that all individuals have access to the same support throughout their lifetime.

Based on the vision within the national autism strategy
‘Fulfilling and rewarding lives’

This includes working together as partners to deliver services in a more inclusive, integrated way that puts the needs of people with autism, and their families, first, providing help, support and care informed by an understanding of what matters to each person with autism and their family. This will be supported by the implementation of Integrated Care Systems (ICSs). Integrated Care Systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities.

OUR PRINCIPLES

- ALL AGE APPROACH** Promoting an all age approach for people with autism; focused on progression across a whole life pathway, ensuring that all the traditional transition points in a person’s life are effectively managed and seamless.
- PERSON CENTRED** Ensuring that people with autism and their families/carers are at the centre of everything we do, while offering services and support for people with autism that focuses on their strengths.
- RIGHT SUPPORT
RIGHT TIME
RIGHT PLACE** Providing the right support at the right time and in the right place by working with key partners to enable better access to, and better experiences of Education, Health, training and work.
- EARLY INTERVENTION** Providing early access to quality, timely and relevant information, advice and intervention in line with statutory guidance and prevention agenda across children’s and adult’s services, supporting and enabling those on the journey to diagnosis.
- OUTCOMES FOCUSED** Using the resources available from public and voluntary services in the most efficient ways to improve outcomes for autistic people and their families.
- RIGHT TO RESPECT** Ensuring that children, young people and adults have a right to live free from abuse in accordance with the principles of respecting dignity, autonomy, privacy & equality.
- INTEGRATION** Commissioning services that promote integration with Health and Social Care whenever possible to develop a shared understanding of the needs of people with autism.
- CO-PRODUCTION** Involving people with autism and their families in planning and decision making at both strategic and operational levels; gaining regular feedback from individual’s experiences to help shape how services are delivered.
- SHARED RESPONSIBILITY** Accepting a shared responsibility for achieving positive, jointly agreed outcomes and effectively sharing information to inform the strategic direction of service delivery (in accordance with relevant guidance & legislation).

4

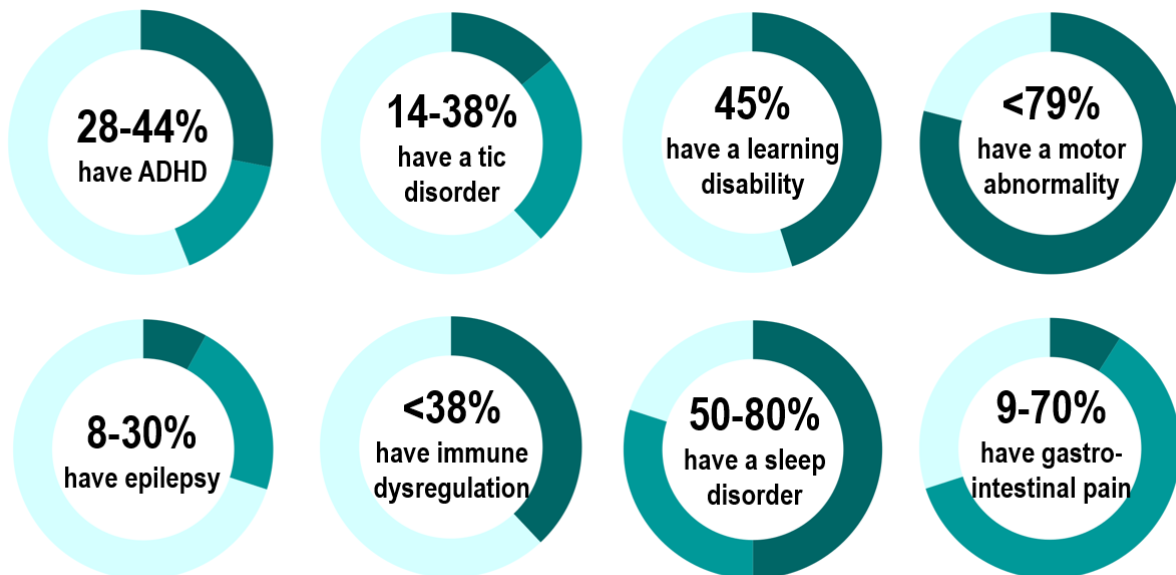
AUTISM DEFINITION

There are several definitions used to describe autism, including Autistic Spectrum Disorder (ASD)⁶, Autism Spectrum Condition (ASC), and others which have been used to describe conditions on the autism spectrum such as Asperger’s Syndrome. In this strategy we use the term Autism to refer to the whole autism spectrum and the strategy recognises that autism is one of a wider range of neurodiverse conditions.

Autism is a term used to describe a group of lifelong neurodevelopmental conditions marked by how a person with autism interacts socially, how they communicate and patterns of restricted stereotyped or repetitive behaviour they may have. It is a lifelong neurological condition: people are born with it, do not grow out of it and it cannot be ‘cured’. It is a spectrum condition which means it presents differently in every person with autism.

While people with autism may share common traits, their condition will affect them in very different ways. Each person with autism will, as with all individuals, have a distinct set of strengths and weaknesses and so the ways in which people with autism learn, think and problem-solve can be wide-ranging. What some find easy others and excel at, others may find challenging and be unable to do: some individuals are able to live independent lives whilst others will require support at different times in their life or need a lifetime of specialist support. It’s important that we remember we all remain unique.

Autism is not a learning disability/difficulty or a mental illness. People with autism may also have additional needs including learning disabilities, physical health needs and/or mental health conditions; these are referred to co-occurring conditions. It is suggested that 70% of people with a diagnosis of autism have an associated physical or mental health condition. For example, the latest research⁷ indicates that people with autism are often diagnosed with other, co-occurring, conditions including:



Therefore, an early and robust assessment of needs together with a sound understanding of the strengths and weaknesses for each person, is key to getting the right support at the right time, and this strategy recognises that.

⁶ As used in the National Institute for Health and Care Excellence clinical guidelines for Autism <https://www.nice.org.uk/guidance/cg128/resources/autism-spectrum-disorder-in-under-19s-recognition-referral-and-diagnosis-pdf-35109456621253>

⁷ Lai, M., Lombardo, M., & Baron-Cohen, S. (2014). Autism. The Lancet, 383(9920), 896-910. doi: 10.1016/s0140-6736(13)61539-1



WHY AN AUTISM STRATEGY?

The national guidance “[Implementing and Rewarding Lives](#)”⁸ and “[Think Autism](#)”⁹ puts a statutory duty on local authorities and health services to have in place plans in relation to the provision of service for people with autism. It states that local authorities and NHS bodies need to work in collaboration with local partners to take forward the key priorities in Think Autism. Crucially, at its core, people with autism need to have access to a clear pathway to meet their needs and know that this pathway is aligned with care and support assessments, and that there is post-diagnostic support available from relevant agencies even if the person does not meet social care support criteria.

Commissioning decisions need to be based on knowledge and awareness of autism, the needs of the local population, and informed by people with autism and their families.

The national guidance sets out requirements for local authorities and NHS organisations. It set out the statutory duty to work together with partners to develop a strategy for people with autism and gives a framework of what this should include, for example, in the criminal justice system, into employment. It provides clarity about what they have to do to meet the needs of adults with autism including preventative support and safeguarding.

It is therefore vital there is a local autism strategy that works for both children, young people and adults which clearly set out our goals and priorities for the next five years.

⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216129/dh_122908.pdf

⁹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf

6

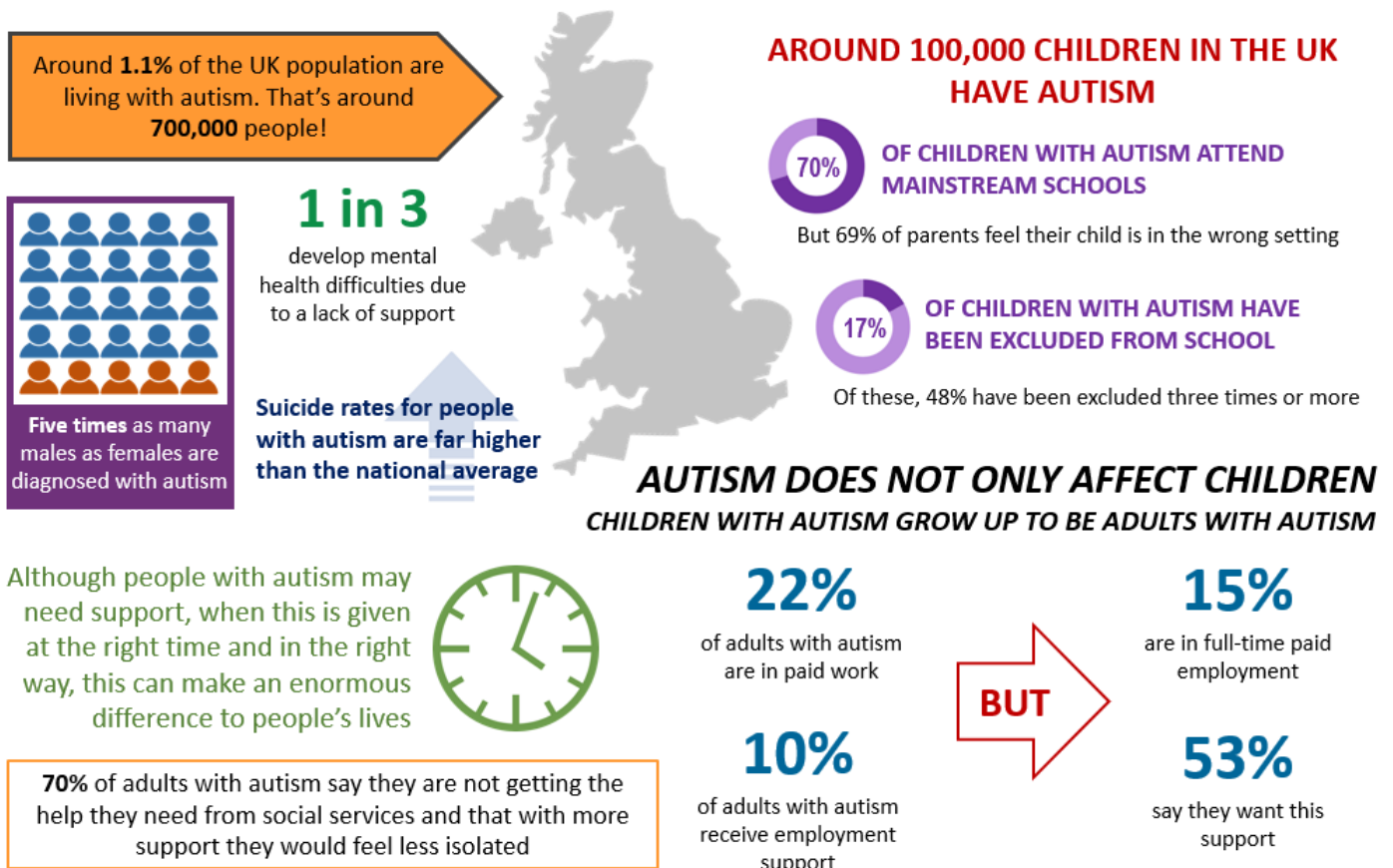
NEEDS ASSESSMENT - NATIONAL AND LOCAL CONTEXT

To understand the characteristics and health needs of people with autism of all ages in Cambridgeshire and Peterborough, Public Health collated an Autism Needs Assessment. This used local and national sources to indicate the numbers of people with a diagnosis of Autism; forecasting how these numbers are predicted to change with time.

The Autism Needs Assessment also undertook a review to identify good practice throughout the UK; this information was used to identify priorities and make recommendations that has informed this All Age Autism Strategy.

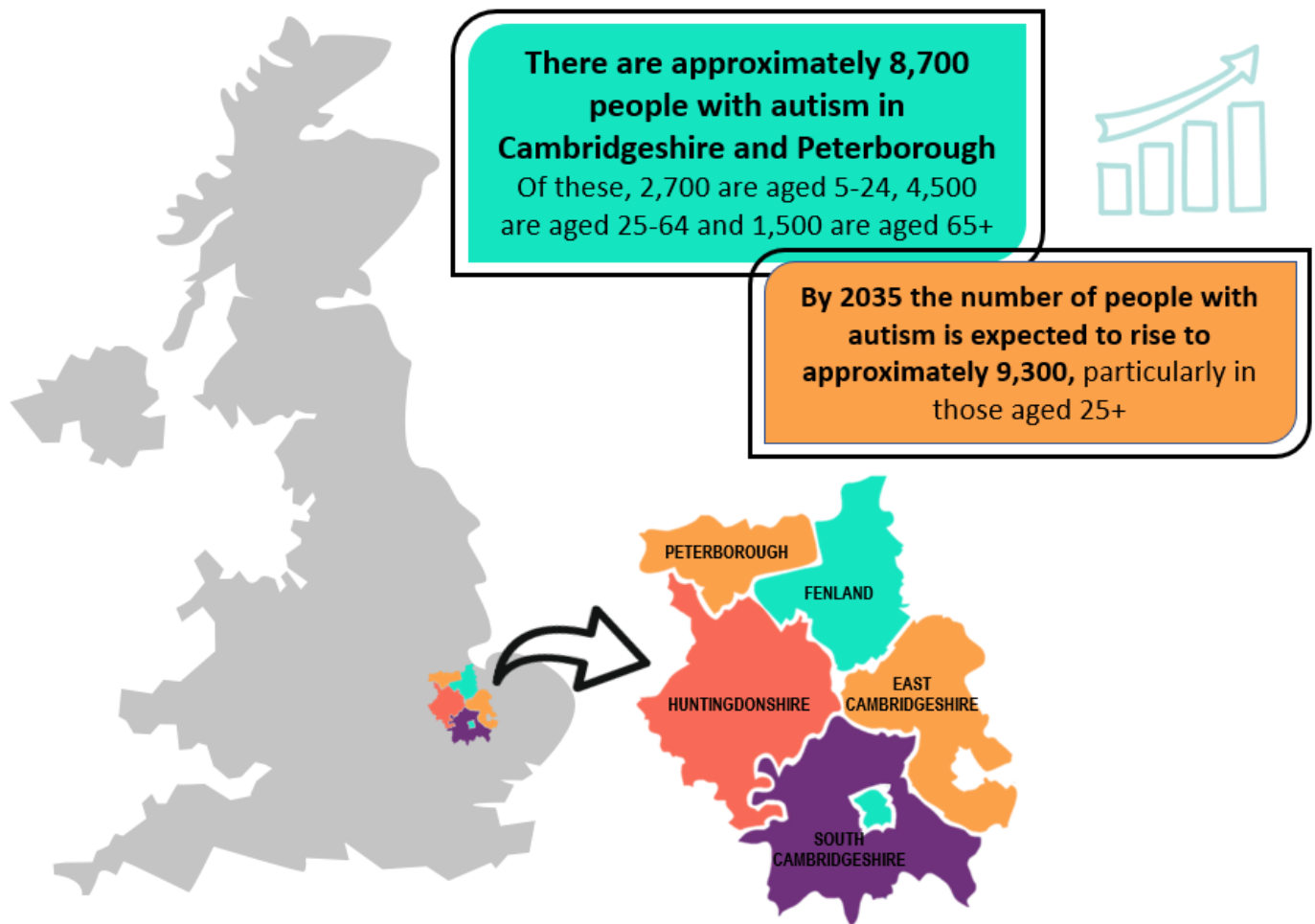
Key to the development of this All Age Autism Strategy has been mapping existing services to identify potential gaps, areas of good practice locally and areas for improvement; this has been informed by professionals, service users and their families and parent carer forums.

NATIONAL CONTEXT



LOCAL CONTEXT CAMBRIDGESHIRE AND PETERBOROUGH

Using national prevalence data applied to the local population numbers we estimate:



CHILDREN AND YOUNG PEOPLE

Estimated Number of Children and Young People with Autism

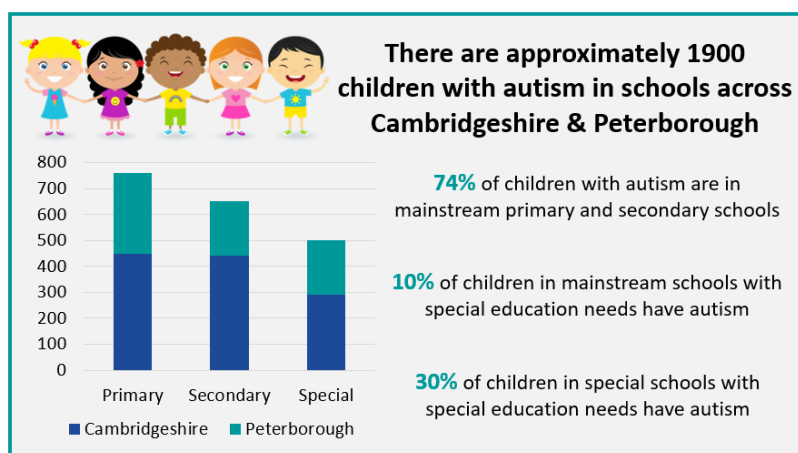
	5-10 year olds	11-17 year olds	18-24 year olds	Total
Cambridge	130	100	320	550
East Cambridgeshire	110	90	70	260
Fenland	100	90	90	280
Huntingdonshire	190	160	140	490
South Cambridgeshire	190	160	110	460
Peterborough	280	200	170	660
Total	1000	800	900	2,700

National prevalence estimates applied to mid-2019 population estimate, Office for National Statistics

Predicted Increase in Children and Young People with Autism Based on Population Growth

		2019	2020	2025	2030	2035
CAMBRIDGESHIRE	5-10 years	720	720	680	640	620
	11-17 years	600	620	680	660	620
	18-24 years	730	720	710	800	830
	TOTAL	2,040	2,060	2,080	2,100	2,070
PETERBOROUGH	5-10 years	280	290	280	260	260
	11-17 years	200	210	260	260	240
	18-24 years	170	170	170	200	220
	TOTAL	660	680	710	720	710
TOTAL		2,700	2,740	2,790	2,820	2,780

National prevalence estimates applied to mid-2019 population estimate, Office for National Statistics



Using data from our local records we know that the percentage of pupils diagnosed with autism in primary schools is similar to the national average (1.1%) in Peterborough (1.1%) and lower than the national average in Cambridgeshire (0.9%).

Fourteen percent children and young people (5-18 years) also have a form of disability and this is slightly higher in Cambridgeshire (15%) compared to Peterborough (10%).

Thirteen¹⁰ children and young people are on the Transforming Care Register (at risk of hospital admission). The majority of girls on the register have an eating disorder and are currently Tier 4 (hospital inpatients) residents and the majority of boys on the register have a challenging behaviour and live at home. All children and young people on the Transforming Care Register have autism. There are no children and young people on the Transforming Care Register with a learning disability and no autism diagnosis.

In Cambridgeshire, 30% of all community paediatric referrals are referrals for autism assessments.

In Peterborough around 50% of all community paediatric referrals are referrals for autism assessments. This is not directly comparable to Cambridgeshire as Peterborough provides

Approximately **800** children and young people are assessed for autism in Cambridgeshire each year

Most are seen within **18 weeks** of having a referral accepted

Only **30%** of assessments are females



¹⁰ As at March 2021

service for all ages up to 18 as part of an integrated neurodevelopmental services with the child and adolescent mental health services.

ADULTS

As shown in the below table, an estimated 6000 adults (25+ years) have autism across Cambridgeshire and Peterborough in 2020; this is expected to increase overtime in line with increases in population size to 6500 by 2035. Percentage of cases in the over 65s is set to increase from 25% to 32% by 2035 in line with population changes.

Predicted Increase in Adults with Autism Based on Population Growth

		2019	2020	2025	2030	2035
CAMBRIDGESHIRE	25-34 years	852	850	818	778	805
	35-44 years	826	825	845	851	824
	45-54 years	910	900	847	832	860
	55-64 years	795	815	881	869	826
	65-74 years	664	664	668	787	824
	75+ years	520	542	674	749	835
	TOTAL	4567	4596	4733	4866	4974
PETERBOROUGH	25-34 years	314	313	294	277	286
	35-44 years	291	294	312	314	299
	45-54 years	260	261	263	276	293
	55-64 years	211	215	237	242	240
	65-74 years	161	163	170	193	211
	75+ years	120	124	153	174	198
	TOTAL	1357	1370	1429	1476	1527
TOTAL	5924	5966	6162	6342	6501	

Approximately 450 autism assessment referrals for adults are made each year, while only an estimated 130 diagnostic assessments take place each year.

The priority areas of this All Age Autism Strategy have been informed by the Autism Needs Assessment and what people with autism and their families have told us. Our priorities are:



PRIORITY 1: EARLY INTERVENTION

Early identification and intervention are imperative for people with autism as research has shown that this can improve a child's overall development. Children who receive autism-appropriate education and support at key developmental stages are more likely to gain essential social skills and have better outcomes. Essentially, early detection can provide a child with autism with the potential for a better life. Parents of children with autism can learn early on how to help their child improve mentally, emotionally, and physically throughout the developmental stages.

The strain of caring for a child with autism can be an everyday challenge for families, but with early preparation and intervention, parents can prepare themselves for the road ahead, both emotionally and mentally.

When adults with autism are not diagnosed until later in life, they report a challenging childhood where many have not fitted into school, work and social settings and it's only after diagnosis do they understand why they had to face such challenges.

WHAT PEOPLE WITH AUTISM AND THEIR FAMILIES HAVE TOLD US

- *Early diagnosis is needed and early access to services when there is more than one diagnosis*
- *Parents don't know where to go to access the system*
- *Advice and help need to be easily available - I could access the local offer but advice on autism was hard to find*

- *I could not find much information on the local offer*
- *“I was under multiple doctors, Children and Adolescent Mental Health Services (CAMHS), admitted to mental health wards, attended a special school and yet I went completely under the radar.” (Young Adult)*

WHAT WE WANT TO DO

We want a system that delivers good information and advice and clear signposting to early help when a parent carer feels they need support with:

- Services and support based on need and not reliant on a definitive diagnosis of autism or on a diagnosis pathway where early indications are recognised.
- Services that deliver a person-centered, whole system, all age approach that provides access to quality, timely and relevant information, advice and guidance in line with the statutory guidance and prevention agenda across children and adults services.
- That pre-school and education settings have appropriately trained staff that are sensitive to identifying early indications of autistic behaviors and putting in place pathways to facilitate efficient access to early support/advice.
- Ensure reasonable adjustments are made in pre-school, educational, employment and health settings.
- Work with adult services to ensure that all the traditional transition points in a person’s life are effectively managed and seamless.
- Deliver the right service at the right place at the right time to ensure timely interventions and prevents escalation of need.



Deliver services in the right place at the right time

HOW WE WILL GET THERE

- All services will have appropriately trained staff that are sensitive to identifying early indications of autism.
- Our Local Offer¹¹ will have clear advice and guidance on where to get help, support and advice for parents of children with autism.
- Our diagnostic pathway for children and adults will look at good pre-assessment help, support and guidance to prevent escalation of needs.
- In line with the predicted population growth look at demand and capacity of the services to keep up the predicted need.
- Support parents and carers through the provision of parenting support and training programs.

¹¹ Peterborough Local Offer: <https://fis.peterborough.gov.uk/kb5/peterborough/directory/localoffer.page?familychannel=8>
 Cambridgeshire Local Offer: <https://www.cambridgeshire.gov.uk/residents/children-and-families/local-offer>

PRIORITY 2: AWARENESS RAISING AND TRAINING

Improving training and awareness is at the heart of the national Autism Strategy. “[Think Autism](#)”¹² and “[Fulfilling and Rewarding Lives](#)”¹³ states that increasing awareness and understanding of autism is fundamental towards improving services. Training and awareness raising is a key priority for all services across Cambridgeshire and Peterborough, including Education, Social Care, Health, housing, criminal justice system, local businesses and local government.

Whilst there are many good examples of effective support being provided by professionals for people with autism their experience varies from very positive to a feeling of constantly fighting the system.

Most areas agree that there is inconsistent knowledge and awareness of autism across the workforce. Communication from those across Health, Education and Social Care to people with autism which can be inconsistent and not tailored to their needs.

People can often be confused about the language used and what is meant by different terms. This confusion can extend to professionals themselves, who often use different terms for the same thing and who don't understand how other organisations work. Organisations do not always share information well with one another, meaning people must repeatedly share their stories.

WHAT PEOPLE WITH AUTISM AND THEIR FAMILIES HAVE TOLD US

- *For all professionals in education, social care and health to understand what autism is, be able to identify potential signs of autism early and understand how needs may change with age and circumstances.*
- *Specialist training be given to staff that have key roles in assessment and identification to aid an earlier diagnosis of autism, including the assessment and diagnosis of autistic females.*
- *All staff working with people with autism to have basic knowledge and awareness of autism and training so that they can apply it to day-to-day life, roles and responsibilities.*
- *Co-production of the training and development that includes people with autism.*

WHAT WE WANT TO DO

- For Cambridgeshire and Peterborough to become an ‘autism friendly community’ that values the contribution people with autism can make and ensures they get the same opportunities to live and work as the rest of the population.
- Work with all partners to raise awareness of the needs of people with autism and that the workforce is trained in autism appropriate to their role.
- Ensure that everyone understands ‘reasonable adjustments’ for those who also have a diagnosis of autism.
- Develop a training offer that links to other needs that may be present such as, but not limited to, mental health, learning disability and physical needs.

¹² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf

¹³ https://webarchive.nationalarchives.gov.uk/20130104203954/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113369

HOW WE WILL GET THERE

- Develop an Autism Training Framework detailing the knowledge and skills required at different levels within the workforce to achieve key outcomes for people with autism.
- Use the Autism Training Framework to enable individual employees, service providers and organisations to understand the knowledge and skills required, how this applies to their practice and role.
- Co-produce training to ensure that the voice of parents, carers and people with lived experience of autism are reflected in all we do.
- Co-produce impact measures and regularly review progress with partners to ensure we are meeting the outcomes we aspired to.
- Ensure autism awareness training is included within general equality and diversity training programmes for all staff working in health and care and understand how to make reasonable adjustments in their behaviour communication and services for people with autism or who display these characteristics.

PRIORITY 3: EMPLOYMENT AND INDEPENDENCE

The Office for National Statistics (ONS) published new data in February 2021 ([Outcomes for Disabled People in the UK: 2020](#)¹⁴) that shows just 22% of adults with autism are in any kind of employment, with only 10-15% being in full time paid employment. The most concerning part of the report states that of all people with disabilities, those with autism appear to have the worst employment rate. We know that, whilst not all people with autism are able to work, most want to and/or would like to know what opportunities/pathways are available to enter employment.

People with autism often have many unique skills and talents which employers could benefit from. These may include but are not being limited to:

- Excellent attention to detail
- Strong technical skills
- Methodical and logical approaches
- Creative thinking and problem solving
- Some will be exceptionally gifted and talented

OF ALL PEOPLE WITH DISABILITIES, THOSE WITH AUTISM APPEAR TO HAVE THE WORST EMPLOYMENT RATE

The [National Autistic Society](#)¹⁵ highlights that most adults with autism who want to work encounter the following barriers:

- Inaccessible recruitment methods
- Lack of effective transition from education
- Lack of reasonable adjustments at interview
- Lack of reasonable adjustments in work
- Lack of employer awareness

With the pressure of COVID-19 being put on businesses across the UK and the implications of furlough schemes ending, there are significant challenges in the whole economy to maintain stable and high levels of employment. This is leading to an increasingly competitive job market and potentially making it harder than ever for people with autism to access paid employment.

WHAT PEOPLE WITH AUTISM AND THEIR FAMILIES HAVE TOLD US



¹⁴ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2020>

¹⁵ <https://www.autism.org.uk/>

Between February 2021 and March 2021, Voiceability's Speak Out Council ran a consultation called "[My Life, My Future](#)"¹⁶ and gathered feedback from over 100 people aged between 13-64 with a learning disability and/or autism in Cambridgeshire and Peterborough. They were asked:

- *What they would like to change, or do in the future?*
- *What support and information they feel they would need to make those changes?*

Of the 100+ survey responses, 44 people responded advising they would like to be in paid work and/or volunteering in five years' time. Some of those know exactly what they would like to do and how to train for it however most would like more information about how to find work.

Parents and carers were encouraged to take part in the survey, they provided the following feedback for consideration:

- *They would like to know more about supporting people to find a job.*
- *They would like more information about what happens when EHCPs finish at age 25 and support to plan for their young person's future.*
- *They would like clearer information about benefits.*



WHAT WE WANT TO DO

- Support ways to improve employers' understanding of autism across all industry sectors.
- Work with key stakeholders to co-produce a framework for Supported Employment in Cambridgeshire and Peterborough.
- Ensure people with autism have access to a diverse range of employment opportunities in Cambridgeshire and Peterborough; keeping this in line with advancing technologies and what people with autism tell us they would like to do in the future.
- Ensure preparation for adulthood is included in all pathway planning. We need to have the right curriculum, which includes a clear focus on the development of the skills needed to live as independent and fulfilling life as possible. This would include skills and opportunities around employment.
- Ensure people with autism are supported to explore work experience, placements, paid employment and/or self-employment in Cambridgeshire and Peterborough.
- Support employers to be confident to employ people with autism and provide safe places to work.
- Attract new and innovative employers to Cambridgeshire and Peterborough to encourage new employment opportunities for people with autism.

¹⁶ <https://www.voiceability.org/assets/download/210407-Speak-Out-Council-My-life-my-future-FINAL.pdf>

- Establish a toolkit for professionals that encourages them to consider/explore developing employability skills, outcomes and employment pathways when supporting people with autism.

HOW WE WILL GET THERE

- Work together with key stakeholders to increase employment opportunities for people with autism in Cambridgeshire and Peterborough.
- Work with local employers to ensure they have access to good training and awareness of the needs of people with autism and listen to employers to understand Local Labour Market Information (LMI) themes and gaps as part of our [Skills Strategy](#)¹⁷.
- Increase the number of employers in Cambridgeshire and Peterborough who have signed up to become Disability Confident (a government scheme designed to encourage employers to recruit and retain people with disabilities and health conditions).
- Establish a sustainable pathway to employment for anyone with autism in Cambridgeshire and Peterborough to access work experience, placements, and paid employment opportunities.
- Pay attention to supporting young people with autism in their preparation for adulthood towards independence and employment. We are also working with our partners to support our schools with their Career strategy and the 8 benchmarks¹⁸ which include employer engagement.
- Continue to commission services to support people with autism to access employment and will encourage all our employment related services to utilise the Autism Toolkit (for more detail refer to Priority 6).
- Encourage all organisations within our health and care system to offer internships and apprenticeships to people with autism.
- Ensure people with autism who want to access employment or self-employment opportunities have the information readily available and accessible to them to support their decision making.

¹⁷ <https://mk0cpcamainsitehdbtm.kinstacdn.com/wp-content/uploads/documents/Strategies/skills-strategy/Skills-Strategy.pdf>

¹⁸ <https://www.gatsby.org.uk/education/focus-areas/good-career-guidance>

PRIORITY 4: HOUSING

As previously mentioned, there were an estimated 5966 adults with autism over 25 years of age across Cambridgeshire and Peterborough in 2020; this is expected to increase over time in line with increases in population size to 6501 by 2035. Percentage of cases in the over 65s is set to increase from 25% to 32% by 2035 in line with population changes.

We know that when people are not happy with where they live, they can be more likely to display behaviours which challenge; their physical and mental wellbeing can also be affected.

WHAT PEOPLE WITH AUTISM AND THEIR FAMILIES HAVE TOLD US

In the consultation "[My Life, My Future](#)"¹⁹ the feedback from over 100 people aged between 13-64 with a learning disability and/or autism in Cambridgeshire and Peterborough was:

- *people with autism want to have their own house or live independently with a partner or friends.*
- *People also raised the lack of technology support across supported living and care packages which meant that during the Covid-19 pandemic many people felt isolated and could not access online activities.*

WHAT WE WANT TO DO

- Have a good understanding of our available housing options for people with autism.
- Work in partnership with District Housing colleagues so that people with autism have a clear offer and process for accessing housing when needed.
- Continue to develop and utilise our framework of specialist autism providers who can provide a range of accommodation with specialist support in Cambridgeshire and Peterborough.
- Have a minimum standard of housing for people with learning disabilities and/or autism with clear agreements of responsibilities from housing providers.
- Have a clear process for how people can raise concerns and move if they feel their current accommodation is no longer meeting their needs.
- Ensure people with autism and their families are able to make realistic choices about housing based on their needs, budget and options.
- Utilise the Autism Toolkit (for more detail see Priority 6) to encourage housing providers and placement providers for children, young people and adults work to ensure that their provision is accessible for those with autism, with an emphasis on communication and integration with other service provision.
- Ensure that all of the above actions are clearly outlined in a housing strategy.

HOW WE WILL GET THERE

- Work in partnership with people with autism to understand their housing needs.

¹⁹ Speak Out Council (2021) <https://www.voiceability.org/assets/download/210407-Speak-Out-Council-My-life-my-future-FINAL.pdf>

- Undertake data analysis to ensure we can plan ahead and consider the housing needs of people with autism in Cambridgeshire and Peterborough.
- Work in partnership with health and social care professionals during the transition process to understand future housing needs of children, young people and adults with autism.
- Share information about housing options with children, young people and adults with autism and their families as part of the approach to preparing for adulthood so that people are clear about the process for applying for social housing and also consider other options which may be available to them.
- Work with the current housing and care providers to promote awareness and understanding of the needs of people with autism through use of the Autism Toolkit.
- Continue to develop and utilise our framework of specialist autism providers who can provide a range of accommodation with specialist support in Cambridgeshire and Peterborough.

PRIORITY 5: CRIMINAL JUSTICE SYSTEM

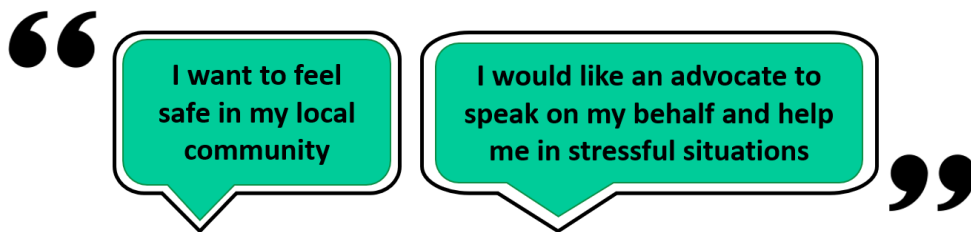
The 'criminal justice system' includes the police, courts, crown prosecution, prison service, related advocacy services and probation service.

The Office of National Statistics shows that autism and learning disability hate crime is now the most common form of disability hate crime which is officially reported.

Due to difficulties with communication some people with autism can be vulnerable to misunderstanding others' intentions and/or poor judgement. In addition, the behaviour and intentions of some people with autism may be misinterpreted by professionals who lack understanding or sensitivity.

We will work with the police and wider justice system to make sure they are aware of how to engage with people that have autism, victims and perpetrators of crime to improve the experiences of people with autism when they come into contact with the criminal justice system and the reduce the risk of offending and harm. We want to improve autism practice across every area of the criminal justice system with the aim to identifying the specific issues faced by people with autism.

WHAT HAVE PEOPLE WITH AUTISM AND THEIR FAMILIES TOLD US



WHAT WE WANT TO DO

- Support ways of working that improve understanding of autism across the criminal justice system.
- Ensure those in the criminal justice system have autism training appropriate to their role.
- Ensure people with autism are effectively supported if they come into contact with the criminal justice system.
- Ensure communities are friendlier and safer for people with autism that enable them to keep themselves safe and feel safe in their communities.
- Understand from youth offending teams what support is required for people with autism.

HOW WE WILL GET THERE

- Work together with the criminal justice service to improve awareness, make reasonable adjustments and train staff to recognise people with autism and how to support their needs.
- Ensure that people with autism who are in the criminal justice system have good advocacy and support and reasonable adjustments are being met if appropriate.
- Provide people with autism with the help, advice, and guidance they need to keep themselves safe and they feel safe.
- Support a range of ways that informs professionals of specific individual needs for a person with autism if they wish to use it, such as:

- The Pegasus programme is a system adopted by the police locally to help improve public confidence and trust in the way the police interact with autistic and communication difficulties that enables timely and appropriate responses to any incidents that affect people with autism.
 - A health passport used in health settings to help professionals make reasonable adjustments for people with autism.
 - A sunflower lanyard or an awareness raising card that helps alert and inform professionals about what is important to that person, the support a person may need and how they may react in stressful situations.
 - Stay Safe Cards which tell people exactly what to do to help the person. This includes their name, the contact details of the person they need to get in touch with and what to do if you cannot get hold of them.
 - A 'safer place' is a local business or organisation that volunteers to be a designated place of safety for people seeking refuge in times of stress, threat or vulnerability. Safer places display stickers in their windows to tell people they are taking part in the scheme.
 - Understanding of autism and reasonable adjustments in Advocacy Services, Youth Offending Services, Courts, Court Liaison, Probation and the criminal justice system.
 - Develop a clear integrated forensic pathway to support people with autism at risk of offending, homelessness and substance misuse and in the criminal justice system.
 - Work in partnership with those who provide advocacy services.

PRIORITY 6: JOINT COMMISSIONING OF SERVICES

We strongly support that services for people with autism should be inclusive, joined up and work smoothly and that commissioning decisions need to be based on knowledge and awareness of autism, the needs of the local population, and informed by people with autism and their families.

The Government Autism Strategy (2010) "[Think Autism](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf)"²⁰ highlights the role local authorities and NHS bodies should have in making this happen for people with autism.

“ Services for people with autism should be jointly planned, informed by data and feedback, commissioned, and reviewed annually ”

In line with Central Government guidance, there are commissioning leads for autism in social care, education and health services across Children’s Commissioning, Adults Commissioning and the Peterborough Clinical Commissioning Group (C&P CCG). These lead commissioners work together to commission person-centred care that is coordinated across all relevant agencies.

C&P CCG and the Local Authority already have a commitment and a way of working that means co-production of commissioned services and strategies occurs routinely. Examples of this are our [SEND Strategy](https://www.cambridgeshire.gov.uk/asset-library/imported-assets/SEND%20Strategy%20-%20Final%20Nov%2019.pdf)²¹ and the work we are doing through the Learning Disability Partnership.

However, we recognise we are on a journey and need to improve the experiences for people with autism locally.

WHAT PEOPLE WITH AUTISM AND THEIR FAMILIES HAVE TOLD US

- *Avoid having different pathways across different services –children, young people and adults with autism need to be looked at holistically.*
- *Access needs to be easy to understand and be the same every time.*
- *Help families to understand and navigate provision following the diagnosis of a family member.*
- *Services need to be easy to navigate and more integrated.*
- *Remember that children, young people and adults with autism are human beings.*

WHAT WE WANT TO DO

- Have an established Autism Toolkit that focuses on accessibility, quality, good outcomes and co-production for commissioned services for our services and meets out statutory duty for people with autism.
- Ensure Children’s and Adults Commissioners have developed mechanisms to review impact, on at least an annual basis, with local people with autism and their families.
- Continue to engage children, young people, adults and their parents and carers in feeding back regarding service provision; thereby helping to shape commissioning of services going forward and use the feedback mechanisms to review, develop and refine services to ensure they meet the aspirations of this All Age Autism Strategy.

²⁰ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf

²¹ <https://www.cambridgeshire.gov.uk/asset-library/imported-assets/SEND%20Strategy%20-%20Final%20Nov%2019.pdf>

HOW WE WILL GET THERE

- Continue to build upon the autism needs assessment to improve the data we collect and hold about children, young people and adults with autism to inform future joint commissioning arrangements.
- Continue to develop robust commissioning intentions for people with autism. These will be aligned with any future strategies so that, for example, an accommodation strategy will cover the needs of both adults with autism and adults with learning disabilities.
- Work together as a system (Health, Education Social Care, Children's and Adults Commissioners) with people with autism to improve awareness and recognition of autism and how to support their needs. This includes ensuring that any health or social care services we commission pay particular attention to the transition between children's and adults' services, and that there are no gaps where people are not eligible for a service because of their age.
- Commissioners across Children's Services and Adults' Services and the C&P CCG will develop an Autism Toolkit, enabling service providers to self-assess how they are accessible to children, young people and adults with autism.

AUTISM TOOLKIT

The Autism Toolkit, as per Social Care Institute for Excellence (SCIE) [Guide for Commissioners of Autism Services](#)²², helps to ensure that:

- mainstream services are competent to support people with autism, with trained staff, and flexible processes.
- services are flexible enough to meet fluctuating support needs that can change from day to day.
- effective joint working exists between these services, and with health services.

The Autism Toolkit will link to a new Autism Training Plan, reinforcing the importance of autism awareness and ensuring that staff working across commissioned services are confident and knowledgeable about autism. This includes ensuring that staff working across Social Care, Education & Health can recognise autism and refer individuals to the diagnostic pathway and ensuring that those who require specialist training have access to it. This will help to establish autism-specific components to each provider's organisation infrastructure, irrespective of whether the service itself is autism specific, and therefore consider and monitor any changes to service delivery on service users with autism.

The intention is for the Autism Toolkit to be developed across non-commissioned services/other sectors, including:

- local businesses and employers
- voluntary sector
- blue light services and the judicial system

Alongside training, the Autism Toolkit focuses on integration of services, establishing links between services and supporting providers of services to consider/promote awareness of common co-occurring health issues within the autistic community.

²² <https://www.scie.org.uk/autism/adults/assessment-accessibility/commissioners>

A communications/marketing section has been incorporated into the Autism Toolkit to reflect the difficulties children, young people and adults with autism and their parent carers can have understanding the offer of support to them. In assessing how and where information about services is published, providers ensure that the navigation of services is easier for service users.

PRIORITY 7: ACCESS TO HEALTHCARE

People with autism and their families in Peterborough and Cambridgeshire have reported how difficult it can be at times when they need to access healthcare settings such as going to their GP or dentist or going into hospital for a clinic appointment or medical procedure. Under the [National Health Service Act 2006](#)²³, NHS bodies must have regard to the need to reduce inequalities between patients with respect to their abilities to access health services and reduce inequalities between patients.

Children, young people and adults are more likely to have or develop mental health conditions, such as anxiety, obsessive compulsive disorder (OCD) and depression, than neuro typical people. Families highlight the need to have appropriate mental health services for people with autism and access to the right service at the right time, yet we know that many people with autism have poor experiences with mental health services. These include:

- *being unable to access services*
- *experiencing long waiting times*
- *finding the transition from children and young people's mental health services to adult mental health services difficult.*

The National Institute for Health & Care Excellence (NICE) [Quality Standard on Autism](#)²⁴ (2014) states that everyone who undergoes an assessment for autism should be assessed for any co-existing mental health problems. NICE also advise psychosocial and pharmacological interventions for the management of co-existing mental health problems in children, young people and adults with autism.

Early intervention services are crucial in supporting people with and their families with low level mild to moderate mental health concerns. Timely and effective early intervention lessens the chance of a person with autism and their families going into crisis.

WHAT PEOPLE WITH AUTISM AND THEIR FAMILIES HAVE TOLD US



WHAT WE WANT TO DO

- Mainstream health services such as GPs, dentists, optometrists, chiropractors need to make reasonable adjustments to ensure people with autism get access to the health support they need, in line with the national [NHS Long-Term Plan](#)²⁵ and NICE guidance.

²³ https://www.legislation.gov.uk/ukpga/2006/41/pdfs/ukpga_20060041_en.pdf

²⁴ <https://www.nice.org.uk/guidance/qs51>

²⁵ <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

- We know that a holistic approach is needed for the assessment, diagnosis, treatment and management of support for people with autism. This should include clear pathways to access high quality mental health and wellbeing services with staff appropriately trained to deliver interventions that meet the needs of people with autism of all ages.
- Cambridgeshire and Peterborough's long-term plan is to have a joined up approach to address the emotional and mental health needs of children, young people and adults over the next five years and acknowledge that there are increasing numbers of people with autism who require mental health support (including those on the Transforming Care register).
- Within our commissioned mental health services across Cambridgeshire and Peterborough the C&P CCG and Local Authority will continue to ensure that people with autism receive high quality, equitable, planned and timely mental health support, while working towards an improved understanding of autism in primary and acute health settings to enable reasonable adjustments to deliver better health care.
- We want to work with healthcare settings to support appropriate training that helps services make reasonable adjustments to enable people with autism have more positive experiences in health care settings.
- Identify any opportunities to deliver yearly proactive health checks and screening for people with autism aged 14+ to enable the early identification of health needs.
- Early identification and response to support people with autism who have mental health needs within the community to prevent crisis and hospital admission.
- The Transforming Care programme focuses on prevention of admission and early discharge, and the C&P CCG is working to prevent crisis and unnecessary admissions to hospital by working together to find solutions that will enable people with autism to remain in the community or have as short a stay as possible when admitted to a hospital.
- The C&P CCG alongside Peterborough City Council (PCC) & Cambridgeshire County Council (CCC), are working to improve the ability of Mental Health services staff to recognise and respond appropriately to people with autism needs, ensuring they are better able to support their mental health and wellbeing needs.

HOW WE WILL GET THERE

A new partnership has been set up to bring together mental and emotional health services for children and young people in Cambridgeshire and Peterborough. The partnership is made up of the two main mental health providers in Cambridgeshire and Peterborough; this includes the NHS's Cambridgeshire & Peterborough Foundation Trust (CPFT) and Cambridgeshire Community Services (CCS) NHS Trust. These providers will work alongside those within the voluntary sector; specifically, Centre 33 and Ormiston Families. Together, they will bring their expertise to help build relationships across our mental health and care system to ensure clinical services, voluntary organisations and local authority services work closer together to support children and young people and adults with their mental health and wellbeing. This partnership will be committed to investing more, and bringing services together so they are co-ordinated, equitable and easy to access for all people with autism and mental health needs.

As part of this new and improved modelling and support pathway, we will include appropriate psychological support for, and make reasonable adjustments to, mental health and wellbeing services for children and young people and adults with mental health needs.

- Ensure all providers of mental health services apply reasonable adjustments for people with autism to receive the right support including Child & Adolescent Mental Health Services (CAMHS) so that fewer people with autism access in-patient settings for long periods.
- Ensure that autism is recognised in the local Mental Health strategy and future service models which includes reasonable adjustments.
- Ensure that autism awareness and training is provided/encouraged to early intervention practitioners (Child Wellbeing Practitioners (CWP), Education Mental Health Practitioners (EMHP) and Mental Health Support Teams (MHST)).
- Ensure better information and signposting for people with autism and their family's pre-diagnosis in partnership with our Parent Carer Forums, Pinpoint and Family Voice.
- Ensure that when commissioning mental health services, these services can make reasonable adjustments and that their quality is monitored.
- Consider inclusion of special schools in each MHST cohort and enable the spread of learning of autism training provided by special school settings.
- In recognition that many children and young people with autism may also have additional needs such as emotional health and wellbeing we will develop specialist Enhanced Resource Provision (ERP) which provide additional specialist facilities on a mainstream school site for a small number of pupils jointly across health, education and social care. The pupils accessing ERP and Hubs usually have Education, Health and Care Plans (EHCP) as these specialist ERP/Hubs will tend to provide for a specific need such as Speech, Language and Communication Needs (SLCN), Hearing Loss (HL) or Visual Impairment (VI) or autism.
- Ensure better partnership working with school settings – ensuring all emotional health and wellbeing practitioners work in partnership to plan interventions.
- Ensure people with autism are supported in a smooth transition between children and young people mental health services to adult mental health services (taking into account children and young people with an EHCP and different pathway age limits).
- Ensure that advice and guidance provided on websites²⁶ is written in an accessible and reasonably adjusted way.
- Work together with acute services to look at pathways into hospitals for people with autism that ensures areas make reasonable adjustments and adopt a person centred approach with a range of information, such as health passports.

²⁶ For example: <https://www.keep-your-head.co.uk/>

PRIORITY 8: DIAGNOSTIC PATHWAYS

CHILDREN

The National Institute for Health and Social Care Clinical Excellence (NICE) Guidelines for children with autism spectrum disorder²⁷ recommends that a diagnostic assessment should be undertaken by an autism team within 12 weeks of a referral. It recommends this team should include a range of specialists to inform their diagnosis and should be inclusive of education and social care where appropriate, and that everyone who undergoes an assessment for autism should also be assessed for any co-existing physical and mental health conditions.

In addition, it states that where the young person is transitioning to adulthood, it should be considered that a joint diagnosis assessment to be undertaken with adults' services for autism.

Clinical Commissioning Group (CCG) commissioners are expected to take the lead on the development of a local pathway for diagnosis working in partnership with the local authority to provide a joined-up integrated approach.

Our needs assessment supports the national picture that the diagnostic rate is much lower for females and that autism presents differently in girls and women "girls and women can present with a slightly different set of features and often work hard to mimic neurotypical children and adults" This has led to misdiagnosis and often, due to consistent behavior in various environments such as school or work, this has had a significant impact on family/carers.

WHAT PEOPLE WITH AUTISM AND THEIR FAMILIES HAVE TOLD US

- *Early intervention and recognition could have prevented the trauma later caused*
- *Ensure that education and healthcare workers are aware of the typical signs of autism in females to ensure appropriate identification and referral*
- *"Mental health services are not picking up on autism in females"*
- *Early intervention: needs-led holistic support for children and families as well as building relationships and resilience in families and increasing capacity in assessment and post-assessment support courses*
- *Commissioning of services for children and young people requiring behavioural support and social skills/relationship*

“
Children and young people's needs
need to be treated holistically
”

CURRENT SERVICES

Locally parent carers and people with autism's experience of the diagnostic pathway is varied and ranges from very good to feeling they have to constantly fight the system.

We want to change this perspective by having a clear, evidenced based pathway for children and young people that meets NICE guidance.

²⁷ <https://www.nice.org.uk/guidance/cg170/resources/autism-spectrum-disorder-in-under-19s-support-and-management-pdf-35109745515205>

There are also different pathways to diagnosis across Cambridgeshire and Peterborough which sometimes leads to an inconsistent approach to early identification and pre and post diagnosis support.

WHAT WE WANT TO DO

- Have a pathway that picks up autism early and provides the right support and diagnosis that delivers a consistent offer across the county.
- Develop a person-centered approach that includes a holistic assessment of needs including physical and mental health.
- Ensure our pathway links to all services, especially SEND and the Learning Disabilities Partnership.
- NICE guidance states those children and young people who have been referred to an autism diagnosis service will wait no longer than 18 weeks from referral to first appointment.

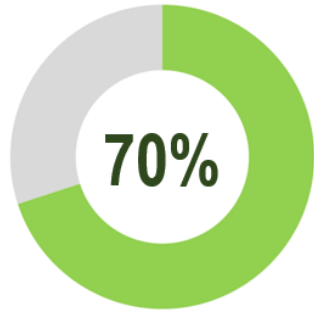
HOW WE WILL GET THERE

- Develop a consistent integrated diagnostic pathway for people with autism across Cambridgeshire and Peterborough in line with NICE guidance, ensuring access to a multidisciplinary assessment of needs that can support the development of skills and opportunities to promote independence, as well as improved health and wellbeing outcomes.
- Advice and training to other health and social care professionals on the diagnosis assessment, care, and interventions for adults with autism (as not all may be in the care of a specialist team).
- Early identification, preventative (including post diagnostic) specialist care and interventions.
- Reduce the current waiting lists for an assessment in line with NICE guidance to 18 weeks for children and young people.
- Ensure we work closely with early help and support teams to identify needs early and provide the support needed.
- Look at joint assessments for people transitioning to adult services.
- Work closely with the Autism Centre of Excellence (ACE) to ensure we look at the latest evidence-based care.
- Work closely with parents, carers and organisations that represent them such as Family Voice, Pinpoint, Healthwatch and VoiceAbility as well as people with lived experience of autism to ensure we co-produce the diagnostic pathway and action plan and involve them in decisions regarding services for people with autism.

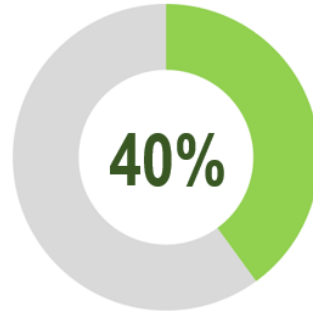
ADULTS

There are approximately 6,708 adults with autism in Cambridgeshire and Peterborough. It is estimated that 40% of these people will be known at some point to health and social care services, and around 7% likely to require specialist or hospital services.

Our needs assessment show that the numbers are increasing and that people with autism (single and dual diagnosis) are among the most at risk in this rise in demand.



of people with autism also have a mental health disorder



of people with autism have a dual mental health disorder

CURRENT OFFER

We have an excellent local adults Autism Diagnostic Service provided by Cambridgeshire and Peterborough Foundation Trust which is commissioned to provide specialist diagnostic assessments for adults with autism aged 18+, however it does not currently have the resources to meet the existing or projected increases in demand for assessments.

This is resulting in adults being referred for assessment for autism experiencing significant delays in getting a diagnostic assessment. In addition, the impact of COVID-19 created a large gap between demand and capacity combined with the lack of specialist intervention services lead to the adult autism diagnostic service been paused in March 2020.

There are currently also differences in service provision in health and social care across Cambridgeshire and Peterborough which has resulted in inequity of services for diagnosis and pre and post diagnosis support

WHAT PEOPLE WITH AUTISM AND THEIR FAMILIES HAVE TOLD US

“

It is hard as a woman, people don't understand female autism or Asperger's

Trying to get a diagnosis as a woman can be terrible

I waited for over 2 years to be assessed

A lot of mental health conditions spring from being misunderstood

”

WHAT WE WANT TO DO

- To provide a sustainable, person-centred system of Health and Social Care for people with autism across Cambridgeshire and Peterborough which delivers better access and improved experience and outcomes.
- Improve specialist diagnostic and assessment services to meet the predicted increases in demand for autism diagnoses.

- Improve our information, guidance and support service in the community to support adults with autism.
- Provide advice and training to other health and social care professionals on autism, the diagnosis and assessment processes and meeting needs for adults with autism and help early identification.
- Improve our pre and post diagnostic support offer to ensure information, advice and guidance is available in relation to mental health, housing, education, employment, and social care.

HOW WE WILL GET THERE

We will work together as a health and care system in partnership with providers, and people with lived experience of autism to develop an integrated diagnostic pathway including an offer of both pre and post diagnostic support, information and advice and guidance.

We will invest in a range of interventions which are evidence based to develop and expand the existing CLASS service to include post diagnostic support, which will include:

- Psychoeducation and psychotherapy, either in a group or on line 1:1
- Sensory integration interventions
- Social communication interventions

We will work as a whole system to co-produce the post-diagnosis programme content and look to incorporate Local Authorities and Third Sector Voluntary Organisations expertise in terms of development and delivery.

We will work in partnership with other stakeholders and people with autism and their families to provide improved carer support, self-management interventions, peer support and ways of increasing independence.

By mapping the pathway as a whole system with the person at the centre of care, we hope to create a more integrated system to supporting people with autism, ensuring that they get the right support at the right time.

We will include appropriate psychological support for, and make reasonable adjustments to, mental health and wellbeing services for adults with mental health needs.

We will ensure we look at a whole pathway approach and link with adult services for autism to ensure transitions are carefully planned and form part of a lifelong approach that focusses on independence and opportunities to live and work locally.



SUMMARY

This All Age Autism Strategy is the continuation of the journey to deliver good local services to people with autism and their families and meet statutory duties.

Together Cambridgeshire County Council, Peterborough City Council and Cambridgeshire and Peterborough Clinical Commissioning Group will work with local organisations and groups to co-produce and achieve the vision and outcomes together.

The county wide All Age Autism Strategic Group will lead on co-ordinating the implementation of the strategy across partners to achieve the outcomes and to provide clear, accountable leadership in collaboration with all partners with the responsibility, expertise and passion to take forward work together to improve outcomes, services and lives of people with autism and their families. This strategy is a living document that we will continue to use to review our progress and work with partners to deliver the outcomes that we want for people with autism and their families.



REFERENCES

Autism Act 2009, <http://www.legislation.gov.uk/ukpga/2009/15>

“Fulfilling and rewarding lives” The strategy for adults with autism in England (2010) http://webarchive.nationalarchives.gov.uk/2013010710535/http://www.dh.gov.uk/prod_consum_dh/groups/dh

Think Autism: Fulfilling and rewarding lives, the strategy for adults with autism in England: an update April 2014

NAS, (2019), Autism Strategy statutory guidance. <https://www.autism.org.uk/about/strategy/statutory-guidance.aspx> on 28/2/19.

NICE, (2011), Clinical guidelines 128, Autism Spectrum Disorder in under 19s: recognition, referral and diagnosis. Clinical guidelines.

APPGA, (2017). Autism and Education in England. London, National Autistic Society.

Autistic Self Advocacy Service (2019) nothing about us without us <https://autisticadvocacy.org/> downloaded 15:23 17/04/2019.

Department for Education, (2015). SEND Code of Practice 0-25. Crown copyright. (2009),

Autism Strategy statutory guidance. <https://www.autism.org.uk/about/strategy/statutory-guidance.aspx> on 28/2/19.

National Autistic Society, (2018). Big news: national autism strategy to be extended to children (5 December 2018). Retrieved from: <https://www.autism.org.uk/getinvolved/media-centre/news/2018-12-05-big-news-national-strategy.aspx> on 05/03/2019.

The Stationary Office. Walters, C. and Edwards, N. (2015), Moving healthcare closer to home: summary document, monitor, London.

Cambridgeshire and Peterborough Needs assessment (October 2020)

“Autistic voices” Local people’s health experiences Healthwatch Cambridgeshire and Healthwatch Peterborough. Autism focus Group (May 2021)



HOW TO TELL US YOUR VIEWS

You can share your views in a number of ways:

- Fill in the questionnaire found online on our website:
<https://www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations-engagement/all-age-autism-strategy-proposal/>
- Find more information, the full All Autism Strategy and The Autism Needs Assessment are on our website here:
<https://www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations-engagement/all-age-autism-strategy-proposal/>
- Email your views to us at: autismstrategyconsultation@peterborough.gov.uk
- Call us on 01733 863730
- This information is available in Easi Read with an Easi read questionnaire on our website here: <https://www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations-engagement/all-age-autism-strategy-proposal/>
- Other languages and formats on request. To request alternative formats, please contact us at autismstrategyconsultation@peterborough.gov.uk

The closing date for responses is Tuesday 19 October 2021.



**CAMBRIDGESHIRE AND PETERBOROUGH
ALL AGE AUTISM STRATEGY
2021 – 2026**

Summary for consultation

7 September to 19 October 2021

WHAT IS THE ALL AGE AUTISM STRATEGY?

This five-year (2021-2026) All Age Autism Strategy supports our aim for Cambridgeshire and Peterborough to be an autism friendly place where children and adults with autism can live full, healthy, and rewarding lives, within a society that accepts and understands them.

Our vision is for both Cambridgeshire and Peterborough to be recognised as autism friendly places to live, where people with autism of all ages have access to equal opportunities.

Autism friendly services throughout Cambridgeshire and Peterborough are those that are person centred and take into consideration each person's strengths, talents, and interests; thereby ensuring that all individuals have access to the same support throughout their lifetime.

This includes working together as partners to deliver services in a more inclusive, integrated way that puts the needs of people with autism, and their families first, providing help, support and care informed by an understanding of what matters to each person with autism and their family.

WHY AN AUTISM STRATEGY?

The national guidance "Implementing and Rewarding Lives" and "Think Autism" puts a statutory duty on local authorities and health services to have in place plans in relation to the provision of service for people with autism.

It states that local authorities and NHS bodies need to work in collaboration with local partners to take forward the key priorities in Think Autism.

Crucially, at its core, people with autism need to have access to a clear pathway to meet their needs and know that this pathway is aligned with care and support assessments, and that there is post-diagnostic support available from relevant agencies even if the person does not meet social care support criteria.

It is therefore vital there is a local autism strategy that works for both children, young people and adults which clearly set out our goals and priorities for the next five years.

WHY ARE WE CONSULTING WITH YOU ON THE AUTISM STRATEGY?

This All Age Strategy for people with autism in Cambridgeshire and Peterborough was co-produced with parents, carer's, and people with lived experience of autism as well as all local partners. It has been co-produced in partnership with people with autism and their families across Cambridgeshire and Peterborough; we have sought to capture their lived experiences and what is most important to them.

This All Age Strategy for people with autism in Cambridgeshire and Peterborough was co-produced with parents, carer's, and people with lived experience of autism as well as all local partners:

- Family Voice Peterborough
- Pinpoint
- National Autistic Society, Cambridge Branch
- The Speak Out Council
- Voiceability
- Healthwatch Cambridgeshire and Peterborough
- The Autism Centre for Excellence
- Cambridgeshire Constabulary
- Cambridgeshire and Peterborough NHS Foundations Trust
- Cambridgeshire Community Services NHS Trust

The All Age Autism Strategic Group wants to take time now to ensure that this co-produced strategy meets the needs of all people with Autism across our area and gain the views of local people on the principles and priorities identified by the group and the partners that worked alongside them to co-produce this strategy.

WHAT IS AUTISM?

In this strategy we use the term Autism to refer to the whole autism spectrum and the strategy recognises that autism is one of a wider range of neurodiverse conditions.

Autism is a term used to describe a group of lifelong neurodevelopmental conditions marked by how a person with autism interacts socially, how they communicate and patterns of restricted stereotyped or repetitive behaviour they may have. It is a lifelong neurological condition: people are born with it, do not grow out of it and it cannot be 'cured'. It is a spectrum condition which means it presents differently in every person with autism.

While people with autism may share common traits, their condition will affect them in very different ways. Each person with autism will, as with all individuals, have a distinct set of strengths and weaknesses and so the ways in which people with autism learn, think, and problem-solve can be wide-ranging. It's important that we remember we all remain unique.

Autism is not a learning disability/difficulty or a mental illness. People with autism may also have additional needs including learning disabilities, physical health needs and/or mental health conditions; these are referred to co-occurring conditions.

WHAT ARE THE PRINCIPLES IN THE ALL AGE AUTISM STRATEGY?

The following principles were developed in collaboration with key local groups who represent people with lived experience of autism of all ages.

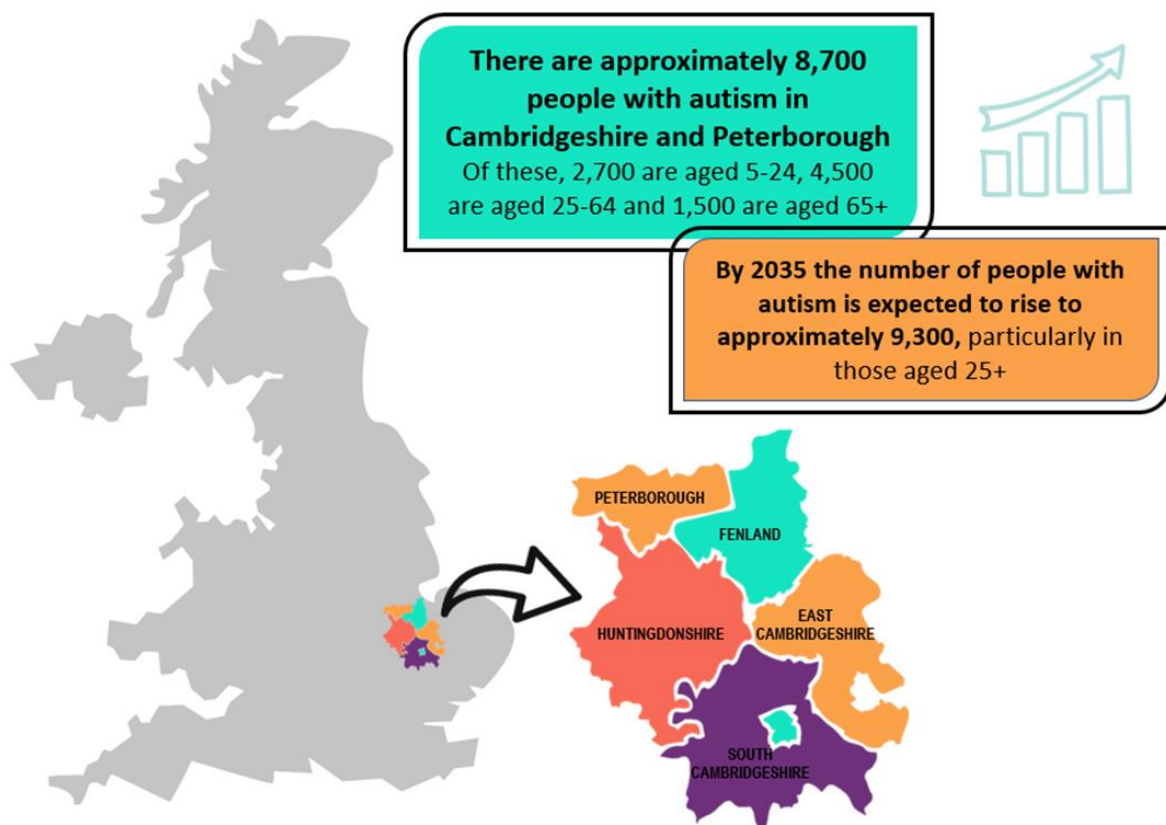
ALL AGE APPROACH	Promoting an all age approach for people with autism; focused on progression across a whole life pathway, ensuring that all the traditional transition points in a person's life are effectively managed and seamless.
PERSON CENTRED	Ensuring that people with autism and their families/carers are at the centre of everything we do, while offering services and support for people with autism that focuses on their strengths.
RIGHT SUPPORT RIGHT TIME RIGHT PLACE	Providing the right support at the right time and in the right place by working with key partners to enable better access to, and better experiences of Education, Health, training and work.
EARLY INTERVENTION	Providing early access to quality, timely and relevant information, advice and intervention in line with statutory guidance and prevention agenda across children's and adult's services, supporting and enabling those on the journey to diagnosis.
OUTCOMES FOCUSED	Using the resources available from public and voluntary services in the most efficient ways to improve outcomes for autistic people and their families.
RIGHT TO RESPECT	Ensuring that children, young people and adults have a right to live free from abuse in accordance with the principles of respecting dignity, autonomy, privacy & equality.
INTEGRATION	Commissioning services that promote integration with Health and Social Care whenever possible to develop a shared understanding of the needs of people with autism.
CO-PRODUCTION	Involving people with autism and their families in planning and decision making at both strategic and operational levels; gaining regular feedback from individual's experiences to help shape how services are delivered.
SHARED RESPONSIBILITY	Accepting a shared responsibility for achieving positive, jointly agreed outcomes and effectively sharing information to inform the strategic direction of service delivery (in accordance with relevant guidance & legislation).

WHAT IS THE LOCAL AND NATIONAL NEEDS ASSESSMENT?

To understand the characteristics and health needs of people with autism of all ages in Cambridgeshire and Peterborough, Public Health collated an Autism Needs Assessment. This used local and national sources to indicate the numbers of people with a diagnosis of Autism; forecasting how these numbers are predicted to change with time.

The Autism Needs Assessment also undertook a review to identify good practice throughout the UK; this information was used to identify priorities and make recommendations that has informed this All Age Autism Strategy.

Key to the development of this All Age Autism Strategy has been mapping existing services to identify potential gaps, areas of good practice locally and areas for improvement; this has been informed by professionals, service users and their families and parent carer forums.



You can read the full Autism Needs Assessment on our website [here](#).

The All Age Autism Strategy contains an overview of the Autism Needs Assessment and can be found [here](#).

WHAT ARE THE PRIORITIES IN THE AUTISM STRATEGY?

The priority areas of this All Age Autism Strategy have been informed by the Autism Needs Assessment and what people with autism and their families have told us.

Our priority areas are:



These priority areas include:

- Having clear pathways for children and adults based on a needs led approach with good support throughout the process, combined with good pre and post diagnosis support.
- Training and raising awareness for all areas that helps services and professionals understand the needs of people with autism within our local communities and services and recognises that autism effects different people in different ways.
- Services that take a lifelong approach and supports people with autism in school, colleges, and universities, to be able to live independently and have meaningful employment opportunities.
- For health, education, and social care to work together to commission integrated services that make the best of the resources available.
- For services to understand what reasonable adjustments are and how they can improve settings so people with autism can have positive experiences when they go into healthcare, education, and social care settings such as primary care, hospitals,
- To read more about our priorities you can find more information in the full All Age Autism Strategy on our website: -
<https://www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations-engagement/all-age-autism-strategy-proposal/>

HOW TO TELL US YOUR VIEWS

You can share your views in a number of ways:

- Fill in the questionnaire found online on our website:
<https://www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations-engagement/all-age-autism-strategy-proposal/>
- Find more information, the full All Autism Strategy and The Autism Needs Assessment are on our website here:
<https://www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations-engagement/all-age-autism-strategy-proposal/>
- Email your views to us at: autismstrategyconsultation@peterborough.gov.uk
- Call us on: 01733 863730
- This information is available in Easi Read with an Easi read questionnaire on our website here:
<https://www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations-engagement/all-age-autism-strategy-proposal/>
- Other languages and formats on request. To request alternative formats, please contact us at capccg.contact@nhs.net

The closing date for responses is **Tuesday 19 October 2021**.



This is our plan for how we want to make life better for people with autism

We are all working together



Wendi is the Executive Director for People & Communities for Peterborough City Council (PCC) & Cambridgeshire County Council (CCC)

Carol Anderson is the Head Nurse for Cambridgeshire and Peterborough Clinical commissioning Group (CCG)



They hope it will help make Cambridgeshire and Peterborough autism friendly.



They want to thank all the people involved in writing this plan: people with autism, parents and carers, these local partners, and many others



They hope it will help make everyone in Cambridgeshire and Peterborough more aware of what people with autism need from them to have a good life



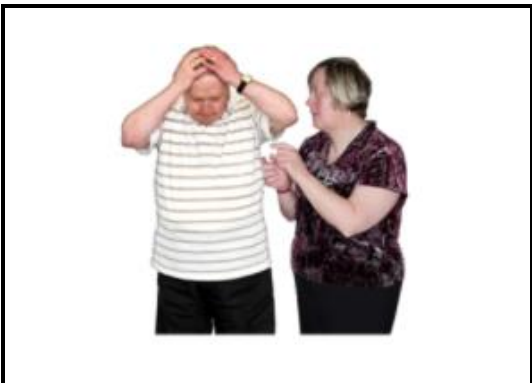
What is autism?



Autism is something you have for the whole of your life



About 1 in 100 people have autism



Autism affects how you understand other people



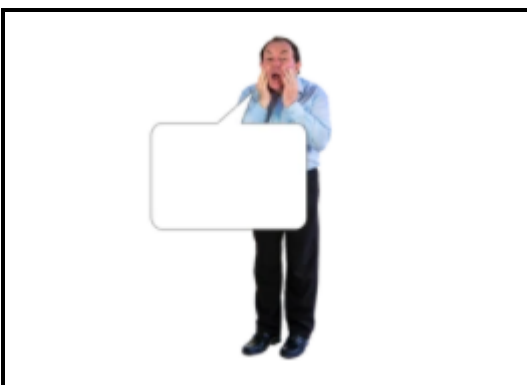
Autism affects how you make sense of things



Everyone with autism is different



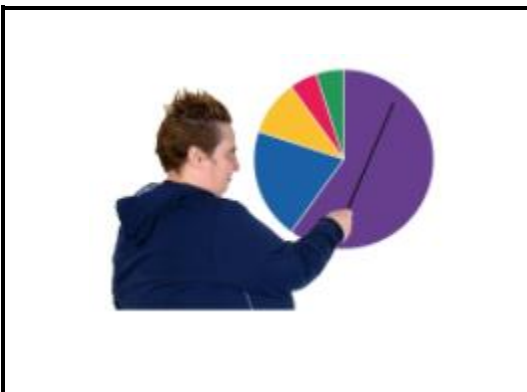
Some people with autism might find it hard to meet people and make friends



Some people might find it hard to say what they need or how they feel



Some people might find it hard being in loud places or where there are lots of people or bright lights



Some people with autism are very good at understanding numbers and patterns



Some people with autism are very good at thinking creatively and solving problems



Some people with autism are very good at remembering things



This is what we want for people with autism in the future (our vision)



We want people with autism to be accepted and valued as individuals



We want them to be treated with respect and to be listened to



We want them to be understood and included in how services are developed to support them



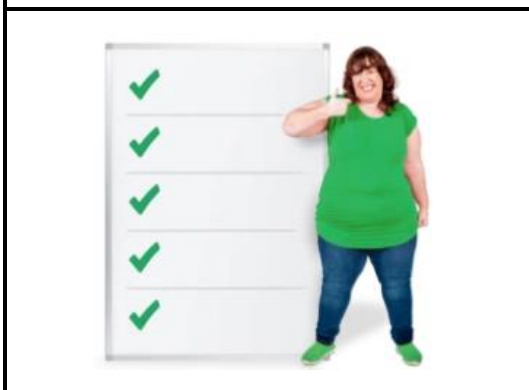
We want people with autism to have the same opportunities as other people to achieve their goals in life



This might mean living independently



It might mean being able to work locally if they wish to



Here are the 5 most important things we need to do to improve services for people with autism



1) People should be supported by people who are trained and understand autism, and how autism affects people



To do this we need to make sure all doctors, health care and social workers, teachers and others know about autism



2) People with autism should be identified as soon as possible



To do this we need to make sure the way to find out if you have autism is clear, and that there is help and support along the way



3) Children and young people with autism need support to help them prepare for adulthood



This will include help with housing and getting and keeping a job



And working with the police to make sure you feel safe where you live and work



4) People with autism need support to get the healthcare they need to live well



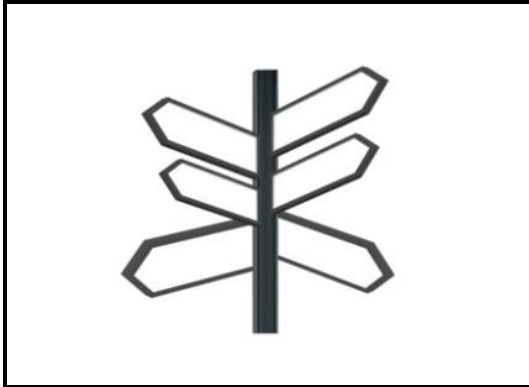
We will work with doctors, dentists, hospitals, and others to make sure people feel comfortable visiting them



We will make sure people get the support and information they need about health services



5) Parents and carers should have the help and support they need

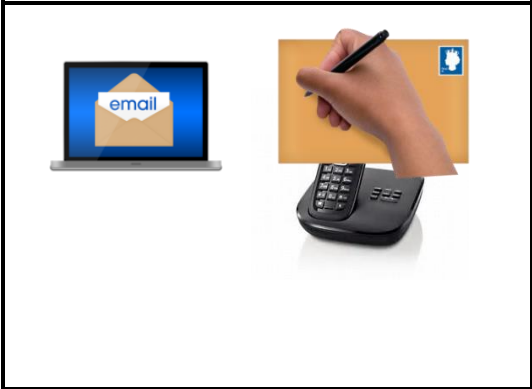


To do this we will make sure people know how we can help or show them where to get support



Next steps

Over the next 5 years we will be working with people with autism, their families and carers to make sure this plan happens



Tell us what you think

By email

autismstrategyconsultation@peterborough.gov.uk

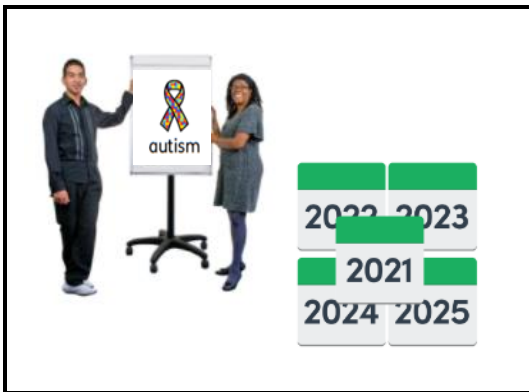
Write to
Janet Dullaghan

Questions for the draft All Age Autism Strategy



Do you understand why we have made a plan for people with autism?

Yes No



Is the plan for the next 5 years clear?

Yes
 No
 Prefer not to say



Can you think of anything that would make the plan better?



You can write your ideas in the next box. Or you can email us – contact details are at the end of this survey.

How the plan could be made better



Do you agree with what we said we want for people with autism?



We want people with autism to be accepted as individuals.

- Yes
- No
- Prefer not to say



We want them to be listened to and treated with respect.

- Yes
- No
- Prefer not to say



We want them to be understood and included in how services are developed.

- Yes
- No
- Prefer not to say



We want them to have the same chances as other people to reach their goals.

- Yes
- No
- Prefer not to say



We want them to be able to live independently if they want to.

- Yes
- No
- Prefer not to say



We want people to be able to work near where they live if they want to.

- Yes
- No
- Prefer not to say

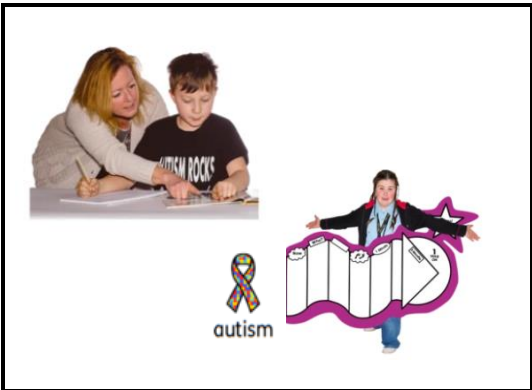


Do you agree with what we said were the 5 most important things to do and how we are going to do them?



1) People with autism should be supported by doctors, social workers and teachers who understand autism.

- Yes
- No
- Prefer not to say



2) People with autism should be identified as soon as possible. The pathway to do this should be clear, with help and support.

- Yes
- No
- Prefer not to say



3) Children with autism should have support to help them prepare for adulthood, including getting a job and a place to live.

- Yes
- No
- Prefer not to say



4) People with autism should have support to get the healthcare they need.

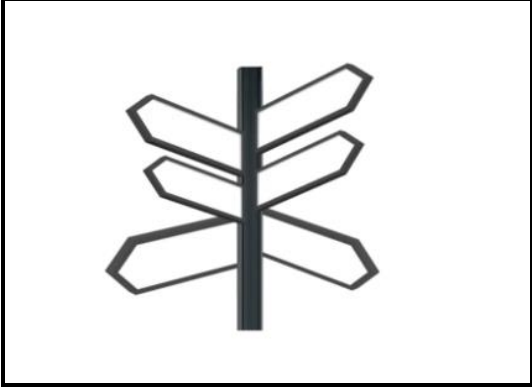


Doctors, dentists and hospitals should have autism training so that people feel comfortable visiting them.

- Yes
- No
- Prefer not to say

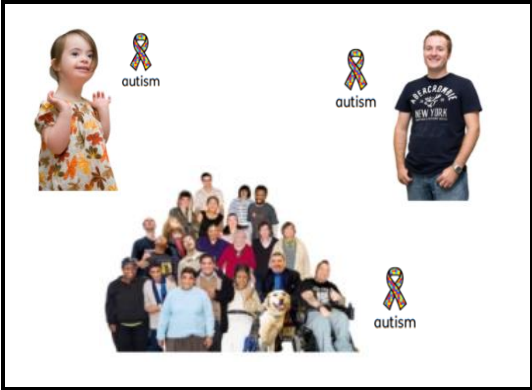


5) Parents and carers should have the help and support they need.



We need to make sure people know how and where to get support.

- Yes
- No
- Prefer not to say



Do you think saying 'Children, adults and people with autism' is OK?

- Yes
- No



Or is it better to say 'autistic people'?

- Yes
- No

Can you think of any other better words to use when talking about people who have autism?



Please tell us which of these applies to you.



- Parent or carer
- Professional
- Person with lived experience of autism
- Interested member of the public
- Prefer not to say



Please tell us how old you are

- Under 16
- 16 - 29
- 30 - 44



- 45 – 59
- 60 – 74
- 75 or over
- Prefer not to say

Please tell us what group you belong to:

[Add simple list of ethnic groups?]

Please tell us the first part of your postcode



Filling in this form will not tell us who you are or anything else about you.



You can email us if you want to tell us anything about your experience of autism.

autismstrategyconsultation@peterborough.gov.uk

Write to

Janet Dullaghan

This page is intentionally left blank

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
21 SEPTEMBER 2021	PUBLIC REPORT

Report of: Jessica Bawden,	Director of Primary Care, Medicines Optimisation & Out of Hospital Urgent & Emergency Care Collaborative Cambridgeshire & Peterborough Clinical Commissioning Group
----------------------------	--

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

RECOMMENDATIONS

It is recommended that the Adults and Health Scrutiny Committee notes the contents of the Primary Care update.
--

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee following a request made to the CCG at the Group representatives meetings on 20 July 2021.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to update the committee on access to Primary care services during the COVID-19 pandemic.

This report is being presented following a request made to the CCG during the Group representatives meeting on 20 July 2021.

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

3. Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

The CCG have provided answers below to the five questions specifically requested by the Committee. Please see sections 3.1 – 3.5.

In addition, the CCG wants to update the Committee on the Oundle Surgery transition to Northamptonshire ICS and changes for two GP Contracts in the Peterborough area.

Lakeside Oundle

Earlier this year, Ministers asked NHS England to set out options for boundary alignment in integrated care systems in specific geographies where upper-tier local authorities currently have to work across more than one Integrated Care System (ICS) footprint and to assess the impact of changes to deliver alignment in each case. Over the last six months NHS England has worked with stakeholders to develop advice and analysis for each of the affected areas to inform the final decision.

This work has now concluded, and on the 21 July 2021 the Minister of State for Health issued a Parliamentary Statement setting out the final decision that has been taken for the areas in scope of the review. The statement can be viewed at:

<https://questions-statements.parliament.uk/written-statements/detail/2021-07-22/hcws248>

Following this review, the Secretary of State has concluded that the decision has been taken to move the Lakeside Healthcare GP practice at Oundle into Northamptonshire ICS and retain the Wansford and Kings Cliffe GP practice in Cambridgeshire and Peterborough ICS. Royston in Hertfordshire will also remain in the Cambridgeshire and Peterborough ICS.

To support the smooth transition of Oundle Surgery into the Northamptonshire ICS by 1 April 2022, C&P CCG in collaboration with Northampton CCG have set up a joint ICS Transition Assurance Group with membership from C&P and Northampton CCGs, NHSEI and Oundle Surgery with oversight from the CCG Accountable Officers who will meet regularly and work collaboratively to develop and implement the transition plan ensuring that the impact on the Practice, its workforce and its registered population and any associated risks are managed effectively.

The Willow Tree and Botolph Bridge Surgeries

NHS Arden and Greater East Midlands (Arden Gem) Commissioning Support Unit on behalf of NHS England and NHS Improvement (NHSE&I) – East of England and NHS Cambridgeshire and Peterborough Clinical Commissioning Group (C&PCCG) under fully delegated Commissioning arrangements invited suitably qualified and experienced providers to deliver Primary Care Medical Services for:

- Lot 1 St Neots Health Centre including a Local Enhanced Service for the Walk in Centre in Cambridgeshire
- Lot 2 The Willow Tree Surgery (Peterborough Partnerships PCN)
- Lot 3 Botolph Bridge Community Health Centre (Peterborough Partnerships PCN).

The contracts for all three lots are for seven years with the option to extend for a further three years. All contracts are to run under the NHS Alternative Provider Medical Services Contract 2020 which initially was due to start 1 October 2021, a delay to award means this was extended by the Committee by two months to 1 December 2021.

The procurement process has now concluded and, following a 10-day standstill period, the contract awards have been finalised and the bidders notified. The mobilisation period will now commence.

The successful bidders are confirmed as follows:

- Lot 1 St Neots Health Centre including a Local Enhanced Service for the Walk in Centre in Cambridgeshire: One Medicare One Primary Care.
- Lot 2 The Willow Tree Surgery (Peterborough Partnerships PCN): Malling Health.
- Lot 3 Botolph Bridge Community Health Centre (Peterborough Partnerships PCN): Malling Health.

As the standstill period has just completed, the CCG will be ensuring that this is communicated widely and has put in place a mobilisation team to ensure the smooth transition of services to the new contract providers.

3.1 Access to Primary Care throughout the pandemic, supported by data, if possible, on how many appointments have been delivered either by phone, video call or face to face.

There has been a 12.5% increase in all appointment types over a 2 two-year period (from Quarter 1 in 2019 to Quarter 1 in 2021), with an additional 46,344 appointments being undertaken within the five Primary Care Networks across the Peterborough area.

Table 1 shows the total number of appointments delivered to patients during core hours, via face to face, telephone, video or online, for the five Primary Care Networks serving the Peterborough area, over the last two years.

Table 1

	Q1 2019/2020	Q2 2019/2020	Q3 2019/2020	Q4 2019/2020	Q1 2020/2021	Q2 2020/2021	Q3 2020/2021	Q4 2020/2021	Q1 2021/2022
Octagon PCN	114639	134923	141623	137461	102339	124767	131177	127685	128620
BMC Paston PCN	56191	57048	60112	59852	45736	53810	60225	55483	55058
South Peterborough PCN	119002	123076	130083	124330	90425	117521	122804	120741	126648
Peterborough Partnerships PCN	38572	43582	45739	47056	34277	43711	44376	40917	45824
Central and Thistle Moor PCN	41146	42021	46518	46156	39765	49040	55680	56636	59744
Total	369550	400650	424075	414855	312542	388849	414262	401462	415894

In addition to in core hours' appointments, Greater Peterborough Network (GPN) has continued to deliver Extended Access appointments (Appendices: Tables 2, 3 & 4), offering pre-bookable and same day appointments 365 days a year in evenings and weekends. During Covid-19 the primary care model changed in line with National guidance scheduling most GP appointments to telephone and video appointments for clinical triage and converting to face to face appointments at their two Hub sites (Peterborough City and Wisbech) where clinically appropriate, ensuring patient access remains a priority and good patient service is delivered whilst maintaining safe practice. Nurse and Health Care Assistant appointments remained face-to face, following screening.

In addition, GPN continued to offer their Home Visiting Service for housebound patients, which saw an increase in use due to patients requiring to shield if deemed Clinically Extremely Vulnerable.

3.2

Details of Plans to return to more face to face, or 'normal service' as it was termed by the committee representatives or details of how Primary care will cope with upsurge in demand

Workforce remains a key priority with retention and recruitment being central to this. Many practices continue with offering their patients a telephone or online triage appointment in the first instance, which if clinically appropriate or requested by the patient will be converted to a face-to-face appointment as necessary.

Demand for General Practice appointments remains exceptionally high and reflects patients' needs and demand across the health and care system. Operating triage first remote appointments has allowed healthcare practitioners who have been 'pinged' to self-isolate to continue working and serving their patients from the quarantine of their home. In addition, it has helped the patient get to the right clinician for their presenting problem.

Many measures have been mobilised and prioritised to ease the pressures on General Practice, with the following:

1. Investment in additional appointments for patients who require on the day urgent consultation through the CCGs investment in Surge Hub capacity (see Table 5).
2. Increasing the utilisation of Extended Access for evening and weekend appointments by better patient communication and contractually reviewing the Federations KPIs.

3. Greater Peterborough Network (GPN) Federation (in agreement with Cambridge GPN (CGPN) and West Cambs Federation (WCF) holds the contract for the for the provision of primary care development, retention, and training via the Training Hub for the primary care workforce across our STP footprint. Significant investment has been allocated to several initiatives to ease workload and workforce pressures:
 - GP Flexible Staff Pool, a 'Bank' of locum GPs that can be booked for individual practices as and when required.
 - The recruitment of specialist trainers for increasing places for medical/nursing and other allied health professionals to receive training places in General Practice.
 - Retaining newly qualified GPs and GPNs by offering them Fellowships, which includes mentoring, group supervision. This initiative helps attract newly qualified GPs stay within Cambridgeshire & Peterborough.
 - GP retainer scheme.
 - International GP recruitment and Tier 2 visa sponsorship.
4. The CCG recognises the need to consider extending the Surge Hub facility beyond the end of September, creating additional on the day urgent appointments. A business case detailing additional funding is being presented to the Governing Body.
5. Further investment has been made available to procure further Interpreting and Translation Services for both spoken and non-spoken. This reduces the inequalities that our deaf patients experience with accessing General Practice.
6. In order to sustain better quality General Practice, we have procured longer term (7 + 3 year) APMS contracts for both Botolph Bridge and The Willow Tree Surgery, this will enable successful contractors to invest over the longer term, creating better capacity, larger workforce and higher quality services.

3.3 **How primary care supports early diagnosis of Long Term Condition (LTC), or other life-threatening conditions so early diagnosis is not missed, or people, are supported with their LTC?**

Greater Peterborough Network's (GPN) Home Visiting Service meant patients requiring diagnostic tests for vulnerable patients with Long Term Conditions (LTCs), were able to be supported and clinically managed at home.

Investment has been made by NHSEI to support patients who are experiencing Post COVID symptoms that can be managed in General Practice or referred to more specialist support in secondary care.

One significant contributory factor with patients living with Long Term Conditions is obesity. Therefore, additional resources have been made to practices helping target appropriate patients to weight management groups.

All practices in Peterborough and surrounding PCNs have signed up both these enhanced services (except for Hampton for Long COVID).

Increasing the workforce within General Practice has been prioritised by Government, and significant financial support has been given to Primary Care Networks to recruit and employ many additional clinical roles, not traditionally seen in General Practice. The PCNs across Peterborough have recruited or in the planning stage to recruit to the following:

Role	Actual WTE	Planned WTE
Pharmacy Technician	1.6	5.6
Clinical Pharmacists	15	4.5
Advance Practitioner (CP)	0	1
First Contact Physiotherapists	4.3	2.7
Occupational Therapists	0	1
Paramedics	1	3.2

Advanced Practitioners (Paramedic)	0	0.8
Physician Associates	2	1
Care Coordinators	9.2	9.9
Health & Wellbeing Coaches	12.5	0.8
Social Prescribing Link Workers	8.6	5.8
Trainee Nursing Associates	0	4.8
Total:	54.2	41.1

The CCG is investing in Diagnostics Hubs to focus on getting patients the screening and scanning often so crucial in early detection of life limiting illness and LTCs. The plans include both static centres and a mobile diagnostic truck, that can travel between practices/PCNs and hook up to purpose build 'Access Pads'. This service will allow for better population coverage and services closer to patients' homes.

3.4 **How will staffing be managed in relation to self-isolation and sickness, whether due to COVID-19, other illness, stress, and anxiety. With particular emphasis on the latter?**

From 1st July 2021 a new Enhanced Primary Care Occupational Health (OH) Pilot, funded by NHS England, was launched in Cambridgeshire & Peterborough aimed at addressing the significant variance in provision and quality of access to commissioned OH services across Primary Care. The service, provided by Optima Health, has been offered to all General Practices, 3 GP Federations and 65 Independent/ small Community Pharmacies across the system (approximately 3,800 staff). Supporting the workforce throughout their employment journey the OH service provides Pre-employment screening and Immunisations where required, to those entering Primary Care to ensure fitness for the role. Once in post, guidance can be sought by referring managers to support staff, including those with mental health issues, remain or return to the workplace. For those that have suffered the anxiety of a needlestick injury, OH also provides a Sharps telephone line to give guidance and support to staff and managers using their Blood Borne Viruses procedure.

Providing a self-referral element, an Employee Assistance Programme (EAP) and Wellbeing app both accessible 24/7, is available within the pilot. The EAP allows access to a team of trained wellbeing and counselling practitioners offering confidential independent information and guidance on a range of issues. Following an initial telephone assessment, a number of 1:1 counselling sessions can be arranged to support staff on a wide range of issues including stress and anxiety. The Wellbeing app, Optimise, is an intuitive online system with a collection of mental, physical and financial health checks and provides a variety of resources to support staff look after their mental and physical health.

The enhancement to the pilot project includes a Human Resources helpline for Practice Managers and Community Pharmacy leads. The launch of the HR service will commence upon the recruitment of a HR Business Partner and will provide guidance and best practice on employment related matters to reflect the NHS commitment to the workforce within the People Plan.

Embedded in the wider Cambridgeshire & Peterborough system offer to enhance wellbeing of staff, the pilot links with the Health, Safety, Wellbeing Group, and works collaboratively with the Staff Support Hub sharing resources and funding. The Staff Support Hub complements the comprehensive health and wellbeing support already offered by the OH Pilot and links with psychological and mental health services in the system to support fast access.

Staff Mental Health and Wellbeing Hubs

In response to the pandemic, mental health and wellbeing hubs have been set up to provide staff rapid access to evidence-based mental health support where needed. The hub offer is confidential and is free for all health and social care staff in England to access.

The hubs can offer a clinical assessment and referral to local services, such as talking therapy or counselling. You can self-refer or refer a colleague (with their consent).

For further details go to [the NHS.UK Mental Health and Wellbeing Hubs webpage](#). Doctors, dentists and senior leaders can also [self-refer to the Practitioner Health service](#).

3.5 **How primary care can improve capacity to support Urgent and Emergency Care (UEC) services especially around current service levels.**

Since December 2020, GPN has been running Surge Hub Capacity to provide additional support for General Practice where it is struggling to cope with on the day demand. Hubs operating Monday to Friday from 1400 to 1900, giving practices benefit of additional capacity in the afternoons to deal with on the day demand accumulated each morning. This service was designed to alleviate some of the pressures on ED at Peterborough Hospital too, by offering appointments beyond General Practices' core hour, with Friday afternoons being open for bookable appointments of Saturday.

Greater Peterborough Network (GPN) – 2 hubs, one in Peterborough and the other in Wisbech – 134 additional hours per week provided for Peterborough and Wisbech populations.

KPI Description	Greater Peterborough Network	West Cambs Federation	Cambridge GP Network
Clinical hours provided	4,244	2,229	4,220
Same day appointments provided (total)	16,501	7,377	12,268
Face to Face Appointments provided (total/%)	7,989 (48%)	627 (8%)	4,883 (39%)
Virtual Appointments (online/video/telephone) provided (total/%)	8,513 (52%)	6,750 (92%)	7,385 (61%)
GP Clinical Time Utilisation (%)	97.7%	99.2%	98.6%
Average service utilisation rate including DNAs (Jul 21 average)	89.4%	100.0%	87.9%
Average service utilisation rate excluding DNAs (Jul 21 average)	93.2%	99.1%	89.9%
Utilisation of ring-fenced slots (Face to Face slots saved for telephone follow-ups)	35.2%	33.0%	36.3%

4. **REASON FOR THE RECOMMENDATION**

4.1 The Scrutiny Committee is asked to note the contents of this report, specifically answering the questions posed by the Committee.

5. **IMPLICATIONS**

5.1 **Financial Implications**

The financial spend for delivering General Practice is within our delegated and discretionary CCG Budget.

5.2 **Equalities Implications**

Providing a mix of appointments in core hours, evening and weekend appointments allows for patients to access healthcare at a time that suits them, this specifically helps those on zero hour contracts, who cannot afford to take leave from work to attend appointments.

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
21 SEPTEMBER 2021	PUBLIC REPORT

Report of:	Jan Thomas, Chief Executive Officer, Cambridgeshire and Peterborough Clinical Commissioning Group	
Contact Officer:	Kit Connick, Director of Strategy & Planning	

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

RECOMMENDATIONS
It is recommended that the Peterborough Adults and Health Committee note the progress of the developing Integrated Care System (ICS).

1. ORIGIN OF REPORT

1.1 This report is submitted to The Peterborough Adults and Health Committee following a request from the Chair at the Group Reps meeting on 20 July 2021.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide information requested by the Committee at its Group Representatives meeting on 20 July 2021.

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

3. Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

3.1 **Integrated Care Systems**, also known as ICSs, are new partnerships between organisations that support the health and wellbeing of local communities. Partners include the NHS and local councils alongside voluntary, community and social enterprise sector organisations.

These partners have a responsibility to coordinate services and plan health and care in a way that improves population health and reduces inequalities between different groups.

The NHS Long Term Plan committed to delivering ICS's across England by April 2021, to build on the lessons learnt and good work carried out by Sustainability and Transformation Partnerships (STPs), Clinical Commissioning Groups (CCGs) and by vanguard areas.

An ICS for Cambridgeshire and Peterborough was confirmed in April 2021 and will operate in shadow form in this financial year before becoming fully operational from April 2022.

3.2 **Organisations that form part of the ICS** include all NHS Trusts and organisations, Local Authorities and key voluntary sector partners.

In our area this includes:

- **Two upper tier local authorities:** Cambridgeshire County Council and Peterborough City Council
- **Five district councils:** Cambridge City Council, East Cambridgeshire District Council, South Cambridgeshire District Council, Fenland District Council, and Huntingdonshire District Council
- **Three hospital providers:** North West Anglia NHS Foundation Trust (NWAFT), Cambridge University Hospitals NHS Foundation Trust (CUH) and Royal Papworth Hospital NHS Foundation Trust (RPH)
- **Two community providers:** Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and Cambridgeshire Community Services NHS Foundation Trust (CCS)
- East of England Ambulance Service NHS Foundation Trust (EEAST)
- 85 GP practices
- Cambridgeshire Local Medical Committee
- Healthwatch Cambridgeshire and Peterborough
- The Cambridgeshire and Peterborough Health and Wellbeing Board

Other partners including parish councils as well as voluntary, hospices, community, and faith organisations.

3.3 Our proposed ICS delivery infrastructure

Integrated Care System

- The ICS will take a bird's eye view of the challenges and health and social care needs across Cambridgeshire and Peterborough. It will determine distribution of financial and other resources to meet those needs.
- The Cambridgeshire and Peterborough CCG will transition to deliver an ICS strategic commissioning function, with devolution of relevant functions to the ICPs and other provider collaboratives. The ICS SC will commission some specialist services and agree outcomes for each ICP

Integrated Care Partnership

- ICPs are partnerships at the place-level, serving populations of approximately 500,000 people, that works to address wider determinants of health to improve health outcomes
- Two integrated Care Partnerships will be developed in Cambridgeshire and Peterborough, building on the work of the North and South Alliances. Additional provider collaboratives for Children and Young people and Mental health will also be developed.

Integrated Neighbourhoods

- With GPs at the core. Ins serve populations of 30,000 to 50,000. They will be enabled by new contracts, which support delivery of Primary care at neighbourhood level.
- The 21 Primary care Networks (PCNs) in Cambridgeshire and Peterborough will mature into Ins, building partnerships to integrate all health and care services within their communities.

3.4 To facilitate the integration of care and provision of services closer to home, we have established:

21 Primary Care Networks (PCNs), which will require additional support to progress into **21 Integrated Neighbourhoods (INs)**.

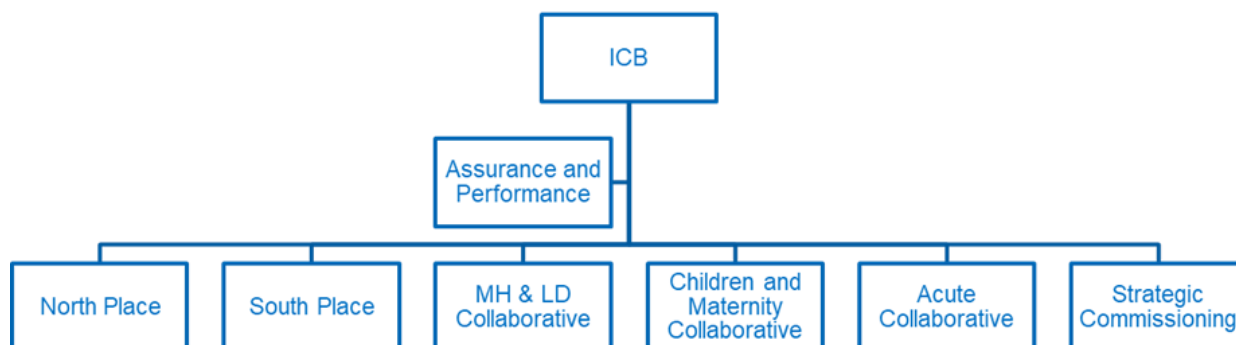
Our two place-based **Integrated Care Partnerships (ICPs)** will further integrate health and care services and build on the success of the two Alliances. These ICPs are based on the footprints of our two acute providers in the north and south, co-led by primary and secondary care.

Vertical provider collaboratives at place, underpinned by six key principles:

- Evidence-based responding to local need and inequalities
- Embed co-production with patients and families
- Integration of pathways to improve care and outcomes
- Collaboration and joint accountability
- Flexible Commissioning Arrangements
- Sustainability through realignment of existing resources

Horizontal provider collaboratives – three across the Cambridgeshire and Peterborough system:

- System-wide **Mental Health and Learning Disabilities** collaborative
- System-wide **Children and Maternity** collaborative
- **Acute care** collaborative for NHS acute providers



3.5 Our ICS goals and key priorities

1. Care closer to home
2. Personalised care
3. Data-driven

	Addressing health inequalities	Ensuring everyone in our local area has the same opportunities to live a long and healthy life
	Creating new opportunities to access support	Using digital and technology to provide everyone with access to information, support and treatments
	Shaping the services	Giving local people the opportunity to shape the services that meet their needs, now and in the future
	Deliver world-class services	Taking local research and turning it into world class services for the benefit of the local people

3.6 Developing Place and Locality

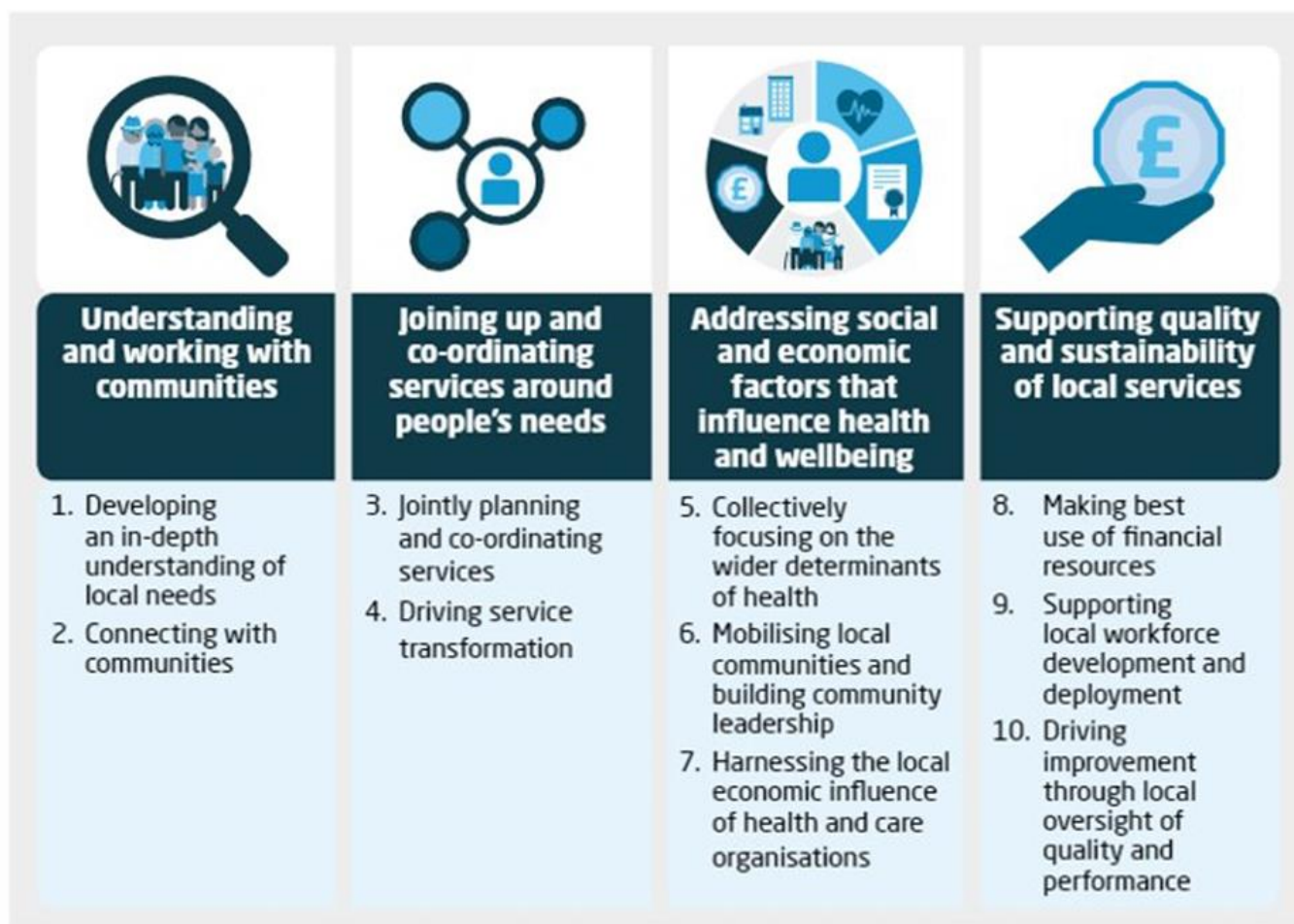
We are developing two **Integrated Care Partnerships (ICPs)** in Cambridgeshire and Peterborough, building on existing work in the Alliances and informed by local priorities and using successful practice to guide this work.

There are eight principles to guide the development of our place-based partnerships:

1. Start from purpose, with a shared local vision
2. Build a new relationship with communities
3. Invest in building multi-agency partnerships
4. Build up from what already exists locally
5. Focus on relationships between systems, places and neighbourhoods
6. Nurture joined-up resource management
7. Strengthen the role of providers at place

8. Embed effective place-based leadership

Key functions of place-based partnerships



Source: The Kings Fund

We are:

- Building a full picture of the functions that are currently commissioned and provided across Cambridgeshire and Peterborough
- Collating details of existing service types, commissioners and contract values for care provided by NHS and LA
- Developing and implementing plans to streamline commissioning and develop our Integrated Care Partnership (ICPs), so budgets can be managed closer to the population
- Agreeing guiding principles/framework for determining what functions and services will be commissioned and delivered at which level (ICS, Integrated Care Partnership, Collaborative, Neighbourhood)
- Seeking to agree where the responsibility for these functions will sit in the future
- Exploring some of the possibilities and barriers for transforming pathways under the current contractual and organisation structures.

3.7 What will this mean for our population?

- Creating a **seamless patient journey** and improving **patient experience**
- Greater working between the NHS, local authorities, and voluntary sector leaders will enable more opportunities to make shared decisions about how to best use resources collectively to improve the wider determinants of health in C&P and **improve outcomes for disadvantaged groups**
- Working together to redesign care around the needs of **communities** to improve **mental health**, building on our previous collaborations as an early implementor of community mental health services in Peterborough for example.

- Working together from beginning to end of patient pathways and standardise approaches to safeguarding, complaints, and infection prevention to **ensure patients receive high quality services regardless of where they are treated.**
- Our work towards a shared patient record means our patients will no longer need to repeat their story to different teams and will improve the quality of their care, because their full **needs will be better understood**
- As ill health has significant impacts on economic productivity, improvements in **health outcomes will translate to greater contributions to the local economy.**

3.8 ICS Transition Governance and Development



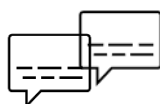
- Development of a Cambridgeshire and Peterborough ICS Constitution/Memorandum of Understanding
- Review of existing system Governance Structures



- Managing large scale change
- Training and development for staff to support system leadership behaviours
- Development of a system Workforce Strategy



- Review of legal requirements and statutory obligations from the Bill
- Transition arrangements to support ICS shadow arrangements from January 2022



- Review of our ICS vision, values and strategic objectives
- Development of Cambridgeshire and Peterborough ICS brand and ICS website
- Development of Cambridgeshire and Peterborough ICS Communications and Engagement Strategy

3.9 Key transition and transformation milestones

As part of the regional ICS Stocktake, we produced an overview of the ICS work in Cambridgeshire and Peterborough to date.

Our stocktake concluded that a number of important milestones have been achieved, including:

- We have agreed a vision through a strong engagement process. (The BIG Conversation, ICS)
- We have clear robust plans for recovery as well as ICS development.
- We have established a Transition Board that is underpinned by effective project management processes, with project leads and task and finish groups identified.
- Monthly progress reporting on our Development Plan has been put in place for the Partnership Board and we have an ICS Board Assurance Framework.
- The new System Oversight and Assurance Group (SOAG) went live in August and the Director of Assurance and Performance Improvement, a post shared with region started in July
- Commenced discussions about the future shape of the ICS and a proposal to radically transform the way we organise health and care services and work more closely with the VCSE sector and our communities

Delivery so far:

- Services are recovering across the ICS, with ordinary elective activity running at 85% of 2019/20 historical levels.
- Confirmation of funding as an “Earlier adopter” for community diagnostic hubs which supports diagnostic recovery.

- New digital referral service for ophthalmology patients to speed up referrals and provide a better patient experience.
- Progressing Urgent and Emergency Care (UEC) transformation through our UEC Collaborative. In July Peterborough Urgent Treatment Centre (UTC) relocated from City Care Centre to the Peterborough City Hospital site to create an integrated front door. The service is now open and operating.
- Significantly increased activity by practices and Primary Care Networks (PCNs): 18% increase on Primary Care appointments on pre-COVID-19 levels, almost 500,000 vaccines delivered in Primary Care, increased delivery of cervical smears with targeted approach.
- Delivery of 111 option 3 for palliative care patients in partnership with HUC and Arthur Rank Hospice.
- Enhanced Dementia Intensive Support Team, keeping a cohort of the most complex dementia patients at home or in existing placements and avoid unnecessary admissions to acute hospitals.
- Fast track system-wide Staff Mental Health Service that delivers rapid access multi-disciplinary mental health support for staff and funded by system partners: service has received 245 referrals (96% more than predicted).
- Established a Cambridge University Hospitals NHS Foundation Trust based Respiratory referral point for patients experiencing long-term effects of coronavirus (sometimes known as 'long COVID'), developed in partnership between acute and Primary Care and available to all patients across the system.
- Launched the ICS BIG Conversation to gather views on a proposed brand name and vision statement, and on the ICS's key priorities.
- Continue to support our ICS colleagues with specialist skills and capacity to improvement regional outcomes with COVID-19 and specialist services.

3.10 We have received notification from NHSE/I of their intention to **delegate some direct commissioning functions to Integrated Care Boards (ICBs).**

Giving **ICSs responsibility for direct commissioning** is a key enabler for integrating care and improving population health. It gives the flexibility to join up key pathways of care, leading to better outcomes and experiences for patients, and less bureaucracy and duplication for clinicians and other staff.

From **April 2022** ICBs will:

- assume delegated responsibility for primary medical services (currently delegated to all clinical commissioning groups [CCGs], and continuing to exclude Section 7A Public Health functions)
- be able to take on delegated responsibility for dental (primary, secondary and community), general ophthalmic services and pharmaceutical services (including dispensing doctors and dispensing appliance contractors)
- establish mechanisms to strengthen joint working between NHS England and NHS Improvement and ICSs, including through joint committees, across all areas of direct commissioning (in systems where they are not already delegated).

- 3.11 **The recruitment process for the role of ICB Chair** has started, with the position advertised on a number of national recruitment websites as well as being promoted through local communications routes.

Interviews will be held on 30 September with full engagement from system partners in the process.

The recruitment process for the ICB Chair Accountable Officer is also out to advert, with interviews scheduled for 25 October 2021. This recruitment will be followed by other statutory ICS roles such as Medical Director, Finance Director and Chief Nurse.

4. **REASON FOR THE RECOMMENDATION**

- 4.1 Update report requested by the member of the committee at the group representatives meeting on 20 July 2021.

5. **LEGAL IMPLICATIONS**

5.1 **Health and Care Bill 2021-22**

First and second reading in the House of Commons have been completed.

Focus on collaboration, confirmation of a wider Integrated Care Partnership that brings together local NHS and local government to deliver joined up care for local populations.

The Health and Social Care Bill will:

- Make the legal framework easier to work together.
- Reduce unnecessary bureaucracy; and
- Ensure the system is able to respond to changing needs in the years to come.

Key measures from the Bill include:

- Health and care services planned around patients' needs.
- Quick implementation of innovative solutions to problems which would normally take years to fix e.g., moving services out of hospitals and into the community, focusing on preventative healthcare.
- A loosened procurement regime for the NHS and public health procurement to reduce bureaucracy and reduce the need for competitive tendering where it adds limited or no value.
- Measures to address health inequalities, such as obesity and improving oral health with new public health requirements on food and drink packaging and advertising of junk food pre-9pm watershed.
- Increased Department of Health and Social Care oversight.

6. **APPENDICES**

None

This page is intentionally left blank

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
21 SEPTEMBER 2021	PUBLIC REPORT

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

MONITORING SCRUTINY RECOMMENDATIONS
--

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

1. ORIGIN OF REPORT

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

2. PURPOSE AND REASON FOR REPORT

- 2.1 The report enables the Scrutiny Committee to monitor and track progress of recommendations made to the Executive or Officers at previous meetings.
- 2.2 This report is for the Adults and Health Scrutiny Committee to consider under its Terms of Reference No. *Part 3, Section 4 - Overview and Scrutiny Functions, paragraph 3.3:*

The Scrutiny Committees will:

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

3. **TIMESCALES**

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

4. **BACKGROUND AND KEY ISSUES**

4.1 Appendix 1 of the report sets out the recommendations made to Cabinet Members or Officers at previous meetings of the Scrutiny Committee. It also contains summaries of any action taken by Cabinet Members or Officers in response to the recommendations.

4.2 The progress status for each recommendation is indicated and if the Scrutiny Committee confirms acceptance of the items marked as completed, they will be removed from the list. In cases where action on the recommendation is outstanding or the Committee does not accept the matter has been adequately completed it will be kept on the list and reported back to the next meeting of the Committee. It will remain on the list until such time as the Committee accepts the recommendation as completed.

5. **ANTICIPATED OUTCOMES OR IMPACT**

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

6. **REASON FOR THE RECOMMENDATION**

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

7. **BACKGROUND DOCUMENTS**

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

7.1 Minutes of the Adults and Health Scrutiny Committee meeting held on 13 July 2021.

8. **APPENDICES**

8.1 Appendix 1 – Recommendations Monitoring Report

RECOMMENDATION MONITORING REPORT 2021/22

ADULTS AND HEALTH SCRUTINY COMMITTEE

Updated: 27 August 2021

Meeting date	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
13 JULY 2021					
	<p>Director of Adult Social Care, Charlotte Black</p>	<p>ADULT SOCIAL CARE RECOVERY PLAN UPDATE</p>	<p>1. The Adults and Health Scrutiny Committee considered the report and RECOMMENDED that the Director of Adult Social Care conduct some analysis and modelling based on the WHO (what, how and outcome) principle in relation to the Adult Social Care system to look at what is causing the complexities and blockages, how they could be resolved, what is the desired outcome and when could any improvements and changes be implemented.</p>	<p>Response From the Director of Adult Social Care:</p> <p><i>The Adult Social Care Recovery Plan is describing the health and social care system and broader public services and acknowledges that the system is complex and is sometimes impenetrable. The paper also goes on to describe the work on Think Communities and the development of an Integrated Care System as the solution. In Peterborough the North Alliance is operating as an Integrated Care Partnership and undertaking work to address these issues. This is a long term piece of work that the Committee will receive regular reports on. In addition, work is taking place in Adult Social Care to review the ‘customer journey’ and how we can improve Adult Social Care from the customer viewpoint. Officers note the recommendation to adopt the WHO principles but do not think there is a</i></p>	<p>Complete</p>

				<p><i>need for any further principles to be adopted at this stage as the work described to develop an ICS and the Think Communities approach is already informed by a clear set of principles that have been agreed with partners.</i></p>	
			<p>2. The Adults and Health Scrutiny Committee RECOMMENDED that the Chair write to the local MP's requesting that they lobby central Government to push for greater devolved powers and funding for Peterborough.</p>	<p>Response from the Chair:</p> <p><i>Having discussed this recommendation with the Director of Adult Social Care and the Cabinet Member for Adult Social Care, Health and Public Health the Chair was advised that PCC was in regular contact with central government about the funding position for the Council and in regular dialogue about how this could be improved. The Chair has therefore considered this recommendation and decided that a letter is not necessary at this moment in time as a result of these discussions. However, the Committee would continue to monitor the situation and if in time see no further evidence of this current work proving successful, would revisit this recommendation and agree a future course of action.</i></p>	Ongoing

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

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

FORWARD PLAN OF EXECUTIVE DECISIONS

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

1. ORIGIN OF REPORT

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

2. PURPOSE AND REASON FOR REPORT

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

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

The Scrutiny Committees will:

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

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

3. TIMESCALES

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

4. BACKGROUND AND KEY ISSUES

4.1 The latest version of the Forward Plan of Executive Decisions is attached at Appendix 1. The

Forward Plan contains those Executive Decisions which the Leader of the Council believes that the Cabinet or individual Cabinet Member(s) can take and any new key decisions to be taken after 11 October 2021.

4.2 The information in the Forward Plan of Executive Decisions provides the Committee with the opportunity of considering whether it wishes to seek to influence any of these executive decisions, or to request further information.

4.3 If the Committee wished to examine any of the executive decisions, consideration would need to be given as to how this could be accommodated within the work programme.

4.4 As the Forward Plan is published fortnightly any version of the Forward Plan published after dispatch of this agenda will be tabled at the meeting.

5. CONSULTATION

5.1 Details of any consultation on individual decisions are contained within the Forward Plan of Executive Decisions.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 After consideration of the Forward Plan of Executive Decisions the Committee may request further information on any Executive Decision that falls within the remit of the Committee.

7. REASON FOR THE RECOMMENDATION

7.1 The report presented allows the Committee to fulfil the requirement to scrutinise Key Decisions which the Executive is planning to take, as set out in the Forward Plan of Executive Decisions in accordance with their terms of reference as set out in Part 3, Section 4 - Overview and Scrutiny Functions, paragraph 3.3.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 N/A

9. IMPLICATIONS

Financial Implications

9.1 N/A

Legal Implications

9.2 N/A

10. BACKGROUND DOCUMENTS

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

10.1 None

11. APPENDICES

11.1 Appendix 1 – Forward Plan of Executive Decisions

PETERBOROUGH CITY COUNCIL'S FORWARD PLAN OF EXECUTIVE DECISIONS

PUBLISHED: 10 SEPTEMBER 2021

FORWARD PLAN

PART 1 – KEY DECISIONS

In the period commencing 28 clear days after the date of publication of this Plan, Peterborough City Council's Executive intends to take 'key decisions' on the issues set out below in **Part 1**. Key decisions relate to those executive decisions which are likely to result in the Council spending or saving money in excess of £500,000 and/or have a significant impact on two or more wards in Peterborough.

If the decision is to be taken by an individual Cabinet Member, the name of the Cabinet Member is shown against the decision, in addition to details of the Councillor's portfolio. If the decision is to be taken by the Cabinet, this too is shown against the decision and its members are as listed below:
Cllr Fitzgerald (Leader of the Council), Cllr Steve Allen (Deputy Leader); Cllr Ayres; Cllr Cereste; Cllr Hiller; Cllr Walsh; Cllr Coles and Cllr Simons.

This Plan should be seen as an outline of the proposed decisions for the forthcoming month and it will be updated on a fortnightly basis to reflect new key-decisions. Each new Plan supersedes the previous Plan and items may be carried over into forthcoming Plans. Any questions on specific issues included on the Plan should be included on the form which appears at the back of the Plan and submitted to philippa.turvey@peterborough.gov.uk, Democratic and Constitutional Services Manager, Legal and Governance Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388039). Alternatively, you can submit your views via e-mail to or by telephone on 01733 452460. For each decision a public report will be available from the Democratic Services Team one week before the decision is taken.

PART 2 – NOTICE OF INTENTION TO TAKE DECISION IN PRIVATE

Whilst the majority of the Executive's business at the Cabinet meetings listed in this Plan will be open to the public and media organisations to attend, there will be some business to be considered that contains, for example, confidential, commercially sensitive or personal information. In these circumstances the meeting may be held in private, and on the rare occasion this applies, notice will be given within **Part 2** of this document, 'notice of intention to hold meeting in private'. A further formal notice of the intention to hold the meeting, or part of it, in private, will also be given 28 clear days in advance of any private meeting in accordance with The Local Authorities (Executive Arrangements) Meetings and Access to Information) (England) Regulations 2012.

The Council invites members of the public to attend any of the meetings at which these decisions will be discussed (unless a notice of intention to hold the meeting in private has been given).

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

For complete transparency relating to the work of the Executive, this Plan also includes an overview of non-key decisions to be taken by the Cabinet or individual Cabinet Members, these decisions are listed at **Part 3** and will be updated on a weekly basis.

You are entitled to view any documents listed on the Plan, or obtain extracts from any documents listed or subsequently submitted to the decision maker prior to the decision being made, subject to any restrictions on disclosure. There is no charge for viewing the documents, although charges may be made for photocopying or postage. Documents listed on the notice and relevant documents subsequently being submitted can be requested from Philippa Turvey, Democratic and Constitutional Services Manager, Legal and Governance Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388038), e-mail to philippa.turvey@peterborough.gov.uk or by telephone on 01733 452460.

All decisions will be posted on the Council's website: www.peterborough.gov.uk/executivedecisions. If you wish to make comments or representations regarding the 'key decisions' outlined in this Plan, please submit them to the Democratic and Constitutional Services Manager using the form attached. For your information, the contact details for the Council's various service departments are incorporated within this Plan.

PART 1 – FORWARD PLAN OF KEY DECISIONS

KEY DECISIONS FROM 11 OCTOBER 2021

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>To approve a delegated Partnership Agreement for procuring Appropriate Adult services and Reparation Services across Cambridgeshire and Peterborough – KEY/11OCT21/01 To approve a delegated partnership agreement giving Cambridgeshire County Council authority to procure and award Appropriate Adult (PACE) and Reparation service contracts for Cambridgeshire and Peterborough on Peterborough City Council's behalf.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University</p>	<p>October 2021</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Helen Andrews, Children's Commissioning Manager helen.andrews@cambridgeshire.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>Academy conversion of a maintained school – KEY/11OCT21/02 Delegation of Authority to negotiate and agree details of the Academy Conversion.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University</p>	<p>October 2021</p>	<p>Children and Education Scrutiny Committee</p>	<p>Werrington</p>	<p>Not applicable at this stage. As part of the DfE process school will have conducted required consultations.</p>	<p>Clare Buckingham, Strategic Education Place Planning Manager (CCC and PCC), clare.buckingham@cambridgeshire.gov.uk, 01223 699779</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>Appointment of Multidisciplinary Design Team for the Peterborough Museum Extension Project – KEY/11OCT21/05</p> <p>Confirmation will be required to appoint the Multi-disciplinary Design Team for the Peterborough Museum Extension. The design team will be procured via the Homes England Framework of Suppliers. The procurement process is currently underway with Expression of Interest Issued, overseen by Peterborough City Council Procurement Officer.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>October 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Procurement exercise managed by PCC Procurement team, published notice via Homes England Framework</p>	<p>Rebecca Close, Project Manager, rebecca.close@peterborough.gov.uk, 07813785953</p>	<p>CMDN will be prepared once procurement of project is completed recommending award.</p>

PREVIOUSLY ADVERTISED KEY DECISIONS

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>1. Disposal of freehold in Centre of the City - KEY/12JUN18/01 To delegate authority to the Corporate Director of Growth and Regeneration to sell the property</p>	<p>Councillor Coles, Cabinet Member for Finance</p>	<p>September 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders</p>	<p>Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 Email: Peter.carpenter@pe terborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>2. Adoption of the “Dynamic Purchasing System” (DPS) procedure for Public Health contracts with Primary Care providers – KEY/10DEC18/01 To seek the approval to adopt the “Dynamic Purchasing System” (DPS) procedure for contracts with Primary Care providers for the duration of up to five years. The proposals have been approved by the Cambridgeshire and Peterborough Joint Commissioning Board.</p>	<p>Councillor Walsh, Cabinet Member for Adult Social Care, Health & Public Health</p>	<p>September 2021</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Val Thomas, Consultant in Public Health Val.Thomas@cambridgeshire.gov.uk 01223 703264/ 07884 183374</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
3.	<p>Vehicle removal for Parking contravention – KEY/15APR19/02 To ask the Cabinet Member to approve the policy to implement a scheme to remove vehicles of persistent offenders in breach of parking restrictions in the City and to appoint the Local Authority Trading Company to act as the authorised agent of the policy.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>September 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Details of any consultation to be decided.</p> <p>Relevant internal and external stakeholders.</p>	<p>Adam Payton, PES Senior Officer, Parking Lead, 01733 452314 adam.payton@peterborough.gov.uk</p>	<p>Prevention and Enforcement Service Vehicle Removal For Parking Contraventions Policy and Guidance</p>
4.	<p>Contract for remedial works by PCC to the Stanground Bypass – KEY/2SEP19/02 To approve works to the Stanground bypass and authorise the associated package of work to be issued to Skanska Construction UK Limited under the Council's existing agreement with SKANSKA dated 18th September 2013 (the Highways Services Agreement).</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>September 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Stanground South and Hargate and Hempsted</p>	<p>Relevant internal and external stakeholders</p> <p>Standard consultation for highway schemes.</p>	<p>Charlotte Palmer, Group Manager – Transport and Environment, charlotte.palmer@peterborough.gov.uk</p>	<p>To be determined.</p>

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
5.	<p>Approval of funding for the provision of accommodation to reduce homelessness KEY/14OCT19/01 – Following Cabinet Decision JAN18/CAB/18 this is a new project to increase the supply of housing and address the demand for accommodation resulting from the increase in homelessness.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>September 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p> <p>The issues associated with homelessness in Peterborough have been subject to significant discussion in various forums, including the Council's Adults and Communities Scrutiny, Cabinet and Full Council</p>	<p>Peter Carpenter, Acting Corporate Director of Resources Email: peter.carpenter@peterborough.gov.uk Tel: 01733 452520</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published. The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>
6.	<p>Disposal of land at 7-23 London Road, Peterborough - KEY/06JAN20/01 Approval to dispose of surplus land to a registered provider for redevelopment to social housing The disposal will be conditional on a successful planning consent; the application has yet to be made.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>September 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders.</p>	<p>Tristram Hill, Strategic Asset Manager, Tel: 07849 079787 Email: tristram.hill@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>There will be an exempt annex with details of the commercial transaction.</p>

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
7.	<p>The disposal of former playing fields at Angus Court, Westown, Peterborough - KEY/06JAN20/02</p> <p>Approval to dispose of former playing fields and Angus Court</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>September 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>West</p>	<p>A number of consultation events for local residents have been held for both the proposed disposal of land at Angus Court and the creation of new facilities at Thorpe Lea Meadows. Planning approval was secured for the new facilities at Thorpe Lea Meadows. These works are now completed. Consultation and information events to discuss the Council's plans to dispose of land at Angus Court and the creation of a new public play area, were held at West Town Academy took place on 1 November 2018 and 7 March 2019</p>	<p>Tristram Hill, Strategic Asset Manager, Tel: 07849 079787 Email: tristram.hill@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
<p>8. Re-implementation of the Millfield, New England, Eastfield and Embankment Public Space Protection Order – KEY/11MAY20/01 The current PSPO for Millfield, New England, Eastfield and Embankment expires in July 2020. Orders can be extended for a further 3 years provided that they are reviewed and extended prior to the order expiring. This decision request will consider the enforcement levels of the current order carried out in the last 3 years, current crime and anti-social behaviour levels for the order area and the outcomes of the consultation with the public and interested parties.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>September 2021</p>	<p>Communities Scrutiny Committee</p>	<p>Central, North, Park and East Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>A consultation will be carried out with the Police & Crime Commissioner, Chief Constable, Ward Councillors, Key Interested Parties directly. A 28 day public consultation will be made available to the public and all other interested parties online on the council's website, with hard copies available on request.</p>	<p>Laura Kelsey, Senior Problem Solving Officer, T: 01733 453563 laura.kelsey@pet-erborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
9. Acquisition of a freehold commercial property in Peterborough City Centre – KEY/8JUN20/03 - Acquisition of a freehold property for a community hub.	Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments	September 2021	Growth, Environment and Resources Scrutiny Committee	Central	Relevant internal and external stakeholders.	Tristram Hill, Strategic Asset Manager, Tel: 07849 079787 Email: tristram.hill@peterborough.gov	The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).
10. Joint Cambridgeshire County Council and Peterborough City Council Transport Services DPS - KEY/7DEC20/01 - Joint Cambridgeshire County Council and Peterborough City Council Transport Services DPS for all Education and social care transport procurement.	Councillor Lynne Ayres, Cabinet Member for Children’s Services and Education, Skills and University	September 2021	Children and Education Scrutiny Committee	All Wards	Relevant internal and external stakeholders. Agreed at RIT Board and Joint Commissioning Board	Bryony Wolstenholme - Passenger Transport Operations Tel: 01733 317453 Email: bryony.wolstenholme@peterborough.gov.uk	Joint Commissioning Board decisions 25.08.2020/ RIT Board 19.02.2020

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
115	<p>Variation to the Council's Operational Services Agreement (Peterborough Serco Strategic Partnership Contract): Modification to scope of the PSSP Contract - KEY/7DEC20/02 - Variation to the Council's Operational Services Agreement (Peterborough Serco Strategic Partnership Contract): Modification to scope of the PSSP Contract - Business Transformation & Strategic Improvement Service Support element</p>	<p>Councillor Cereste, Cabinet Member for Digital Services and Transformation</p>	<p>September 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>N/A</p>	<p>Relevant internal and external stakeholders.</p>	<p>Christ Yates, Finance, 01733 452527, chris.yates@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
12.	<p>Mechanism selected for the supply of agency workers – KEY/21DEC20/02 – Options appraisal being undertaken for the Council's future supply of agency workers beyond expiry of the current contracts. This decision recommends the option that should be taken forward in the long term.</p>	<p>Councillor Cereste, Cabinet Member for Digital Services and Transformation</p>	<p>September 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>N/A</p>	<p>Legal, procurement, market analysis.</p>	<p>Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 Email: Peter.carpenter@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
<p>13. Procurement of 22 one bedroom flats for the accommodation of people who have previously been rough-sleepers – KEY/04JAN21/01 - The decision is to approve the use of £625K capital grant towards the purchase of 22 one bedroom flats. There is a further decision to approve borrowing of up to £1,675,000 from Public Works Loan Board towards the purchase of the 22 one bedroom flats.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>September 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All</p>	<p>Consultation with MHCLG and Homes England</p>	<p>Mohamed Hussein Interim Director of Housing: Needs and Supply, Tel:07866 474953, Email: mohamed.hussein@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
<p>14. Extension of the Delivery of Leisure and Cultural Services – KEY/15MAR21/02 Extension of the delivery of Cultural Services by City Culture Peterborough, and Leisure Services by Peterborough Limited for three years to rationalise and reorganise service delivery in light of the effects of COVID-19. The 3-year extension will give time to properly reorganise, and allow time for the culture and leisure sectors to rebuild in time for future delivery options to be explored from 2024, including direct provision, working with partners, the establishment of a cooperative delivery model, or a public tender exercise..</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>September 2021</p>	<p>Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Pete Carpenter, Corporate Director Resources, 01733 452520, Peter.Carpenter@Peterborough.Gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
<p>15. Bretton Court Redevelopment Scheme – KEY/15MAR21/04 1. Approve the surrender of the Council's lease for the ground floor retail units of Bretton Court dated 28th June 2019, subject to the conditions to set out below and to be formalised within the Deed of Surrender</p> <p>2. Approve the Council entering in to an Agreement for Lease for the ground floor retail units of the new development scheme at Bretton Court, subject to the terms set out below</p> <p>3. Subject to the terms of the above Agreement for Lease being satisfied, to approve the Council entering in to a New Lease or the ground floor retail units of the new development scheme at Bretton Court</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>September 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Bretton</p>	<p>Relevant internal and external stakeholders</p>	<p>Helen Harris, Senior Estates Surveyor, NPS Peterborough Email: helen.harris@nps.co.uk Tel: 01733 384534 Mobile: 07920 160181</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
16.	<p>Approval for application of Government funding for a heat network - KEY/29MAR21/02</p> <p>The Peterborough Integrated Renewables Infrastructure (PIRI) is designing a low carbon heat network for Peterborough. In order to develop the designs an application for Government Grant funding will be required and this decision is to provide approval for that application.</p>	<p>Councillor Simons, Cabinet Member for Waste, Street Scene and Environment</p>	<p>September 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All</p>	<p>Consultation have been undertaken with the engaged advisors</p>	<p>Elliot Smith - Commercial Manager; Energy, Infrastructure and Regeneration. Tel: 07506536565 Email; elliott.smith@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published. The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
17.	<p>PCC Homecare Framework – KEY/12APR21/02</p> <p>The extension of the PCC Homecare Framework for 12 months, plus delegated approval. Contract states three years, plus up to seven years, in 12 months increments. Due to be extended in September 2021, for 12 months.</p>	<p>Councillor Walsh, Cabinet Member for Adult Social Care, Health & Public Health</p>	<p>September 2021</p>	<p>Adults and Health Scrutiny Committee</p>	<p>West</p>	<p>Relevant internal and external stakeholders</p>	<p>Ruth Miller, 07795046754, ruth.miller@cambridgeshire.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>
18.	<p>64-68 Bridge Street, dilapidation works – KEY/26APR2021/02 –</p> <p>Approval to carry out dilapidations works at 64-68 Bridge Street, Peterborough.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>September 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders</p>	<p>Tristram Hill Strategic Asset Manager Tel: 07849 079787 Email: tristram.hill@nps.co.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
19.	Purchase of Home to School vehicles for Aragon Direct Services - KEY/26APR2021/07 - Purchase of Home to School vehicles for Aragon Direct Services including coaches and minibuses.	Councillor Simons, Cabinet Member for Waste, Street Scene and Environment	September 2021	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders	James Collingridge, Head of Environmental Partnerships, Tel: 01733864736, Email: james.collingridge@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
20. 1/21	Fleet Procurement - KEY/26APR2021/08 - Formal tender for various Fleet vehicles for Aragon Direct Services including areas such as Street Cleansing and Property Maintenance	Councillor Simons, Cabinet Member for Waste, Street Scene and Environment	September 2021	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders	James Collingridge, Head of Environmental Partnerships, Tel: 01733864736, Email: james.collingridge@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
24.	A1139 Safety Barrier - KEY/21JUN21/03 - To replace and upgrade the failing VRS along the central reservation and structures on the A1139.	Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments	September 2021	Growth, Environment and Resources Scrutiny Committee	Fletton, Stangr ound, Dogsth orpe and Hampt on	Social media and advanced warning signs	Leanne Bevilacqua Senior Engineer Email:leanne.bevilacqua@peterborough.gov.uk Tel: 07920 160 766	Budgets were added to the programme in 2019/20 via paper that went to CRG in December 2018 The Budget added was for 1.4m each year until 2023/24
25. 123	Community Alarm (Lifeline) Services: (i) delegation of function to Cambridgeshire County Council for new service users and; (ii) direct award for legacy service users – KEY/19JUL21/01 Community Alarm (Lifeline) Services: (i) delegation of function to Cambridgeshire County Council for new service users and; (ii) direct award for legacy service users.	Councillor Walsh, Cabinet Member for Adult Social Care, Health & Public Health	November 2021	Adults and Health Scrutiny Committee	All Wards	Procurement, Finance, Legal, Cambridgeshire County Council	Diana Mackay, Commissioner (Early Intervention & Prevention) Adult Services, Tel: 01223 715966, Diana.Mackay@cambridgeshire.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
26.	<p>Additional capital funding for Localised Resurfacing – KEY/19JUL21/02</p> <p>We already have approval for 5 years for £700k per annum of capital funding for localised resurfacing in lieu of revenue budget reductions. As from April 2021 in the MTFS a further £150k reduction to revenue budget was implemented with an additional £150k of capital funding. To synchronise with the previous decision which only has 3 years remaining, this decision will be for an additional £150k of funding for localised resurfacing for 3 years (2021/22 - 2023/24).</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>September 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>None required, part of MTFS</p>	<p>Kevin Ekins , 01733 453448, kevin.ekins@pete.rborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
124								
27.	<p>Culture Strategy - KEY/2AUG21/01 - To adopt the City's Culture Strategy - A culture board, steering group and smaller delivery groups will be set up to represent stakeholders from a variety of culture groups to scrutinise the actions and delivery from the strategy, its recommendations, visions and values and consultation processes.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>December 2021</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Consultation has been taking place for the past 6 months within the city, speaking with many cultural groups, faith groups, commercial organisations, culture and leisure operators, disability groups and voluntary groups.</p>	<p>Jamie Fenton - Partnership Manager, Culture, Sport and Leisure, Email: jamie.fenton@pete.rborough.gov.uk – Tel: 07976382756</p>	<p>Currently the documents are the visions and values paper and the emerging recommendations paper the consultant has produced, these will be shared with scrutiny on 05th July for an update to progress</p>

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

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
29.	<p>Capita Revenue & Benefits Academy system migration to cloud – KEY/30AUG21/01 -</p> <p>To approve the award of contract for the procurement of ICT cloud-based services from Capita UK Limited</p> <p>through to a Framework Agreement for the period 1st September 2021 to 31st August 2026 for a value of £630,000</p>	<p>Councillor Marco Cereste, Cabinet Member for Digital Services and Transformation</p>	<p>September 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Data has been gathered from the existing on premises system and been analysed by Capita to inform their proposal. Capita's proposal has been shared with internal stakeholders and Serco who process on behalf of the council. Feedback has been collated and sent back to Capita to allow them to amend their proposal and draft the contract</p>	<p>Jason Dalby, ICT Project Manager, Tel:07931 176848, Email: jason.dalby@peterborough.gov.uk</p>	<p>Project Brief, Business Case, Specification of Requirements, Capita proposal, data protection and climate impact assessments</p>
30.	<p>Ox-Cam Arc Spatial Framework Consultation - KEY/30AUG21/03 -</p> <p>Peterborough's response to the recent consultations released for Vision for the Arc Spatial Framework and Environmental Principles</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>October 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Richard Kay Head of Sustainable Growth Strategy Tel: 01733 863795 Email:Richard.kay@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>31. Anglia Ruskin University Peterborough - Next Steps-KEY/13SEP21/01 –</p> <p>1) Recommendation to Full Council to repurpose £1.9m PCC contribution to university enabling infrastructure in MTFS</p> <p>2) Enter the CPCA Getting Building Fund Grant agreement to provide a new surface car park supporting regional pool customer parking;</p> <p>3) In the event of LUF bid success, transfer LUF grant funding to PropCo1 and delegate authority to the Strategic Director for Place and Economy and the Corporate Director Resources and SC to complete the transfer on the receipt of funds</p> <p>4) In the event of LUF bid success, revise PCC's PropCo share allocation position up to reflect the Phase 3 LUF funding allocation</p> <p>5) In the event of LUF bid success, nominate the Corporate Director Resources as an additional PCC director to the PropCo Board with amended PCC voting rights</p> <p>6) In the event of LUF bid success, confirm PCC land transfer area for Phase 3 with accompanying independent valuation</p>	Cabinet	15 November 2021	Children and Education Scrutiny Committee	Central	CPCA and ARU have been consulted as university programme partners, otherwise internal stakeholders only	Emma Gee, Assistant Director, Growth & Regeneration, Tel: 07983 345184, Email: emma.gee@pet erborough.gov.u k	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE

KEY DECISIONS TO BE TAKEN IN PRIVATE

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

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

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

PREVIOUSLY ADVERTISED DECISIONS

<i>DECISION REQUIRED</i>		<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
130	<p>1. Disposal of former Barnack Primary School caretaker house - Delegate authority to the Corporate Director of Growth and Regeneration to dispose of the property.</p>	<p>Councillor Coles, Cabinet Member for Finance</p>	<p>September 2021</p>	<p>Growth, Environment & Resources Scrutiny Committee</p>	<p>NA</p>	<p>Relevant internal and external stakeholders.</p>	<p>Stuart Macdonald, Property Manager. Tel: 07715 802 489. Email: stuart.macdonald@peterborough.gov.uk Bill Tilah (Bill.Tilah@nps.co.uk)</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
2.	<p>Approval of the leasehold disposal of a brownfield site to a care provider – A site has been found for a care home and the Council are currently looking into a leasehold disposal to a care provider who will build a care facility and then contract to provide services to the Council.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>September 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Park Ward</p>	<p>Relevant internal and external stakeholders.</p> <p>A forum has been set up by the Combined Authority involving representatives from finance, legal, property and social care.</p>	<p>Tristram Hill - Strategic Asset Manager, 07849 079787, tristram.hill@nps.co.uk</p>	<p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>
3.	<p>Modern Slavery Statement To review and agree for publication an updated Statement in compliance with the Modern Slavery Act 2015.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>September 2021</p>	<p>Communities Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Rob Hill, Assistant Director: Public Protection, rob.hill@peterborough.gov.uk</p> <p>Amy Brown, Senior Lawyer and Deputy Monitoring Officer, Amy.brown@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
4.	Leisure Facility Options Appraisal - Cabinet Member approval to proceed with the development of a business case to test the viability of a new leisure facility in the city	Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities	September 2021	Communities Scrutiny Committee	N/A	None at this stage	Emma Gee Email: emma.gee@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>5. Variation to the delegation agreement between Peterborough City Council (PCC) and Cambridgeshire County Council (CCC) regarding the delivery of the Healthy Child Programme (HCP) across Peterborough and Cambridgeshire</p> <p>This decision seeks authorisation to vary the Delegation and Partnering agreement to account for the increase in the value of PCC financial contributions to CCC in respect of the Agenda for Change pay increase. Agenda for Change is a nationally agreed UK-wide package of pay, terms and conditions for NHS staff. Under this deal, which came into effect in 2018, was the agreement for all NHS staff employed at the top pay points at bands 2-8c were to receive a 6.5% cumulative pay increase over a 3 year period.</p>	<p>Councillor Walsh, Cabinet Member for Adult Social Care, Health & Public Health</p>	<p>September 2021</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Amy Hall, Children's Public Health Commissioning Manager, 07583040529</p>	<p>CMDN to authorise delegation of HCP commissioning functions from PCC to CCC - https://democracy.peterborough.gov.uk/mglssueHistoryHome.aspx?Id=22331&PlanId=395&RPID=0</p>

DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
6.	Selective Licensing of Private Rented Property - Approval to consult on Selective Licensing of Private Rented Property	Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities	September 2021	Communities Scrutiny Committee	All Wards	Minimum of 10 week public consultation with persons likely to be affected by the designation and consider any representations made in accordance with the consultation	Kerry Leishman, Head of Operations for Environmental Health & Licensing Tel: 01733 453502 Email: kerry.leishman@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
1347.	Joint PCC and CCC IT Service Management System To approve the procurement of a new joint Peterborough City Council [PCC] and Cambridgeshire County Council [CCC] IT Service Management [ITSM] system.	Councillor Cereste, Cabinet Member for Digital Services and Transformation	September 2021	Growth, Environment and Resources Scrutiny Committee	N/A	Relevant internal and external stakeholders. G-Cloud Procurement Process	Damian Roberts, Project Manager. T: 07485 594522 E: damian.roberts@peterborough.gov.uk	CMDN and PID

DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>8. Approval of the Peterborough Sufficiency Strategy Every top tier local authority is required to publish a sufficiency strategy. This must set out how we seek to avoid children coming into care through the provision of family support services, and identify steps that we are taking to ensure that we have sufficient placements for children in care in our area, so that as many children and young people in care can live locally, provided that this is in their best interests.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University</p>	<p>October 2021</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>There has been widespread consultation including with children and young people in care.</p>	<p>Lou Williams: Director of Children's Services, 07920160141, lou.williams@peterborough.gov.uk</p>	<p>Scrutiny Report</p>

DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
9.	<p>Commissioning of refuge accommodation for victims of domestic abuse</p> <p>Approval to commission refuge provision for victims of domestic abuse in Peterborough as part of a joint commissioning process with Cambridgeshire County Council including provision in Cambridgeshire. This is from April 2022.</p>	Cabinet	15 November 2021	Communities Scrutiny Committee	All Wards	A safe accommodation needs assessment is currently taking place as part of the Local Authority's statutory duty to provide safe accommodation for victims of domestic abuse. This has involved partner agencies and services across Peterborough and Cambridgeshire.	Julia Cullum julia.cullum@camb ridgeshire.gov.uk 07789510672	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
10.	<p>Domestic Abuse Safe Accommodation Strategy</p> <p>As part of the Domestic Abuse Act, Peterborough City Council is required by statute to submit a Safe Accommodation Strategy to MHCLG by 31st October 2021.</p>	Cabinet	15 November 2021	Communities Scrutiny Committee	All Wards	The strategy will be developed with key partners in housing and specialist domestic abuse services.	Vickie Crompton, Domestic Abuse & Sexual Violence Partnership Manager, vickie.crompton@c ambridgeshire.gov. uk	The strategy will be informed by a Needs Assessment which is currently in draft

DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
11.	Adoption of a Refreshed Statement of Community Involvement - To approve the adoption of a Refreshed Statement of Community Involvement	Cabinet	15 November 2021	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders.	Emma Naylor, Senior Strategic Planning Officer Tel: 863881 Email: emma.naylor@pet-erborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

PART 4 – NOTIFICATION OF KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES

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

DIRECTORATE RESPONSIBILITIES

RESOURCES DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

City Services and Communications (Markets and Street Trading, City Centre Management including Events, Regulatory Services, Parking Services, Vivacity Contract, CCTV and Out of Hours Calls, Marketing and Communications, Tourism and Bus Station, Resilience)

Strategic Finance

Internal Audit

Schools Infrastructure (Assets and School Place Planning)

Waste and Energy

Strategic Client Services (Enterprise Peterborough / Vivacity / SERCO including Customer Services, ICT and Business Support)

Corporate Property

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

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

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

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

Communications;

Emergency Planning, Business Continuity and Health and Safety.

PEOPLE AND COMMUNITIES DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

Adult Services and Communities (Adult Social Care Operations, Adult Social Care and Quality Assurance, Adult Social Care Commissioning, Early Help – Adults, Children and Families, Housing and Health Improvement, Community and Safety Services, Offender Services)

Children's Services and Safeguarding (Children's Social Care Operations, Children's Social Care Quality Assurance, Safeguarding Boards – Adults and Children's, Child Health, Clare Lodge (Operations), Access to Resources)

Education, People Resources and Corporate Property (Special Educational Needs and Inclusion, School Improvement, City College Peterborough, Pupil Referral Units, Schools Infrastructure)

Business Management and Commercial Operations (Commissioning, Recruitment and Retention, Clare Lodge (Commercial), Early Years and Quality Improvement)

Performance and Information (Performance Management, Systems Support Team)

LAW AND GOVERNANCE DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

Democratic Services (Town Hall, Bridge Street, Peterborough, PE1 1HG)

Electoral Services (Town Hall, Bridge Street, Peterborough, PE1 1HG)

Human Resources (Business Relations, HR Policy and Rewards, Training and Development, Occupational Health and Workforce Development)

Information Governance, (Coroner's Office, Freedom of Information and Data Protection)

PLACE AND ECONOMY DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

Development and Construction (Development Management, Planning Compliance, Building Control)

Sustainable Growth Strategy (Strategic Planning, Housing Strategy and Affordable Housing, Climate Change and Environment Capital, Natural and Built Environment)

Opportunity Peterborough

Peterborough Highway Services (Network Management, Highways Maintenance, Street Naming and Numbering, Street Lighting, Design and Adoption of Roads,

Drainage and Flood Risk Management, Transport Policy and Sustainable Transport, Public Transport)

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

Health Protection, Health Improvements, Healthcare Public Health.

THIS PAGE IS LEFT INTENTIONALLY BLANK

ADULTS AND HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2021/2022

Updated: 13 SEPTEMBER 2021

Meeting Date	Item	Indicative Timings	Comments
<p>13 JULY 2021 <i>Draft Report 24 June</i> <i>Final Report 1 July</i></p>	<p>Co-opted Member Report To agree to the appointment of co-opted members to the committee for the municipal year 2021/2022. Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Managing COVID-19 Public Health Update Contact Officer: Emmeline Watkins / Joyti Atri</p>		
	<p>Cambridgeshire and Peterborough Adult Social Care Partnership Boards – 2020 – 2021 Annual report Contact Officer: Charlotte Black and Debbie McQuade</p>		
	<p>Adult Social Care Recovery Plan Update Contact Officer: Charlotte Black and Caroline Townsend</p>		
	<p>Review Of 2020/2021 and Work Programme For 2021/2022 To review the work undertaken during 2020/21 and to consider the work programme of the Committee for 2021/2022</p>		

	<p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Forward Plan of Executive Decisions That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
<p>21 SEPTEMBER 2021 <i>Draft Report 2 September</i> <i>Final Report 9 September</i></p>	<p>Primary Care Update – Relating to Access to Primary Care During the Covid-19 Pandemic</p> <p>Contact Officer: Jessica Bawden, C&P CCG</p>		
	<p>Update Report on the Development of the Integrated Care System for Cambridgeshire and Peterborough</p> <p>Contact Officer: Jan Thomas, C&PCCG</p>		
	<p>All Age Autism Strategy Consultation Report</p> <p>Contact Officer: Janet Dullaghan/Jane Coulson</p>		
	<p>Monitoring Scrutiny Recommendations To monitor progress made on recommendations made at the previous meeting.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		

	<p>Forward Plan of Executive Decisions</p> <p>That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Work Programme 2021/2022</p> <p>To consider the Work Programme for 2021/2022</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
<p>9 NOVEMBER 2021 Draft Report 14 October Final Report 21 October</p>	<p>Scrutinise the progress on updating and finalising the draft Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough (2020-24)</p> <p>Contact Officer: Jyoti Atri / Emmeline Watkins</p>		
	<p>Covid Recovery Plan for Elective Care and Winter Pressures</p> <p>Contact Officer: Taff Gidi, NWAFT</p>		
	<p>To Scrutinise the Relationship between the Council and Private Sector Commercial Providers (Adult Social Care)</p> <p>Contact Officer: Will Patten</p>		
	<p>Monitoring Scrutiny Recommendations</p>		

	<p>To monitor progress made on recommendations made at the previous meeting.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Forward Plan of Executive Decisions</p> <p>That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Work Programme 2021/2022</p> <p>To consider the Work Programme for 2021/2022</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
<p>17 NOVEMBER 2021 Joint Scrutiny of the Budget Meeting</p>	<p>Medium Term Financial Strategy 2022/23 to 2024/25</p> <p>Contact Officer: Peter Carpenter</p>		
<p>11 JANUARY 2022 <i>Draft Report 15 December</i> <i>Final Report 22 December</i></p>	<p>Adults Safeguarding Annual Report</p> <p>Contact Officer: Charlotte Black and Jo Procter</p>		
	<p>Annual Adult Services User's Survey</p> <p>Contact Officer: Charlotte Black and Tina Hornsby</p>		

	<p>Portfolio Progress Report from the Cabinet Member for Integrated Adult Social Care, Health and Public Health including the Adult Services Self-Assessment</p> <p>Contact Officer: Charlotte Black and Tina Hornsby</p>		
	<p>Monitoring Scrutiny Recommendations</p> <p>To monitor progress made on recommendations made at the previous meeting.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Forward Plan of Executive Decisions</p> <p>That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Work Programme 2021/2022</p> <p>To consider the Work Programme for 2021/2022</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
<p>9 FEBRUARY 2022 Joint Scrutiny of the Budget Meeting</p>	<p>Medium Term Financial Strategy 2022/23 to 2024/25</p> <p>Contact Officer: Peter Carpenter</p>		

15 MARCH 2022 <i>Draft Report 23 February</i> <i>Final Report 2 March</i>	Update on relocation of the Urgent Treatment Centre and GP Out of Hours Service Peterborough including North West Anglia NHS Foundation Trust Update on Progress with the Green Travel Plan.		
	Contact Officer: Jane Coulson / Taff Gidi		
	CPFT Section 75 Mental Health - Annual report		
	Contact Officer: Sarah Bye		
	Adults Social Care Annual Complaints Report 2020-2021		
	Monitoring Scrutiny Recommendations To monitor progress made on recommendations made at the previous meeting.		
	Contact Officer: Paulina Ford, Senior Democratic Services Officer		
	Forward Plan of Executive Decisions That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.		
	Contact Officer: Paulina Ford, Senior Democratic Services Officer		