

ADULTS AND HEALTH SCRUTINY COMMITTEE

TUESDAY 3 JANUARY 2023

7.00 PM

Bourges/Viersen Room - Town Hall

Contact: Ramin Shams, Senior Democratic Services Officer at:

Ramin.Shams@peterborough.gov.uk or 01733 452509

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 8 November 2022 **03 - 10**

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

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

5. Portfolio Progress Report for Cabinet Member for Adult Social Care, Health and Public Health **11 - 56**

6. Cambridgeshire and Peterborough Safeguarding Adults Partnership Board Annual Report 2021-22 **57 - 96**

7. Committee Meeting Start Time 2023/24 **97 - 98**

8. Forward Plan of Executive Decisions **99 - 120**

9. Work Programme 2022/2023 **121 - 126**

10. Date of Next Meeting

Joint Meeting of the Scrutiny Committees – Monday 23 January 2023

Adults and Health Scrutiny Committee Meeting – Tuesday 14 March 2023

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 in front of the Cathedral. 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.

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<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: S Barkham (Chair), A Ali (Vice Chairman), C Burbage, G Elsey, S Farooq, S Qayyum, B Rush, B Tyler, J Allen, C Harper and N Bi

Substitutes: Councillors: N Boyce, A Bond, M Sabir and C Fenner

Non-Statutory Co-opted Members

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

Further information about this meeting can be obtained from on telephone 01733 452509 or by email – Ramin.Shams@peterborough.gov.uk

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING
HELD AT 7.00 PM, ON
Tuesday, 08 November 2022
BOURGES/VIERSEN ROOM, TOWN HALL, PETERBOROUGH**

Committee Members Present: S Barkham (Chair), Ansar Ali (Vice-Chair), N Bi, C Fenner, S Farooq, S Qayyum, C Burbage, C Harper, B Rush, B Tyler, Co-opted Member Parish Councillor Neil Boyce, Co-opted Members Sandie Burns and Chris De Wilde

Officers Present: Jyoti Atri, Director of Public Health
Debbie McQuade, Service Director, Adults and Safeguarding
Ramin Shams, Senior Democratic Services Officer

Also Present: Cllr John Howard, Cabinet Member for Adult Social Care, Health and Public Health
Terry Hicks, Head of Operations East of England Ambulance Service NHS Trust
Stacie Coburn, Director of Performance and Assurance Cambridgeshire and Peterborough Integrated Care Board
Eva Woods, Youth Council Representative and Youth MP for Peterborough

22. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Gavin Elsey and Co-opted Member Parish Councillor June Bull.

Councillor Charles Fenner was in attendance as a substitute for Councillor Gavin Elsey, and Co-opted Member Parish Councillor Neil Boyce was in attendance as a substitute for Co-opted Member June Bull.

23. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

No declarations of interest were received.

24. MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING HELD ON 27 SEPTEMBER 2022

The minutes of the meeting held on Tuesday, 27 September 2022, were agreed as a true and accurate record.

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

DECISION

There were no Call-Ins received at this meeting.

26. APPOINTMENT OF CO-OPTED MEMBERS 2022-2023

The Adults and Health Scrutiny Committee received a report in relation to the appointment of the Co-opted Members in accordance with the Council's Constitution Part 3, Section 4 – Overview and Scrutiny Functions. The report's purpose was to seek approval from the Committee to appoint Chris De Wilde and Sandie Burns as non-voting independent Co-opted Members for the current municipal year 2022/2023.

The Senior Democratic Services Officer introduced the report and explained that at the Committee's annual work programme session held on 16 June 2022, Members discussed the co-opted membership of the Committee, and requested that expressions of interest be sought from persons with knowledge and expertise in the following areas: Public Health, Adult Social Care and Safeguarding Adults.

Chris De Wilde had closely worked with Peterborough City Hospital and Peterborough Social Care and had 18 years of experience in this sector. Sandie Burns was the CEO of Disability Peterborough and has worked for over 30 years with adults with long-term health conditions.

The Committee unanimously agreed to the appointment of Chris De Wilde and Sandie Burns as non-voting Co-opted Members for the municipal year 2022/23. The Chair welcomed Chris De Wilde and Sandie Burns, who were in attendance and invited them to join the Committee for the rest of the meeting.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to agree to:

1. Appoint Chris De Wilde as a non-voting Member for the municipal year 2022/2023. Appointments were to be reviewed annually at the beginning of the next municipal year.
2. Appoint Sandie Burns as a non-voting Member for the municipal year 2022/2023. Appointments were to be reviewed annually at the beginning of the next municipal year.

27. EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST – OVERVIEW AND PERFORMANCE REPORT

The report was introduced by the Head of Operations Cambridgeshire and Peterborough for East of England Ambulance Service NHS Trust (EEAST). The report provided the Committee with information regarding the performance of the East of England Ambulance Service NHS Trust in the Peterborough and Cambridgeshire area.

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

- Members were concerned that the NHS 111 Service often referred patients to ambulance services which were not emergencies, and if the issues could be discussed with the NHS 111 Service ahead of the winter to ease the pressure on ambulance services. The Head of Operations Cambridgeshire and Peterborough advised Members that the NHS 111 telephone triage system services were non-clinical advisors. They had to go through an algorithm, a computer-generated script, to determine an outcome based on the patient's presentation over the telephone, which could sometimes result in miss triage or under-triage. He explained that when patients call the ambulance service or NHS 111, it's an emergency for patients but not necessarily an emergency at the outcome. He explained that EEAST was working closely with the 111 Service.
- Members raised concern over the above-national average hospital handover time. The Head of Operations for EEAST explained that, on average, this could be up to an hour or and half. On Sundays, this could be five to six hours of delays from arrival to handover of patients. He informed Members that he was working closely with the Peterborough City Hospital (PCH) and the ICB (Integrated Care Board) on how to release ambulance crews quickly. By the end of the year, this would likely be brought below sixty minutes.
- Members asked if the EEAST used private ambulances and how often these were used. The Head of the Operations EEAST advised that due to the workforce issues, it was difficult to recruit quickly enough; therefore, the EEAST had to use a private ambulance service to supplement the workforce gap.
- Members asked whether moving UTC (Urgent Treatment Centre) from City Care Centre to Peterborough City Hospital impacted the ambulance service. Members were advised that the 111 Service regularly referred most patients to UTC. The UTC was regularly busy on the weekends. It was difficult for the ambulance crews to take patients to UTC and do a quick handover.
- Members were advised that when Peterborough City Hospital was busy, the patients were diverted to the Hinchingsbrooke Hospital to ease the pressure of the PCH. It was only rarely used, as the Hinchingsbrooke Hospital was relatively small in size compared to PCH and could quickly be overwhelmed. The patients' handover times were much better but had to balance that against the journey time.
- Members asked if the Hospital Ambulance Liaison Officers' (HALO) roles had been filled and whether they had any impact on the service. The Head of Operations for EEAST advised that out of three funded positions, two of them were recruited. One of them would be recruited soon. They would identify issues as early warning and alert the hospital about the peak activity spikes.
- The Head of the Operation for EEAST advised Members that there were issues of sexual harassment and bullying in the organisation, as this was highlighted in the NHS staff survey reports. He explained it was now easier for staff to raise concerns, not just to their line manager, but also to other parts of the organisation, and feel safe to report these concerns. As an organisation, measures had been put in place to make it safer, which were beginning to make a difference; however, this would take up to 2 to 3 years for the organisation's culture to change.
- Members asked regarding patients' wait time in the back of the ambulance. If there is a frequency chart to demonstrate the delays or comparison data to

compare Peterborough to other regions. The Head of Operation for EEAST advised Members that EEAST recorded these data and reported to the ICS (Integrated Care System) Teams and committed as a system to eliminate those sixty minutes of patient handover times by the end of December 2022. The frequency chart and data would be shared with Members outside of the meeting.

AGREED ACTIONS

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

28. SYSTEM WIDE WINTER PLANS

The Director of Performance and Assurance Cambridgeshire and Peterborough ICB introduced the report. The report provided an update on the development of Cambridgeshire and Peterborough's ICB winter surge plans for 2022/2023. As part of ensuring the Cambridgeshire and Peterborough system's preparedness for winter, the ICB led the development of the winter surge plans with partner organisations. She advised Members that as part of the winter surge plans, the ICB had taken measures to include additional capacity investing in 215 extra beds for hospitals this winter; other measures included investing in urgent community response and additional practitioners who could go to people's home to provide them with low-level care for five days, these new services were alternative to the emergency department. In addition, the ICB would maintain the elective care pressure over the winter and ensure that patients who required elective care should receive it in under 78 weeks, the national average wait time for elective care. The ICB worked on reducing the wait time for the delivery of elective care. The winter surge plans 2022/2023 were a live draft document.

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

- Members referred to page 34 of the report, noting the statement "100-day discharge challenge and transfer of care hub implementation" and asked for clarification on the statement and what steps the ICB had taken regarding the failed discharges. The Director for Performance and Assurance ICB advised Members that the 100-day acute discharge was a national initiative that was launched by NHS England in July 2022, and all hospitals were asked to deliver on the task. She explained that as part of the routine operation, the ICB tracked failed discharges, reviewed it proactively, assessed the re-admission data to understand what happened, and managed those areas' operational and clinical bases. The ICB was putting a mechanism to look at the re-admission data, which would be continuous learning from the data.
- Members referred to page 36 of the report regarding the Medium and Long term Service Transformation plans to build Integrated Neighbourhood teams and asked about the make-up of these teams. Members were advised that the Integrated Neighbourhood teams were comprised of clinical and non-clinical professionals working with the primary care networks locally. Therefore, it was

about bringing together those multi-professionals locally. Their make-up would depend on what people need locally.

- Members asked that the capacity of the NHS 111 Service had grown up by 30 percent. The advice was given to some patients by 111 Service to contact their GP, where GPs could not offer them appointments, these patients were referred to A&E. Members asked if any discussions had taken place with the GPs and other stakeholders to address the issue and ease the pressure on A&E. Members were advised that a review was completed recently on patients who were advised to see their GP; as a result, an audit was undertaken to review the data in each of the acute hospitals recognising that there was a need to improve access to overall primary care. She explained that investments were made as part of the winter surge plans in additional funding to extend the availability, which included extended access to GPs into the evenings, and additional access through the day and weekends; in addition, plans were also undertaken with those specific practices about what changes needed to be made for a sustainable long-term.
- Members asked about the additional 215 beds and where these beds would be placed. Members were informed that 160 of these beds would be placed in PCH, 60 of them would be placed in modular buildings in current empty spaces, some of these beds would be converted from non-clinical space to clinical space, and some of these additional beds would be placed into local facilities and care homes where they got the vacant capacity.
- Members were advised that all systems could ask for additional funding from NHS England to support their winter preparedness. She explained that their bid for funding was successful and received 18 million in revenue and some additional capital to support the modular buildings.
- Members asked whether there were plans to recruit additional nurses and health care assistants, as there were extra beds and to support discharges at the Ashley Grange Care Home. The Head of Operations ICB advised Members that recruitment and on boarding were in process for Ashley Grange Care Home. As new staff arrived, additional bed capacity would be made available. She explained that within the hospital settings, there were a number of staff working on bank hours and agency staff to fill the gap in staffing, and 163 of these additional beds were already made available across three hospital sites.
- Members were advised that an integrated care system would ensure all the voices were heard without asking everybody to participate in everything. She explained that the ICB would communicate most effectively with all the partners, including the voluntary sector, and launch patients and public participation. There was a current survey which talked about how best to engage with all partners.
- Regarding the modular buildings to assist with the capacity, Members asked how long it was estimated for these modular buildings to remain and whether there was funding available for their lifetime. Members were advised that these were modular builds with 25 years lifespan. The ICB had discussed the funding available for the long term of these buildings to provide extra capacity, which would also help with the ambulance handover.
- Members queried the primary care preparedness for cardiovascular over the winter period. The Head of Operations ICB advised that there were a number of programmes already in place to support some of the cardiovascular areas of work, particularly given some of the challenges in Peterborough. New clinics and hubs would be set up to support cardiovascular across Peterborough. These

would be multidisciplinary hubs where service was provided to patients who needed intervention but may not need a hospital.

- The Youth MP asked how the impact of health inequality was monitored and what steps were needed to limit health inequality. Members were advised that there was a need to increase the data quality to understand the patients and the population. ICS used the health inequality data regularly and assessed whether any trends were emerging in geographical locations or other circumstances. The Integrated Care System (ICS) worked with the Integrated Neighbourhood team as the best route into the local communities and supported different challenges. Funding these Integrated Neighbourhood teams was crucial to reach out to their community and supporting individuals. The ICS would help and support Integrated Neighbourhood teams to grow and the quality of data that would allow the ICS to deliver a long-term strategy.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to note the priorities included in the system surge plan to cover the 2022/23 winter period.

29. ADULTS SOCIAL CARE REFORMS – UPDATE AND OVERVIEW

The Service Director, Adults and Safeguarding, accompanied by Cabinet Member for Adult Social Care, Health and Public Health, introduced the report. She explained that the recent Health and Care act and subsequent care and integration white papers had set out a number of significant changes to the duties of local authorities in relation to adult social care. The report provided an overview of the implications to the Council of these changes and processes and the next steps of implementation.

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

- The Service Director, Adults and Safeguarding advised Members that the changes in the duties of local authorities included charging for care and how much people would pay for care, the introduction of a care cap on cost, the Fair Cost of Care and the Care Quality Commission (CQC) Assurance for adult social care functions.
- Members queried that the increase for the capital threshold for the council funding would increase from £23250 to £100,000, resulting in more people being eligible for the social care funding, and how this would be funded. Members were advised that the PCC, similar to every local authority, had to undertake work on Fair Cost of Care which determined the funding required and the gap in funding for the Council. The information was submitted to the Department of Health and Social Care for further review.
- Members raised concerns over the social care workforce, and if more people were eligible for social care funding, this would likely affect capacity and whether there were any plans for the recruitment of extra staff. The Service Director for Adults and Safeguarding advised that the Council had identified the number of social workers the Council would need to recruit based on the analysis of the self-

funders locally; it would be eleven whole time equivalent social workers and would also require additional financial assessment officers. She explained that the Council would review the workforce to determine whether alternative qualified workers could be used, and there were a number of alternative qualified workers already employed in adult social care, referred to as care support workers, who were doing an exceptional job, they usually undertook the less complex social care practices, however, sometimes this could be quite complex.

- The Service Director for Adults Safeguarding advised the Council was closely working with the Direct Payment Board, commissioning colleagues and contract monitoring teams to look at the rates that were being paid to providers because locally there has been a struggle to recruit personal assistants and recognised that work needed to be done around the rates of pay. She explained that the Assistant Director for Commissioning and the Assistant Director for Quality and Practice were reviewing the scope of a document to focus on ensuring that there was a pathway for people coming into care; the Council are working closely with the colleges, university and skills for care to develop the market.
- Members asked if the changes to the Social Care Reform would cost a massive amount, and would the government ensure to fund it, and if not, how much it would cost the PCC. Members were advised that the work undertaken by PCC had found a significant gap in funding, and the information had been submitted to the DHSC. Further information regarding what funding would be available was expected from the Central Government in February 2023.
- The Youth MP asked whether there would be a guarantee that the care workers would be paid a real living wage. The Service Director for Adults and Safeguarding advised that the decision would be made corporately; given the financial situation of the Council, it could be not certain; however, this needed to be looked at as a priority to develop the market.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to:

3. Note the overview and context provided in relation to the Adults Social Care Reforms.
4. Note the operational and financial implications to the Council.

30. 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 ACTIONS

1. The Adults and Health Scrutiny Committee **RESOLVED** to note the report.

31. REVIEW OF 2021/2022 AND WORK PROGRAMME FOR 2022/2023

The Senior Democratic Services Officer presented the report. Members considered the Work Programme for the municipal year 2022/23 to determine the Committee's priorities. Members raised concern over the lack of dentist services in Peterborough and asked whether this item could be added to the Work Programme for the current municipal year 2022/23. It was agreed that this would be added to Work Programme 2022/23, and the relevant NHS department would be contacted to provide a report for the Committee.

AGREED ACTIONS

The Adults and Health Scrutiny Committee noted the report and **RESOLVED** to note the report.

32. DATE OF NEXT MEETING

- 29 November 2022 – Joint Meeting of the Scrutiny Committees
- 03 January 2023 – Adults and Health Scrutiny Committee
- 23 January 2023 - Joint Meeting of the Scrutiny Committees

CHAIR

7.00 – 08.35 pm

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
3RD JANUARY 2023	PUBLIC REPORT

Report of:	Jyoti Atri, Director of Public Health; Debbie McQuade, Director of Adult Social Care	
Cabinet Member(s) responsible:	Cllr John Howard, Cabinet Member for Adult Social Care, Health, and Public Health	
Contact Officer(s):	Jyoti Atri, Director of Public Health Debbie McQuade, Director of Adult Social Care	Tel. 01223 703261

PORTFOLIO HOLDER PROGRESS REPORT FROM THE CABINET MEMBER FOR ADULT SOCIAL CARE, HEALTH, AND PUBLIC HEALTH.

RECOMMENDATIONS	
FROM: <i>Cllr John Howard</i>	Deadline date: 3 rd January 2023
<p>It is recommended that the Adults and Health Scrutiny Committee:</p> <ol style="list-style-type: none"> 1 Notes and comment on the Portfolio Holder Progress report for Public Health including updates on public health service recovery and performance, living with Covid and the Health and Wellbeing Integrated Care Strategy 2 Note the updates from Adult Social Care, including the summary of findings from the adult social care self-assessment and the subsequent LGA (Local Government Association) Peer Review and the You Said We did work undertaken with partners and adults with lived experience. 	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee at the request of the Adults and Health Scrutiny Committee group representatives, as part of the 2022/23 committees work programme.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide the Adults and Health Scrutiny Committee a portfolio holder progress report on Adult Social Care, Health, and Public Health.

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

1. Public Health;
2. The Health and Wellbeing
4. Adult Social Care;
5. Safeguarding Adults.

2.4 The Public Health aspect of this report links to many of the City Priorities. However key priorities are:

- *Creating healthy and safe environments where people want to live, invest work, visit and play – Together we will create a healthier future*
- *Help & support our residents early on in their lives and prevent them from slipping into crisis - We will ensure every Child gets the best start in life*

The work of adult social care links into all four of the Council's priorities but the key priority is:

- *Prevention, Independence and Resilience: help and support our residents early on in their lives and prevent them from slipping into crisis.*

3. **TIMESCALES** [If this is not a Major Policy item, answer **NO** and delete the second line of boxes.]

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	
Date for relevant Council meeting		Date for submission to Government Dept. (Please specify which Government Dept.)	

4. **BACKGROUND AND KEY ISSUES**

4.1 **Public Health Update: Living with Covid-19**

4.1.1 The future path and severity of the Covid virus is uncertain. Nationally, resurgences of covid and other respiratory infections like scarlet fever, respiratory syncytial virus (RSV), influenza, and gastrointestinal outbreaks are very likely to occur in the winter. It is also possible more severe covid variants will emerge and there may sadly be more hospitalisations and deaths.

4.1.2 Using COMF (Contain Outbreak Management Fund) funding, PCC has in place a shared PCC/CCC Covid support team and has variant plans (Amber and Red) to maintain resilience against significant resurgences of respiratory or other infections. The local authority remains prepared for a severe covid variant and/or another virus risks placing unsustainable pressure on local systems. The aim of the plan is to minimise harm and to support business continuity. The PCC/CCC Covid support team will be in place until 24/03/23.

4.1.3 **Contain Outbreak Management Fund (COMF)**

The COMF grant awarded in late 2020 was designed to support upper tier Local Authorities to deliver the objectives set out in their Local Outbreak Management Plan. Allocations of the grant are made through consideration of business cases submitted to the Health Protection Finance sub-group. This is chaired by the Director of Public Health and has representations from both councils' finance teams. Allocation of the grant is based on the grant criteria set out in the guidance letters issued by the DHSC (Department for Health and Social Care).

4.1.4 It was more efficient to deliver outbreak management services across the whole county e.g., local contact tracing team, support for self-isolation team the grant has been pooled between both councils and the allocation of spend has been based on the 76%/24% (CCC/PCC). Where business cases were put forward for discrete geographical areas these have been allocated from the appropriate council. Allocation for PCC has been £6.4M and £5.8M has been committed or spent. As there was a risk that committed funds on approved business cases will not be spent by the end of March 2023 an exercise has been undertaken in the last month to ensure that business case owners provide details of accurate forecasting against their grant allocation. Reviewing these returns PCC will potentially have £467,632 of uncommitted funds. The Health Protection Finance sub-group will be reviewing additional proposals to ensure that we maximise the use of this grant in accordance with the guidance.

*** Post Note: Notification was received on 16th December 2022 from UKHSE that the COMF grant carry over of funding is allowed into the 2023/24 financial year for the purposes of covid control and covid recovery, including mitigating the impact of Covid on health and health inequalities.**

4.2 **Public Health Update: Public Health Programme Delivery during 2022/23 – Prevention and Health Improvement**

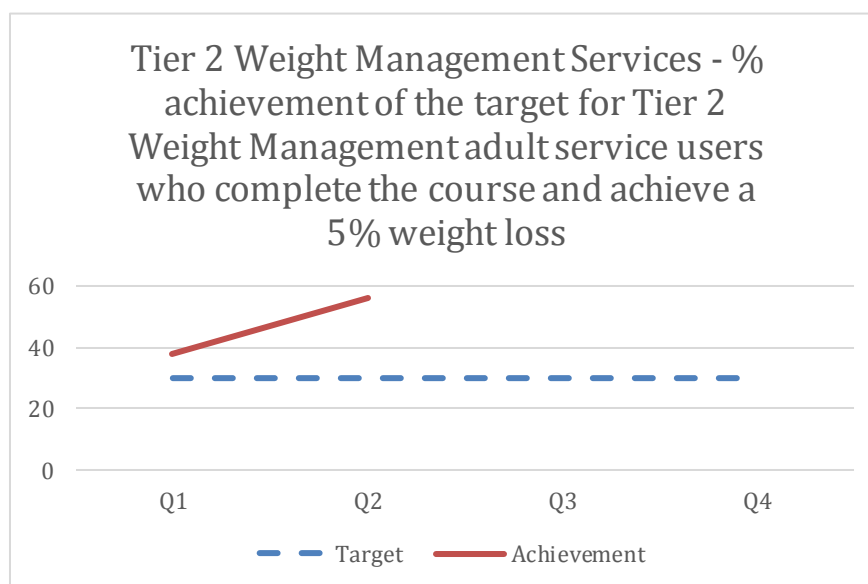
4.2.1 Health Behaviour Change Services (lifestyles)

The following are the main key performance indicators for the behaviour change services. More detail is provided in the text below.

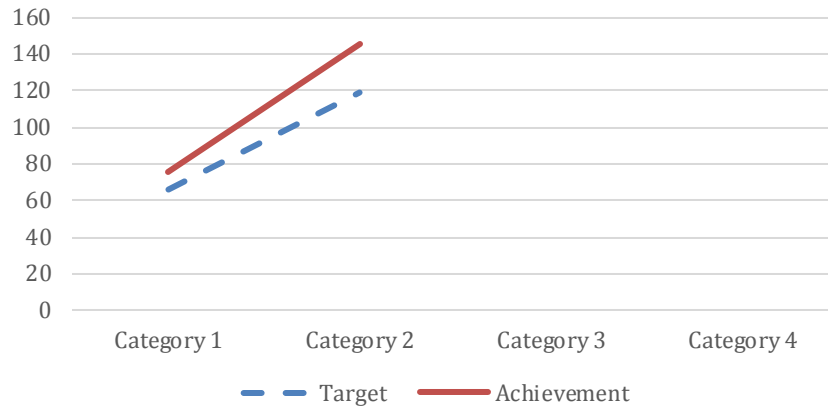
The indicators are 'RAG' rated against their set targets as follows.

1. **Red** – current performance is off target by more than 10%
2. **Amber** – current performance is off target by 10% or less
3. **Green** – current performance is on target by up to 5% over target
4. **Blue** – current performance exceeds target by more than 5%

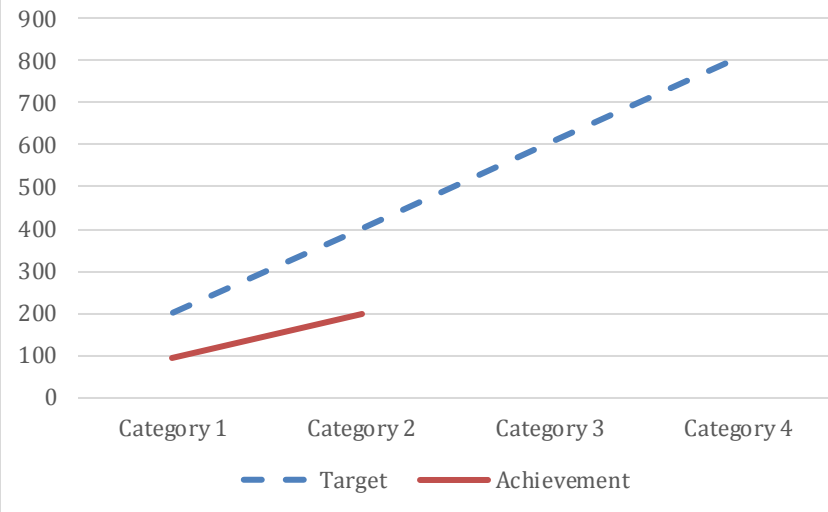
Indicator	FY 21/22	Q1 22/23	Q2 22/23	Status
Tier 2 Weight Management Services: % achievement of the target for Tier 2 Weight Management adult service users who complete the course and achieve a 5% weight loss. (30% recommended)	41%	38%	56%	Blue
Health Trainer: (Structured support for health behaviour change): % achievement against target for adult referrals to the service received from deprived areas	101%	115%	150%	Blue
Stop Smoking Services: % achievement against target for smoking quitters who have been supported through a 4-week structured course. (national benchmark) Annual target = 807 4-week quitters	53%	46% 92 4-week quitters	53% 106 4-week quitters	Red
NHS Health Checks (cardiovascular disease risk assessment) Achievement against target set for completed health checks. Annual target = 4000 completed nhs health checks	46%	92%	88%	Amber

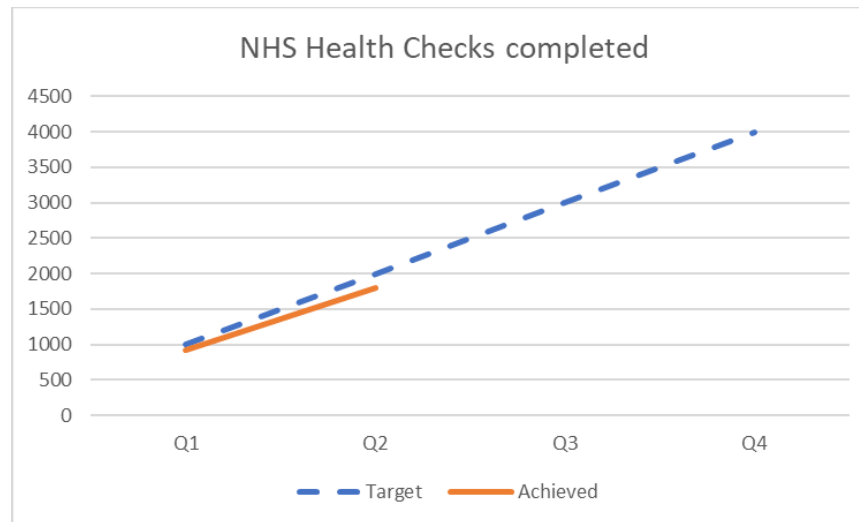


Health Trainer Services - Achievement against target for adult referrals to the service from deprived areas



Stop Smoking Services - Achievement against target for 4-week smoking quitters





4.2.2 Integrated Behaviour Change Services

4.2.2.1 The Integrated Behaviour Services in Peterborough are provided by Everyone Health and delivered under the Healthy You branding. It includes weight management, health trainers and stop smoking services. Following Covid-19 service delivery is now a mixture of virtual and face to face delivery, providing a flexible approach which appears welcomed by service users.

4.2.2.2 The numbers starting treatment in weight management have been high. It is likely this is predominantly due to a scheme introduced by NHS England to financially incentivise GP practices to refer patients for weight management support. Despite the significant increase in referral numbers (1889 referrals in 21/22 against a target of 700) the service is performing well. Additional funding from Office of Health Improvement and Disparities during 21/22 helped to ensure there are no waiting list for the service. Outcomes for those completing the course who achieve a 5% weight loss is at 41% which is above the recommended 30%.

4.2.2.3 Referrals into the Health Trainer service remain high at 186% of the target. However, referrals from deprived areas are slightly below the 40% target for 21/22. Most Health Trainer clinics in Peterborough are located in areas of deprivation. Performance in Q2 22/23 was impacted by staff shortages. The service also provides opportunistic NHS Health Checks that adds to those undertaken by GP practices, with a specific focus on deprived areas. Practices in deprived areas who are struggling with capacity to meet their targets are also encouraged to work with the Healthy You service. There will be a focussed campaign and leaflet drop in deprived areas in the New Year, with additional pop-up shops and presence in key areas such as Orton and Bretton shopping centres also.

4.2.3 Stop Smoking Services

4.2.3.1 In Peterborough stop smoking support is provided by GP practices, community pharmacies and the Behaviour Change Service (lifestyle). The percentage achievement against target includes quits from all providers.

4.2.3.2 During the COVID-19 pandemic stop smoking services stopped in GP practices and community pharmacies. Delivery fell but did not stop in the behaviour change service. None of the services have fully recovered and the target is not being met by any of them.

4.2.3.3 GP practices are still experiencing demand pressures and find it challenging to provide stop smoking services.

4.2.3.4 During quarter 1 22/23 the Behaviour Change Stop Smoking Service experienced significant staffing changes with several staff retiring or changing roles, this meant they had reduced capacity to provide stop smoking support during quarter 1. A new data collection system was

also introduced in this quarter which initially made it more challenging to proactively follow-up patients who had cancelled their appointments/dropped out of the service. These two items together meant that the Behaviour Change Service did not achieve its quarterly target. This combined with the ongoing pressures in GP practices and community pharmacies has meant the target for quarter 1 was not achieved.

4.2.3.5

The Behaviour Change Service has successfully recruited to the vacant posts and its new system has been updated so that they can easily follow-up patients who have dropped out of the service. This meant during quarter 2 22/23 activity increased within the Behaviour Change Stop Smoking Service, achieving 90% of its overall trajectory target. However ongoing significant pressures in GP practices and community pharmacies has meant the target for quarter 2 was not achieved.

4.2.3.6

The Behaviour Change team has increased engagement with both Pharmacies and GP Practices to support the providers to increase activity to pre-Covid levels. The Service staff will continue to support GP practices and deliver on-site services. This has been achieved by ensuring their patients can have easy access to services, both in "safe" face to face contact and virtually.

4.2.4

Primary Care Services

4.2.4.1

Covid 19 had an impact on Public Health commissioned services from GP practices and Pharmacies in Peterborough with a reduction in activity seen in all services. Activity has started to increase in recent months. Focussed engagement work is being carried out in Pharmacies across Peterborough with a specific focus on increasing delivery of Emergency Hormonal Contraception and an increase in the number of Pharmacies signed up to the Nicotine Replacement Therapy voucher scheme.

4.2.4.2

During Covid-19 NHS Health Checks were paused. Activity has re-started and is returning to pre-pandemic levels. Footfall in outreach areas was hugely impacted by the pandemic, but is now increasing, allowing the Healthy You service to reach more high-risk residents once again. The Healthy You service health checks team has been down one team member (1/3 of the whole team) but have recently been successful in recruiting and expect to catch-up on targets. To encourage increased activity an incentive scheme has been offered to GP practices, which includes using the Healthy You service to support their delivery where necessary.

4.2.5

Integrated Contraception and Sexual Health Services (iCASH)

4.2.5.1

iCASH services in Peterborough are commissioned from Cambridgeshire Community Services NHS Trust (CCS) through a Section 75. During 2021/22, the service was still being impacted by Covid19 clinical safety measures which affected the number of patients that can be seen face to face in clinic, with social distancing measures still in place.

During the year, a new Single Point of Access was introduced and became embedded. New phone IT infrastructure is in place which monitors call waiting and demand times. In response to this staff resources have been deployed across ICASH to help manage call demand/wait times and offer a more responsive service.

4.2.5.2

iCASH has continued to experience pressures regarding Long-Acting Reversible Contraception (LARC), and at times has struggled to meet local demand leading to waiting lists being created. This has been caused in part by of drop-in activity by primary care during the pandemic period, which has as yet not reached a recovery position. In response to this iCASH has mobilised additional resources to bring waiting lists down.

4.2.5.3

Oral contraception has continued to be offered remotely (via post) without face-to-face appointments. The service is still benefiting from the online testing facilities introduced and

maximised during the covid pandemic period. The schools outreach service was re-mobilised during 21/22 meeting the needs of young people in schools working collaboratively with Terrance Higgins Trust (THT).

4.2.5.4 The monkey pox outbreak in Spring/Summer 2022 placed additional burden on local sexual health services displacing 'every day' provision without additional funding or resources. This was an additional challenge during the covid recovery period.

4.2.5.5 Overall iCaSH continue to provide a good level of service to residents of Peterborough. The following are the main performance Indicators which are 'RAG' rated against their set targets as follows.

Red – current performance is off target by more than 10%

Amber – current performance is off target by 10% or less

Green – current performance is on target by up to 5% over target

Blue – current performance exceeds target by more than 5%

Service performance indicators	21/22	Q1	Q2	STATUS
STI Testing and Treatment Activity - Total number of GUM Attendances, Clinic Testing & Online Testing.	4434 (Ave Per QTR)	5120	5116	Blue*
Access to Clinical Care - The percentage of people contacting a service who are seen or assessed by a healthcare professional within 2 working days of first contacting the service	90% (80% target)	85%	85%	Green

*Currently in baseline position. At the start of the pandemic Clinic activity dropped from circa 5579 (pre pandemic Q3 2020/2021) per quarter to 3415 in the first part of the pandemic (Q1 2020/2021). During COVID on-line testing has really taken off and increased significantly. The THT Prevention Service is also now in place and covering some testing that was previously undertaken by ICASH. Performance Status granted as blue as more than 5% increase on last year and clearly in recovery position. New target to be set once have full year data post pandemic as end of 22/23.

4.2.5.6 Latest data shown in the table above illustrates the STI Testing and Treatment activity. Attendances are up this year compared to the activity in 21/22. As above new targets to be set once have full year data post pandemic at the end of 22/23. Access to Clinical Care within 2 working days exceeds the current target.

4.2.6

Prevention of Sexual ill Health

A new service to support vulnerable population groups at highest risk of poor sexual health, began on the 1st of October 2020 operated by Terrence Higgins Trust.

Indicators are 'RAG' rated where targets have been set.

Red – current performance is off target by more than 10%

Amber – current performance is off target by 10% or less

Green – current performance is on target by up to 5% over target

Blue – current performance exceeds target by more than 5%

Service performance indicators	21/22	Q1	Q2	STATUS
Delivery to target groups % achieved - Delivery of Sexual and Reproductive Health Sessions	125% Target=12 Achieved=15	166% Target=3 Achieved=5	200% Target=3 Achieved=6	Blue
Outreach Sessions % achieved – Sessions to most deprived wards	107% Target=14 Achieved=15	86% Target=3.5 Achieved=3	114% Target=3.5 Achieved=4	Blue
Dual screening testing - young people (13 - 24) % achieved - Number of test kits issued for Chlamydia and Gonorrhoea	46% Target=1990 Achieved=915	21% Target=330 Achieved=68	13% Target=330 Achieved=42	Red

4.2.6.1 The service opened during the height of COVID which impacted particularly on ability to undertake STI (Sexually transmitted infections) Testing in Schools and Young Persons Settings. The Clinical Guidance also changed on Chlamydia testing this year as well with which recommended now only routinely testing females and not males. As yet the target has not yet been fully adjusted to take account for this. These are the factors behind the red performance on Dual Screening Testing for young people.

4.2.6.2

As testing was not possible in these settings the service worked hard on other aspects of the contract hence the overperformance. The service has also performed well on its joint work with drug and alcohol services and attending festivals and events promoting their service.

4.2.7

Drug and alcohol services

4.2.7.1

Drug and alcohol services in Peterborough are commissioned from Change Grown Live (CGL) (Aspire). Overall, the Aspire service continues to perform ok under challenging conditions. Some of the key performance indicators are shown in the table below:

Indicators are 'RAG' rated where targets have been set as follows.

Red – current performance is off target by more than 10%

Amber – current performance is off target by 10% or less

Green – current performance is on target by up to 5% over target

Blue – current performance exceeds target by more than 5%

Service performance indicators	20/21	21/22	Q1	Q2	STATUS
Service Utilisation - % of Unmet need not met					
Local	56%	55%	56%	54%	Blue
National	60%	60%	60%	60%	

Treatment Outcome Adults - Successful completions (across all drug types) Local National	17.85% 20.06%	17.02% 21.13%	At this point the data cannot be shared in the public domain *	At this point the data cannot be shared in the public domain*	Amber
Treatment Outcome Young People - Planned completions Local National	99% 76%	96% 81%	At this point the data cannot be shared in the public domain *	At this point the data cannot be shared in the public domain *	Blue

4.2.7.2

*This data cannot but put in the public domain. This is due to reporting procedures on the National Drug Treatment Monitoring System. A process of data quality checks are undertaken which can take up to 6 months following the end of the quarter. Percentages can be subject to minor changes during these checks. Once checks are completed reports are in the public domain.

4.2.7.3

The service has continued to perform well in terms of meeting unmet need and has performance better than other comparable services across the country.

Successful completions have dropped during the pandemic and now sit below the national average. In 21/22 there has been a higher-than-normal staff turnover which has led to a period of instability as the service has mobilised and restructured to meet the demands of the new National Drug Strategy. Most recent data (**not in the public domain**) is showing an improvement in performance on successful completions. The following measures have been put in place to improve performance around successful completions:

- The overall case load size per worker is being reduced as more staff are recruited
- A new worker is being employed to help with entry into service which is a time when some clients disengage
- Staff on fixed term contracts are being offered permanent roles which is stabilising the workforce and reducing staff turnover
- Comprehensive training and induction is being offered to new staff
- Successful completions are being monitored monthly.

4.2.7.4

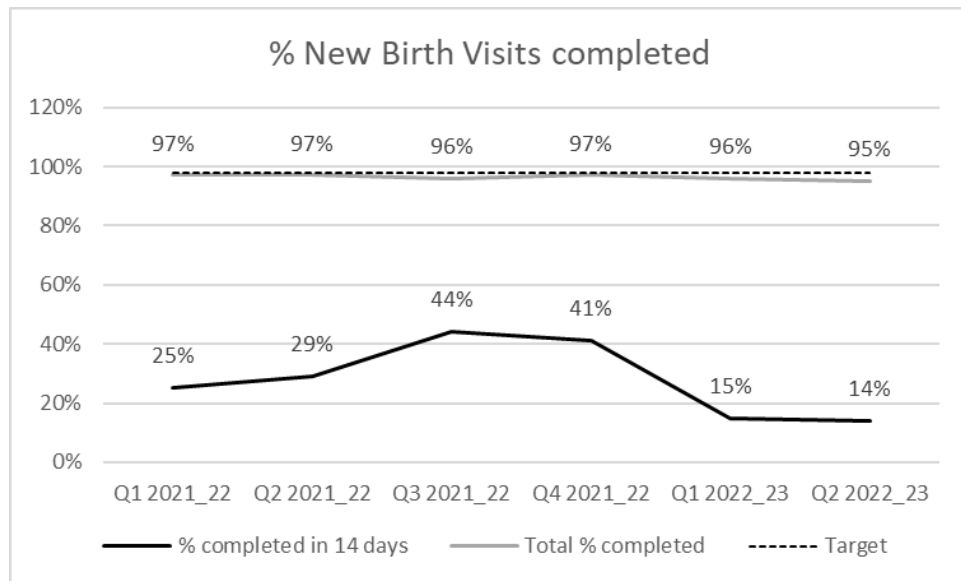
CGL ASPIRE have increasingly focused attention on harm reduction and stabilisation of clients, with Hep B and C testing, vaccination, and treatment figures all showing significant improvements and aiming towards micro elimination (HCV). The service has also successfully introduced Buprenorphine prescribing (long-acting buprenorphine medication) which is having real benefits to complex patients. The criminal justice team continues to perform above national rates with strong continuity of care rates.

Young People (YP) rolling numbers in treatment have now stabilised after the sudden drop during the early pandemic period due to school closures and professional contact points reduced. Numbers of planned completions for YP continue to remain strong, above national rates and all outcome (physical, psychological and substance use) measures are positive and in line with national rates.

4.2.8

Healthy Child Programme

Health visiting mandated check - Percentage of births that receive a face-to-face New Birth Visit by a health visitor



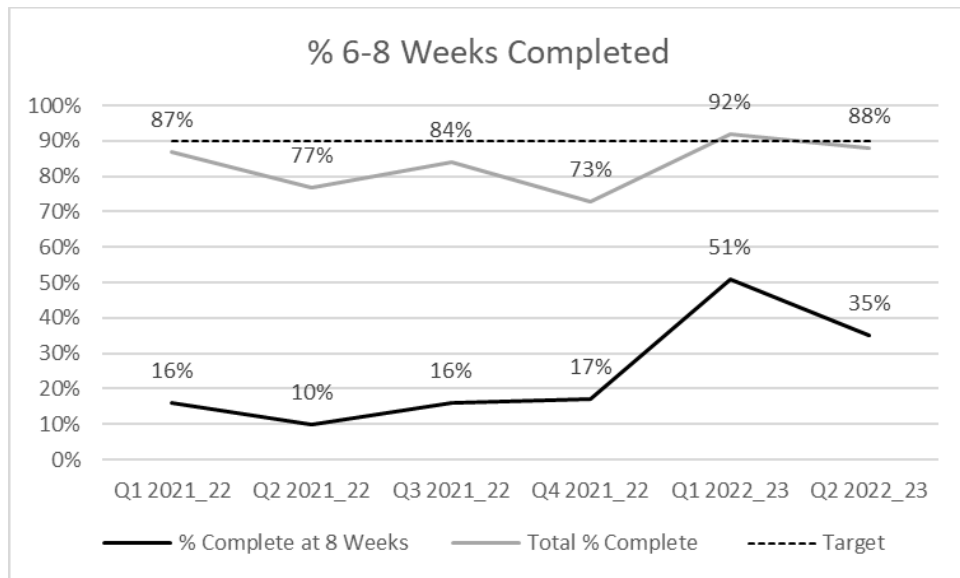
4.2.8.1

Initially instigated as part of Covid-19 response measures and as a mitigation measure to address capacity pressures within the service, Commissioners agreed jointly with the provider to allow a delay in the timeframe within which the new birth visit (stretched to 21 days) and 6-8 check (stretched to 12 weeks) contact could be completed. The provider is working hard to bring these back into timescale however continues staffing pressures have impacted the ability to achieve this as quickly as anticipated. Commissioners work closely with the provider to ensure a high coverage level across all mandated contacts and for this indicator and the provider will continue to progress efforts to bring all mandated contacts back within timescale, this includes an exercise with professional leads to review the appointment booking process to improve diary management.

4.2.8.2

Including those completed after 14 days, the quarterly figure averages 96%, which despite being 2% below the overall 98% target for completed visits, but indicates that most families are receiving this contact, albeit after the 14th day with a majority taking place by the 18th day. All new birth visits are now taking place face to face as part of a home assessment.

Health visiting mandated check - Percentage of children who received a 6-to-8-week review



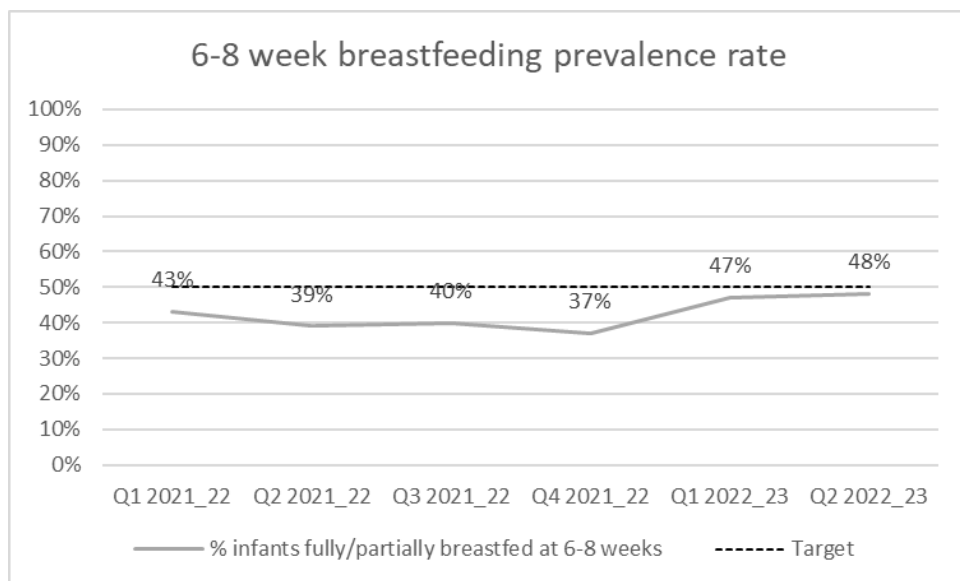
4.2.8.3

Similar to the New Birth Contact, a mitigation measure is in place to allow a delay in the timeframe within which the 6-8 check contact can be completed (stretched to 12 weeks). For this indicator, if those completed after 8 weeks are included, the quarterly average hovers around the 84% mark, 6% below the 90% target, indicated that many families are receiving this contact, albeit after the 8th week, with a high proportion being completed within 10 weeks. All 6–8-week visits are now taking place face to face as part of a home visit. It is also worth noting that there are a proportion of families who chose to not want or attend this contact, in spite of it being offered, which impacts on performance figures and mechanisms are being put in place to follow these up by telephone. This is particularly evident during Q2 when performance within timescales becomes more challenging due to the summer holidays, meaning more families are away and want to reschedule appointments, as well as staff annual leave.

4.2.8.4

As mentioned above, the provider will continue to progress efforts to bring all mandated contacts back within timescale, and there is also a piece of work required to better understand how this contact aligns to the GP 6-8 week contact for all new-borns to ensure all families are seen by a health professional during this critical time period.

Percentage of infants breastfeeding at 6-8 weeks



4.2.8.5

The Health Visiting service remains Stage 3 UNICEF Baby Friendly accredited. This shows quality of care in terms of support, advice and guidance offered to parents/carers. It also shows the excellent knowledge staff have in respect of responsive feeding. The Health Visiting

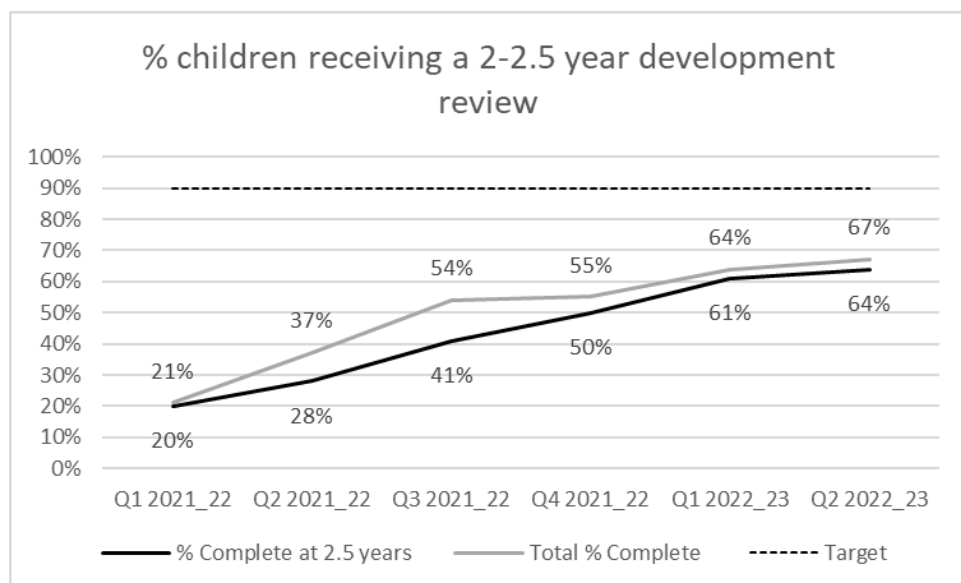
4.2.8.6 specialist infant feeding team continues to face a high level of demand and have subsequently appointed three additional Infant Feeding Advisors to manage this.

4.2.8.7 To address low breastfeeding rates in Peterborough, along with support offered through Health Visitors and Maternity services, there is also a community breastfeeding peer support service commissioned across Peterborough and Fenland and is provided through the NCT.

4.2.8.8 In October 2022, we also launched the new 5-year [Infant Feeding strategy](#) which sets out our ambitions to improve the quality of support provided to parents across the continuum of their infant feeding journey. Work is now underway to develop an action plan against this strategy which aligns to the Family Hubs transformation programme delivery plan across Peterborough and Cambridgeshire, where support for infant feeding is a core priority area. Specific actions around this workstream will be firmed up over the coming months, including a decision on future commissioning intentions for the community peer support service which ends 1st October 2023.

It is also important to note that for the first time since pre-pandemic, the breastfeeding coverage rate (where someone’s breastfeeding status is ascertained) has exceeded 95%, which is positive as we now meet the OHID (Office for Health Improvement and Disparities) validation criteria for getting these statistics published nationally. This has been achieved through the introduction of a new methodology for capturing the feeding status for those mothers who did not have this recorded as part of their 6–8-week review.

Health visiting mandated check. Percentage of children who received a 2-to-2.5-year review by the age of 2.5 years



4.2.8.9 Performance against this contact has been challenging over recent years and commissioners have agreed with providers to prioritise this contact as part of the Annual Development Plan as it is recognised that this year's cohort will be the first children born in lockdown to have this development assessment.

4.2.8.10 Part of the measures to improve coverage have also included the launch of an innovative pilot of a multi-agency approach to this deliver this with Child and Family Centres and Early Years to enable a broader number of practitioners undertake this review with supervision and oversight of the Healthy Child Programme - this is completed in a group-based setting within a child & family centre and offers a more holistic review of the child and wider support available to the family.

4.2.8.11 It is important to note that this is only for universal families and a traditional home-based or virtual review is completed for more vulnerable families or based on parental choice. An early evaluation of the pilot has been conducted and improvements are starting to show, as

demonstrated in the graph above. It is anticipated that this upward trajectory will continue with performance meeting target again from Q4.

4.3 Public Health Update: Joint Health and Wellbeing Integrated Care Strategy

- 4.3.1 Health and Wellbeing Boards (HWBs) were established under the Health and Social Care Act 2012. HWBs are required to produce a joint strategic needs assessment (JSNA) and a health and wellbeing strategy. The strategy should translate findings from the JSNA into clear outcomes the board wants to achieve. Guidance published by the Department of Health & Social Care (DHSC) on 22nd November 2022 states that HWBs will need to consider the integrated care strategies when preparing their own strategy to ensure they are complementary. Conversely, HWBs should be active participants in the development of the Integrated Care Strategy as this may also be useful for HWBs to consider in their development of their Strategy
- 4.3.2 The Integrated Care Partnership (ICP) has a specific responsibility to develop an Integrated Care Strategy for its whole population using best available evidence and data, covering health and social care (both children's and adult's social care), and addressing the wider determinants of health and wellbeing. The ICP is accountable for producing the Integrated Care Strategy, however the responsibility for the delivery of the Strategy sits across the local system partners i.e., Integrated Care Board, Local Authorities and NHS England.
- 4.3.3 The Integrated Care Partnership (ICP) has a specific responsibility to develop an Integrated Care Strategy for its whole population using best available evidence and data, covering health and social care (both children's and adult's social care), and addressing the wider determinants of health and wellbeing. The ICP is accountable for producing the Integrated Care Strategy, however the responsibility for the delivery of the Strategy sits across the local system partners i.e., Integrated Care Board, Local Authorities and NHS England.
- 4.3.4 Locally, system partners have agreed they will have a shared Cambridgeshire and Peterborough Health and Wellbeing and Integrated Care Strategy owned across the whole system, that is based on the needs identified from Joint Strategic Needs Assessments (JSNAs). The overarching goals and four contributing priorities were identified at development days during late 2021 and early 2022 with system partners, including HWB members, the Combined Authority, CCG and other emerging ICP membership.
- 4.3.5 We have taken a unique approach to developing our Strategy by integrating the two strategies as one single document. This demonstrates how, in order to meet the statutory requirements for both the HWB and ICP (Integrated Care Partnership), The system is truly integrated and taking due regard of the four health and wellbeing priorities identified earlier this year. This is a significant step forward for our system leadership team, who collectively have taken the opportunity to harness integration through this approach and in doing so help to accelerate integrated working
- 4.3.6 The HWB identified three ambitions and four priority areas to meet these ambitions. The four priority areas have now been further developed as separate chapters to accompany the HWB ICP strategy. The documents will be made available here www.cpics.org.uk

Our ambitions for 2030:

- We will increase the number years that people spend in good health.
- We will reduce inequalities and preventable deaths before the age of 75
- We will achieve better outcomes for our children

Our HWB priorities are led by Senior responsible officers (SROs) from across the system:

- Priority 1: Ensure our children are ready to enter education and exit, prepared for the next phase of their lives
SRO: Matthew Winn (CCS) / Jonathan Lewis (CCC/PCC)

- Priority 2: Create an environment to give people the opportunities to be as healthy as they can be.
SRO (Senior Responsible Owner): Jyoti Atri (CCC/PCC) / Louis Kamfer (ICS (Integrated Care System))
- Priority 3: Reduce poverty through better employment, skills, and better housing.
SRO: Liz Watts (SCDC) / Jo Lancaster (HDC) / Fliss Miller (CA)
- Priority 4: Promote early intervention and prevention measures to improve mental health and wellbeing.
SRO: Vicki Evans (Cambridgeshire Constabulary) / Stephen Legood (CPFT)

4.3.7 The Joint HWB Integrated Care Strategy is due to be discussed at the Cambridgeshire & Peterborough Health & Wellbeing Board / Integrated Care Partnership on 20th December 2023. Papers for this meeting will be published on the PCC (Peterborough City Council) council website [Peterborough's link to HWB/ICP Papers](#)

4.4 Adult Social Care Sector Led Improvement

4.4.1 As a core part of the Sector Led Improvement programme in Eastern Region led by the Association of Directors of Adult Social Services (ADASS), Directors are asked to complete a self-assessment. The self-assessment covers a wide range of themes. Peterborough City Council submitted a self-assessment on 31 March 2022 which covered the previous 12 months. Subsequent to this the Council met with a former Director, Ray James, for an external challenge session in July 2022 and took part in a regional challenge event in September 2022.

4.4.2 To enhance the Council's assurance process and to begin to prepare for the introduction of external assurance by the Care Quality Commission the Council also invited the Local Government Association to undertake a peer review building upon the self-assessment. The LGA peer review team gathered a substantial amount evidence and spent a day auditing cases prior to 3 days field work during September 2022.

4.4.3 To supplement these internal and external challenges the council has also worked with the adult social care forum and partnership boards to identify our stakeholder's key priorities and collaborate on their resolution to co-produce a Local Account to share with the public.

4.4.4 As the detail of the new Care Quality Commission assurance process have not been released the self-assessment tool for 2021/22 is the same used in previous years. The tool is structured around high-level themes, each with prompts to draw out both strengths and areas for development or risks. It covers the entire remit of adult social care statutory duties, operational, commissioning, and strategic. Overall, the feedback from the external challenge process for the regional ADASS was positive with the council having shown consistent progress in recent years in several areas. However, several risks and challenges have also been identified within the process.

The self-assessment highlighted the following key achievements for 2021/22:

- 4.4.5
1. During the past two years joint working with public health has delivered significant results. In particular, work with care providers around infection control and currently around Covid de-escalation, including supporting day services with ventilation surveys.
 1. We are engaging well with Primary care networks. Strengths and Assets based training has been provided to social prescribers and we are jointly developing best practice in co-production with our user forums and the primary care personalisation network and CCG (Clinical Commissioning Group). This collaboration has extended to digital solutions where the Councils are a key partner in implementation of the Shared Care Record and are also actively involved in the project to roll out a social prescribing referral management system and public facing directory across Cambridgeshire and Peterborough.
 2. We have a strong and well-established Safeguarding Adults Board and an effective Multi Agency Safeguarding Hub (MASH) with no backlogs or delays. Learning around Safeguarding Adult Reviews is effectively shared by wider Safeguarding Adult Board partners.

The self-assessment identified the following three areas as our biggest challenges;

4.4.6

1. The most critical risk is the pressures around workforce capacity, recruitment and retention across the Local Authority and care providers. This will only be exacerbated by the upcoming care reforms unless there is either significant investment or national / local innovation or both.

1. Our capacity to deliver social care reform in respect of workforce and digital preparedness is of concern and is exacerbated by the lack of clarity on funding and delays to guidance. The movement of Liberty Protection Safeguards implementation timelines to potentially overlap operational change in relation to the cap on care costs will also add to resourcing pressures.

2. Cost of Care – the volume and number of self-funders approaching the council to commission care on their behalf and the impact on a fragile market recovering from the impact of Covid is significant. The fair cost of care and a single rate for providers will potentially see providers leaving the local market if no longer financially viable and in addition Peterborough continues to have significant financial challenges as an overall Council. There is an improvement plan supported by CIPFA.

Performance against the Adult Social Care Outcomes Framework

4.4.7

The performance of local authority adult social care functions is currently compared nationally via the Adult Social Care Outcomes Framework (ASCOF). This framework has been in place for several years and many of the indicators no longer reflect the outcomes and challenges of the current function. A national consultation is underway on a replacement for this framework. Appendix one provides a breakdown of the results for Cambridgeshire for the last 3 years and how we compare to the region, the country as a whole and our most similar councils, CIPFA (Chartered Institute of Public Finance and Accountancy comparator group).

Areas where Peterborough performs comparatively well are :

4.4.8

Indicators taken from the national surveys of service users and carers

3. Social care related quality of life for service users
4. Overall satisfaction of people who use services with their care and support
5. Overall satisfaction of carers with adult social care services

Other indicators

- The proportion of people who use services who receive self-directed support
- The proportion of carers who receive self-directed support
- The proportion of people who use services who receive direct payments
- The proportion of adults with learning disabilities who live in their own homes or with families.
- Long term needs for adults aged 18-64 being met by admissions to care homes
- Long term needs for adults aged 65 and over being met by admissions to care homes
- The proportion of older people who receive reablement after discharge from hospital
- The proportion of people completing reablement with not further long-term care and support needs

Areas where Peterborough performs comparatively less well are:

4.4.9

Indicators taken from national surveys of service users and carers

- The proportion of people who use services who have control over their daily lives
- The proportion of people who use services who said they had as much social contact as they would like
- The proportion of carers who had as much social contact as they would like
- The proportion of carers who felt they had been consulted about decisions relating to the person they care for

- The proportion of people who use services who find it easy to access information and advice.
- The proportion of carers who find it easy to access information and advice

Other indicators

- The proportion of carers who receive direct payments
- The proportion of adults with learning disabilities in employment
- The proportion of adults in contacts with mental health services in employment
- The proportion of people in contact with mental health services who live independently, with or without support.
- The proportion of older people who were still at home 91 days after discharge from hospital into reablement services.
- The proportion of people who use services who feel safe
- The proportion of people who use services who say that those services make them feel safe.

4.4.10 In addition to the national performance indicators, mentioned above, the self-assessment also recognised the need to address a number of waiting lists and backlogs for assessments, reviews and care support that had built up during the pandemic. These are now being addressed via the use of an external agency to complete reviews and via detailed assessment waiting list monitoring and tracking in all teams. For key areas of poorer performance a performance improvement plan is in development, some actions are also included in our response to the recommendations of the peer review detailed below.

4.4.11 **Local Government Association Peer Review**

The council requested that the Local Government Association undertake an Adult Social Care Preparation for Assurance Peer Challenge to gain a view on how Councils can deliver value for money, quality, effectiveness, and the most personal outcome focused offer for local people. The work was commissioned by ADASS Eastern Branch as part of their preparation for future Care Quality Commission Enhanced Assurance reviews

4.4.12 The members of the peer challenge team were:

- **Richard Harling** - Director of Health and Care - Staffordshire County Council
- **Caroline Baria** - Deputy Director, Integrated Commissioning – Leeds City Council and Leeds Integrated Care Board
- **Craig Derry** – East of England ADASS Associate
- **Cllr Keith Cunliffe** – Deputy Leader and Portfolio Holder – Wigan Council
- **Tina Ramage** - Principal Social Worker - Devon County Council
- **Amanda Stringer** - Lead Commissioner, Adult Social Care Staffordshire County Council
- **Natasha Burberry** - Regional Sector Led Improvement Programme Manager, ADASS, Eastern Region
- **Venita Kanwar** – Review Manager – LGA Associate

4.4.13 The peer challenge focused on three themes, Well Led, Safe and Responsive and included the peer challenge team’s reflections around the extent to which Equality Diversity and Inclusion was embedded in the Councils. Key questions explored were as follows:

Key question: well-led

“There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities. There are effective governance and management systems. Information about risks, performance and outcomes is used effectively to improve care”

Key question: safe

“Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse, and discrimination. Their liberty is protected where this is in their best interests and in line with legislation. Where people raise concerns about safety and ideas to improve, the primary response is to learn and improve continuously. There is strong awareness of the areas with the greatest safety risks. Solutions to risks are developed collaboratively. Services are planned and organised with people and communities in a way that improves their safety across their care journeys. People are supported to make choices that balance risks of harm with positive choices about their lives. Leaders ensure there are enough skilled people to deliver safe care that promotes choice, control, and individual wellbeing.”

Key question: responsive

“People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood, and they are actively involved in planning care that meets these needs. Care, support, and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics. People, those who support them, and staff can easily access information, advice, and advocacy. This supports them in managing and understanding their care and treatment. There is partnership working to make sure that care and treatment meets the diverse needs of communities. People are encouraged to give feedback, which is acted on and used to deliver improvements.”

4.4.14

The final report from the review has now been received and we are considering how to build recommendations into our overall plans for improvement. Most of the recommendations mapped clearly to the areas identified within our self-assessment, but there were other helpful suggestions around preparing for an external inspection. The areas for improvement from both the peer review and the self-assessment process will be pulled into a performance improvement plan. The recommendations and proposed actions are as follows:

4.4.15

Recommendation 1 - The Council should be clear in their narrative about which functions are shared – for example strategic leadership and commissioning, and which are not – for example most operational services. This is to ensure that these are understood by staff and partner organisations, and that there is congruity between the expectations of the Care Quality Commission (CQC) and their experience during a review.

The peer challenge team found - shared leadership arrangements to be strong at the strategic level, but this was not reflected consistently throughout services. This was at odds with the expectations of the peer challenge team. The rationale for sharing some services and not others was not clear - for example, the commissioning team is a shared service but most operational teams are not. The recommendation is that prior to any CQC review the arrangements are clearly set out and understood by staff and key system partners

Proposed actions – A review of the shared service arrangements and overall structure for Adult Social care is underway, as decisions are reached these will be communicated to staff and partners.

4.4.16

Recommendation 2 - The Council should ensure that there is a clear and easily identifiable audit trail from performance monitoring to decision making to actions so that this can be easily followed.

What the peers said - It is important that the Council's trail of activity from decision making to action is clear and auditable. The Councils' Performance Board demonstrated a good understanding of performance issues. However, it was not obvious to the peer challenge team what actions were being taken to make improvements, and action trackers appear to be maintained separately. Examples include the low rates of people with Learning Disability and/or Autism being supported into employment, and carers' experience, which has shown a deterioration in the carers survey. In both cases the peer challenge team were unable to find

evidence of the Council's action plans to improve. It was recognised that there were areas of concerns regarding the quality of data in some instances, and that further work was being completed to develop performance reports.

Proposed actions – A performance improvement plan is being developed to allow the Council to evidence the performance improvement actions being undertaken. The recommendation was welcomed as an aid to ensuring the more challenging performance challenges are progressed. The project to develop the range of self-service performance and strategic data reports continues.

4.4.17

Recommendation 3 - The Council's strategies for early help, prevention and strength-based working is dependent on doing more through the voluntary and community sector. To do this, they will need to ensure sufficient capacity, including consideration of longer-term funding for the sector.

What the peers said - The strategy for early help, prevention and strength-based working is heavily dependent voluntary and community sector capacity. The sector felt that it was already getting more referrals than they were able to manage: "*there are lots of travel agents, but not enough holidays.*" Consideration should be given to longer term funding for voluntary and community organisations to enable them to offer sustainable employment and increase the resilience of the sector. Whilst the commitment to working in neighbourhoods in an integrated way is to be applauded, there are some concerns that the voluntary and community sector does not have sufficient capacity to meet the council's aspirations for early help. There were gaps in services described such as psychological support for people accessing care and support and emotional support for carers. Voluntary and community sector partners were aware of the Councils' commissioning activities - including community catalysts, integrated communities, health neighbourhoods, joy app, social prescribing - but there were some concerns about commissioning being "piecemeal," "confusing" and "fragmented," and whether there is the capacity to deliver.

Proposed actions – This is the specific focus of the Care Together programme, it is also a wider piece of work that we are working through with the Integrated Care Board in respect of provided longer term funding.

4.4.18

Recommendation 4 - The Council should minimise backlogs of assessments, including reviews. Where external agencies are used to complete reviews, the Council should ensure that agency staff are clear about their authority and the process to make changes to care and support.

What the peers said - Any CQC enhanced assurance review is likely to focus on backlogs of assessments. The council has a backlog of reviews and some care providers mentioned that this was affecting their ability to provide appropriate support to some people. Some progress has been made to reduce the backlog of reviews using an external provider, and some feedback suggested agency staff were not clear about their authority and the process to make changes to people's care and support. Other issues include long waits for occupational therapy and Approved Mental Health Practitioner (AMHP) availability

Proposed actions – We have had a clear focus on waiting lists since the summer and will be producing specific action plans for teams with the biggest challenges. The review back log by the external agency is now nearing completion and roles and responsibilities have been clear in the process.

4.4.19

Recommendation 5 - If further savings are required to adult social care the Council should carefully consider the impact on quality of services and take into account, the CQC Enhanced Assurance review.

What the peers said - With such a large corporate financial gap being likely it is assumed that adult social care will be required to make further savings for the Medium-Term Financial Strategy, starting next year. The peer challenge team encourage the Council to think very

carefully about the nature and timing of the savings to avoid compromising quality and to consider the risk of an adverse CQC judgement.

Proposed actions – All savings proposals will be considered by commissioners and the principal social worker to be clear on any potential impact to the market or quality of practice before progressing further.

- 4.4.20 Recommendation 6 -The Councils should work with the Integrated Care Board to consider further integration of hospital discharge arrangements, aligning them with the ‘discharge to assess’ model that is regarded as best practice

What the peers said - Both Councils have significant financial challenges with a significant gap between corporate income and expenditure expected from 2023/24 and rising to 2027/28. The NHS also has very substantial financial challenges. There is risk that decisions are made unilaterally that have a detrimental impact on other partners and risk undermining the good relationships that have been fostered. Some examples of this include recent changes by the Integrated Care Board (ICB) in the process for discharging people from hospital to ‘pathway 3’ beds, which have increased delays. Whilst relationships between the Councils and the NHS at senior leadership level are good there were reports of difficulties at operational levels with reports of some middle managers continuing to work in ‘silos.’

Proposed actions - The council developed a business case with CPFT to propose and create an integrated health and social care pathway for people who would benefit from rehabilitation/reablement on discharge home from hospital. The outline business case put forward an option to invest to create additional Pathway 1 capacity through an integrated health and social care offer, with the outcomes for people clearly articulated as well as costs and cost avoidance benefits. Unfortunately, the ICB declined the proposal and invested in CPFT to increase capacity in Intermediate Care. The Council continues to be a key partner in the Home First / discharge to assess programme and will continue to explore options in terms of integration.

4.4.21

Recommendation 7 - The Councils may wish to reflect upon how they could expand the provision of Direct Payments and ensure that these strike the right balance between choice and control for recipients and assurance.

What the peers said -The council has some improvement to make in relation to the offer of direct payments to people accessing care and support and carers. The peer challenge team recommend that the council reflects upon how they could expand the provision of direct payments and strike the right balance between choice and control for clients and assurance for the Councils. The council commissions a direct payment support service, but choices for people who have direct payments appeared limited due to the lack of availability within the market

Proposed actions - a programme manager has been appointed to pull together the various elements needed to make an impact on the options available for people with direct payments. This will include ensuring the right links into work being developed within the Care Together programme around micro enterprises and individual service funds

4.4.22

Recommendation 8 - The Councils should engage with the market and develop strategies to secure the sustainability of care provision, taking a more pro-active role to market shaping and development across Cambridgeshire and Peterborough for all client groups.

What the peers said - Markets appear to be fragile, and care providers’ feedback was not particularly positive. Care providers felt that engagement from the Council was limited, and they did not feel that Councils were taking their views sufficiently into account. There will be opportunities to deliver more cost-effective services through proactive development of the home care market. The Market Position Statement (MPS) is in the process of being refreshed and there is consideration being given to strategies for developing and shaping the market and the

future of care. Recognising that this is something that has begun, the peer team would encourage council to make rapid progress, as these are documents that the CQC will expect to see. It would be good to have strategies that are co-produced with care providers, polished, and approved by the time of a CQC review

Proposed actions – The market position statement is being developed and is due to be shared in March 2023.

4.4.23

Recommendation 9 - The Councils should consider how they might demonstrate greater leadership in offering employment to people with learning disabilities, autism and mental health needs.

What the peers said - The Council benchmarks low for employment for people with learning disabilities, autism, and mental health needs. There is an opportunity for the Council to demonstrate some stronger leadership and to set an example on how employment is offered to these groups in their capacity as major employer.

Proposed actions - Day Opportunities transformation programme – currently finalising design. As part of the work to promote employment for all adults with disabilities or mental health challenges the improvement plan will include work with Human Resource to identify and support employment opportunities within the council.

4.4.24

Recommendation 10 - The Councils have made some early progress with initiatives to ensure Equality, Diversity and Inclusion and should consider how these can be extended and fully embedded.

What the peers said - There are pockets of good practice on Equality Diversity and Inclusion (EDI) that the council can build upon. For example: front line staff valued an EDI tool that helped them to begin conversations with people; there are monthly lunchtime conversations corporately on EDI, with adult social care staff encouraged to attend; there is a dedicated EDI team across Cambridgeshire and Peterborough who are working to raise awareness; consultants have been appointed to develop EDI training; and commissioners have reviewed their Equality Impact Assessment documentation and are providing training on the completion of these. However, during the peer challenge, very few staff were able to articulate the work they were doing on EDI, or how EDI could make a difference to people with protected characteristics. For example, commissioners could not evidence how they met the needs of their culturally diverse communities, and it did not appear to be an area of focus in their activities. This was reflected in the comments of care providers who did not feel that the Councils took account of EDI in strategic commissioning, although social workers often did at an individual level. Care providers would welcome co-producing the approach to EDI - for example supporting the Council to understand EDI in their staffing profiles. The voluntary and community sectors have EDI very well embedded in their practice and training, and the Councils should consider learning from their approach.

Proposed actions - We are running a workshop with strategic commissioning teams in the new year on EDI which will aim to challenge ourselves on what we need to do differently to meet the EDI Priority externally and set an action plan around areas identified.

4.5 **You Said – We did – progress made against the priorities identified by our Adult Social Care Forum and partnership Boards**

4.5.1 As a first step toward embedding co-production into adult social care we co-produced some key priorities with our stakeholder engagement forums and Appendix 2 contains our report on the progress we have made in delivering these shared priorities due 21/22.

4.5.2 Priority 1 - You said you had Concerns around digital inclusion/exclusion and the impact this has on people's ability to know where to go for information, advice, and signposting help.

Together we agreed This priority had two aims:

- To provide a wider variety of communication channels for the public to use in order to improve access to information and advice for those who do not have access to the internet.
- 2. To improve access to the internet for individuals and communities and raise awareness of the community support available to help with this.

What we have done -

1. Gathered feedback from Partnership Boards/experts by experience and providers on their experiences.
2. Met with the council's communications and web and digital team to discuss findings.
3. Carried out two adult social care information surveys:
4. Placed a feedback survey on adult social care pages of the council's website.
5. Survey for Partnership Board members/experts by experience asking for their feedback about looking for adult social care information.
6. Set up expert by experience reader groups to help with the production of public-facing council care and support information
7. Started work on changing the adult services webforms on the website.
8. Promoted funding available for digital inclusion projects, including the Innovate & Cultivate Fund.
9. Worked with the council's Think Communities team on raising awareness of the digital skills training and support available in the community.
10. Agreed with the council's Adults Commissioning Team that they would look at digital support requirements in council contracts with providers.

4.5.3 Priority 2 – You said you wanted us to focus on transitions into and out of adult social care services.

Together we agreed this priority had two aims:

- To improve the experience of individuals and/or their family/carers in the transition from children's services into adult services. This could be for social care or health services.
- To improve the support available to individuals with experience of multiple disadvantages as they transition into and out of support, such as when individuals move into housing services.

What we have done

1. Linked with the council's Preparing for Adulthood workstream.
2. New webpages have been created on support, advice and information for Parent Carers and Carers.
3. Met with the council's Communications Team regarding information on relevant services for those experiencing multiple disadvantages.

4.5.4 Priority 3 – You said you wanted us to improve our approach to co-production

Together we agreed this priority had three aims:

- To raise awareness and understanding of co-production amongst council and health staff.
- Training on co-production to be provided to council and health staff so that they are confident to use co-production in their work.
- Service users, carers and experts by experience are involved in the design, delivery, and evaluation of the local services they use.

What we have done

1. Set up two task and finish groups:

- Group One – To agree how to apply the SUN Network Co-production and Involvement Best Practice Guidance in everyday practice within Adults and Safeguarding.
- Group Two – To agree how to apply the SUN Network Co-production and Involvement Best Practice Guidance within the local health and social care system, related to commissioning practice and system development.
- Produced a Cambridgeshire and Peterborough Shared Commitment to Co-production document.
- Produced a Co-production Standards Checklist document, using the SUN Network Co-production and Involvement Best Practice Guidance '*Steps to Success: A Commissioner and Services Co-production Plan for Achieving Success.*'
- Had research carried out into co-production training, guidance, and reimbursement/recognition for activities carried out by experts by experience.
- We have: Agreed 'I' and 'We' statements describing the outcomes that individuals would like to happen related to:
 - The Adult Social Care needs assessment / Care and Support planning / Adult Social Care review processes
 - Information and Advice
 - We have Agreed areas of Adult Social Care practice which could be co-produced. These included:
 - Adult Social Care feedback forms.
 - Adult Social Care standard letters.
 - Adult Social Care information for the public (such as care and support information factsheets).
 - Guidance on how meetings are run.

4.6 Key actions for adult social care going forward

4.6.1 The actions relating the recommendations from the LGA peer review set out above will form the basis on a developing improvement plan. We will also include the following areas for development previously identified within our regional self-assessment, which are currently being taken forward either as part of the care reform programme of work or as an element of our developing performance improvement plan.

4.6.2 Social Care Reform – a programme of work is being developed to lead on the implementation of the legal reforms. We currently awaiting an update on the timelines from the Department of Health and Social Care following the budget announcement of the two-year delay to some elements, including the cap on care costs. A programme of delivery is in place with workstreams currently being scoped. The following key areas for action are covered within the social care reform work programme.

1. Workforce
2. Market sustainability and fair cost of care

4.6.3 Safeguarding enquiry improving oversight of quality and timelines – undertaking a thematic practice audit for safeguarding and clear focus on monitoring the timelines for safeguarding enquiries and understanding what leads to delays.

4.6.4 Accommodation needs assessment and mental health supported accommodation review. - Completion of an adult social care Accommodation Needs Assessment across all client

groups which gives a clear view of current, medium term and longer-term need. Clear communication with the market on the level/type of accommodation needed to stimulate development, address current shortfalls in capacity, particularly within LD/Autism, engagement in development of new solutions.

4.6.5 Carers – information and advice and breaks - Work is underway across Operations and Commissioning to review the current 'offer' for carers and identify areas for improvement in practice and commissioned services. There is a carers strategic group which includes health partners which will have oversight of the carers strategy refresh which is being co-produced and due for publication in spring 2023.

4.6.6 Learning Disability –We are working with Cambridgeshire and Peterborough Foundation Trust (CPFT) looking at health professional recruitment across the board, however it should be noted that there is a national issue due to lack of provision of learning disability specialist training for nurses. We are working on models of crisis response for people with complex needs to prevent unnecessary admission to hospital and support in their local communities, with short-, medium- and long-term options.

4.6.7 Coproduction and customer engagement – Building on the work we have undertaken around best practice in co-production we want to take the next steps to embed this into our practice. We have a graduate trainee assigned to adult social care from October 2022 to March 2023 to support with the co-production of a vision for adult social care in Cambridgeshire for the next 3-5 years. We are also local at different models for engaging with stakeholders from embedded collection of user experience at all points of our front- line work, through to remuneration for users and carers who bring their unique skills to support in recruitment or policy and strategy design

5. CONSULTATION

5.1 Health and Wellbeing Integrated Care Strategy
The 'Let's Talk - your health and care' campaign was launched on 7 October 2022 to inform the Health and Wellbeing Integrated Care Strategy. It is the first large scale engagement campaign launched by the Integrated Care System and incorporated questions on wider health and wellbeing. The aim was to reach a wide cross section of our community and to focus on hearing from communities whose voices we hear less often. The insights and feedback from this report has been fed into the Health and Wellbeing Integrated Care Strategy and form the basis for future engagement work. There has also been considerable system partnership consultation.

5.2 The LGA Peer review included engagement with our partners and user and carer groups. Several the performance metrics in the ASCOF framework are also fed directly by user and carers surveys. The report also sets out our approach to co-production in paragraph 4.5

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 The overall impact of Peterborough City Council's public health functions should be to improve the health of local residents and reduce health inequalities.

6.2 The adult social care self-assessment and LGA Peer Review have at the heart the objective of monitoring and improving outcomes for people with care and support needs, their carers, and the social care workforce.

7. REASON FOR THE RECOMMENDATION

7.1 This paper enables the Adult and Health Scrutiny Committee to consider and comment on the delivery of the Public Health and Adult Social Care functions of Peterborough City Council and make appropriate recommendations.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 The Committee may have chosen to focus on one topic, rather than a more comprehensive Cabinet Portfolio Holder's update report. However, the breadth of the work of the Council's public health and adult social care functions would not then have been submitted to the same level of democratic scrutiny in public.

9. IMPLICATIONS

9.1 Financial Implications

- 9.1.1 Covid Outbreak Management Fund financial implications are outlined in paragraphs 4.1 for the Covid Outbreak Management Fund

- 9.1.2 Peterborough City Council receives a ring-fenced Public Health Grant. In 2022/23 this has been increased by £317,108 to £11,569,619. The grant is ringfenced for use on public health functions. Over 90% of the Public Health grant in Peterborough is spent on public health services which are commissioned externally including health visiting, school nursing, the national child measurement program, substance misuse prevention and treatment services, sexual health a contraception services, lifestyle services and NHS health checks. Some Public Health grant is pooled with council corporate funding to fund services that contribute to public health in other PCC directorates.

- 9.1.4 The information provided on the adult social care sector led improvement and You Said We Did work is for information only and has no financial implications for consideration. The report does note in paragraph 4.4.6 that the Council assessed financial pressures for social care to be one on the top three risks within the self-assessment. This was also reflected in the LGA Peer Review as outline in paragraph 4.4.19

9.2 Legal Implications

- 9.2.1 Under the Health and Social Care Act (2012) the Council has a statutory duty to take such steps as it considers appropriate to improve the health of local residents. The public health grant is currently ring-fenced for use on services meeting the grants terms and conditions.

The Adult Social Care self-assessment and LGA Peer review both assess the compliance with statutory Care Act duties as part of their key criteria.

9.3 Equalities Implications

- 9.3.1 There is a wider focus within public health services on reducing health inequalities, which in turn should impact positively on a number of equalities groups.

Paragraph 4.4.24 sets out the LGA Peer Review findings and recommendation in relation to the embedding of Equality, Diversity, and Inclusion into the council's adult social care functions.

9.4 Rural Implications

- 9.4.1 The public health and adult social care functions outlined should, where feasible, be delivered in both urban and rural areas of Peterborough. It is important to ensure that where services are based centrally within the City there is appropriate outreach into rural areas, based on need.

9.5 Carbon Impact Assessment

- 9.5.1 Because this paper describes retrospectively the activities of public health services over 2020/21 and will not result in decisions about services or projects, the carbon impact will be neutral.

The adult social care elements of the paper are for information and not decision making and therefore will in themselves have a neutral carbon impact.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985
LGA Peer Review Final Report

ASCOf published results - [Measures from the Adult Social Care Outcomes Framework, England, 2021-22 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/measures-from-the-adult-social-care-outcomes-framework)

10.1 NA

11. APPENDICES

Appendix One – Adult Social Care Outcomes Framework results 2021/22

Appendix 2 – You Said We Did – coproduction summary

11.1 NA

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Appendix 1

Key **Red PCC is worse** - **Amber PCC is the same** - **Green PCC is better**

	Indicator name	Data Type	Polarity	Peterborough h 2021-22	Peterborough h 2020-21	Peterborough h 2019-20	Eastern Region 2021/22	CIPFA Comparator group PCC 2021/22	England 2021/22	21/22 PCC rank
1A	Social care-related quality of life score (Score out of 24)	%	Good to be high	19.1		19.4	18.9	18.7	18.9	44
1B	The proportion of people who use services who have control over their daily life	%	Good to be high	75.9		79.0	77.3	76.3	76.9	91
1C(1A)	The proportion of people who use services who receive self-directed support	%	Good to be high	100.0	99.0	99.0	93.3	95	94.5	1
1C(1B)	The proportion of carers who receive self-directed support	%	Good to be high	100.0	100.0	100.0	94.7	89.8	89.3	1
1C(2A)	The proportion of people who use services who receive direct payments	%	Good to be high	34.0	30.0	34.0	25.5	30	26.7	32
1C(2B)	The proportion of carers who receive direct payments	%	Good to be high	29.0	31.0	39.0	71.2	77.5	77.6	130
1D	Carer-reported quality of life score (Score out of 12)	%	Good to be high	6.8			7.3	na	7.3	122
1E	The proportion of adults with a learning disability in paid employment	%	Good to be high	1.7	2.5	4.0	5.2	4.1	4.8	130
1F	The proportion of adults in contact with secondary mental health services in paid employment	%	Good to be high	6.0	15.0	14.0	11	7.6	6	60
1G	The proportion of adults with a learning disability who live in their own home or with their family	%	Good to be high	87.1	84.0	82.0	73.3	86.5	78.8	33
1H	The proportion of adults in contact with secondary mental health services living independently, with or without support	%	Good to be high	20.0	80.0	77.0	39	37.6	26	94
1I(1)	The proportion of people who use services who reported that they had as much social contact as they would like	%	Good to be high	38.9		48.0	39.6	40.1	40.6	103
1I(2)	The proportion of carers who reported that they had as much social contact as they would like	%	Good to be high	21.3			27.3	na	28	136
2A(1)	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	Rate per 100k	Good to be low	11.7	4.0	10.0	11.9	12.6	13.9	64
2A(2)	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate per 100k	Good to be low	462.4	419.0	403.0	467.9	505.1	538.5	49
2B(1)	The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	%	Good to be high	74.1	81.0	80.0	82.9	79.3	81.8	127

2B(2)	The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	%	Good to be high	2.9	2.3	2.0	2.7	3.1	2.8	65
2D	The outcome of short-term services: sequel to service	%	Good to be high	86.6	65.0	73.0	73.6	75.7	77.6	42
3A	Overall satisfaction of people who use services with their care and support	%	Good to be high	66.8		63.0	65.4	63.2	63.9	36
3B	Overall satisfaction of carers with social services	%	Good to be high	40.7			35.4	na	36.3	36
3C	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	%	Good to be high	60.0			67.3	na	64.7	114
3D(1)	The proportion of people who use services who find it easy to find information about support	%	Good to be high	64.1		72.0	63.2	65.1	64.6	85
3D(2)	The proportion of carers who find it easy to find information about support	%	Good to be high	56.3			58.2	na	57.7	83
4A	The proportion of people who use services who feel safe	%	Good to be high	66.8		73.0	69.9	68.9	69.2	105
4B	The proportion of people who use services who say that those services have made them feel safe and secure	%	Good to be high	82.3		81.0	84.3	83.4	85.6	107

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Adult Social Care Forum shared priorities action plan 2021-22 final report

The Adult Social Care Forum



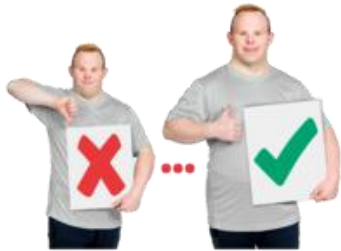
- The **Adult Social Care Forum** is a group that talks about health and social care issues in Cambridgeshire and Peterborough.
- The Forum looks at key themes raised by the Partnership Boards and expert by experience groups and uses this information to help make local services better.
- The Forum agrees actions to help this to happen.
- The Forum is chaired by the Head of Adults Commissioning, CCC/PCC and has members from:
 - The five Adult Social Care Partnership Boards
 - SUN Network
 - Counting Every Adult co-production group
 - Healthwatch Cambridgeshire and Peterborough
 - Cambridgeshire County Council and Peterborough City Council
 - Health organisations

Adult Social Care Forum shared priorities



- The Forum had three shared annual priorities for 2021-22:
 - 1) Concerns around digital inclusion/exclusion and the impact this has on people's ability to know where to go for information, advice, and signposting help.
 - 2) Transitions.
 - 3) Support to embed co-production into council and health activities.
- The Forum has had a shared action plan to carry out work on these priorities.

Priority 1: Digital inclusion/exclusion



- This priority had two aims:
 - 1) To provide a wider variety of communication channels for the public to use in order to improve access to information and advice for those who do not have access to the internet.
 - 2) To improve access to the internet for individuals and communities and raise awareness of the community support available to help with this.

Priority 1: You said, we did...

We have:

- Gathered feedback from Partnership Boards/experts by experience and providers on their experiences.
- Met with the council's Communications Team to discuss findings.
- Carried out two Adult Social Care information surveys:
 - 1) Survey on Adult Social Care pages of both council websites.
 - 2) Survey for Partnership Board members/experts by experience asking for their feedback about looking for Adult Social Care information.
- Set up expert by experience reader groups to help with the production of public-facing council care and support information.



Priority 1: You said, we did...

We have:

- Started work on changing the Adult Services webforms on both council websites.
- Promoted funding available for digital inclusion projects, including the Innovate & Cultivate Fund.
- Worked with the council's Think Communities team on raising awareness of the digital skills training and support available in the community.
- Agreed with the council's Adults Commissioning Team that they would look at digital support requirements in council contracts with providers.



Priority 2: Transitions



- This priority had two aims:
 - 1) To improve the experience of individuals and/or their family/carers in the transition from children's services into adult services. This could be for social care or health services.
 - 2) To improve the support available to individuals with experience of multiple disadvantages as they transition into and out of support, such as when individuals move into housing services.

Priority 2: You said, we did...

We have:

- Linked with the council's Adults Positive Challenge Preparing for Adulthood workstream.
- New webpages have been created on support, advice and information for Parent Carers and Carers for CCC and PCC. These pages have been co-produced with Caring Together, Pinpoint Cambridgeshire and Family Voice Peterborough.
- Met with the council's Communications Team regarding information on relevant services for those experiencing multiple disadvantages.



Priority 3: Co-production



Co-production means a way of working where everyone works together as equals to do something. For example, this could be designing a leaflet or a council service. It takes place from the start of doing something to the finish.

- This priority had three aims:
 - 1) To raise awareness and understanding of co-production amongst council and health staff.
 - 2) Training on co-production to be provided to council and health staff so that they are confident to use co-production in their work.
 - 3) Service users, carers and experts by experience are involved in the design, delivery and evaluation of the local services they use.



Priority 3: You said, we did...

We have:

- Agreed the SUN Network Co-production and Involvement Best Practice Guidance as the basis of our co-production approach (July 2021).
- Linked with the following groups to develop a joint approach to co-production:
 - Cambridgeshire and Peterborough Personalised Care Working Group.
 - Cambridgeshire and Peterborough All Age Mental Health Co-production Collaborative.
- Adopted the SUN Network co-production training which was tested by the council's Adults Commissioning Team.



Priority 3: You said, we did...

We have:

- Set up two task and finish groups:
 - Group One – To agree how to apply the SUN Network Co-production and Involvement Best Practice Guidance in everyday practice within Adults and Safeguarding.
 - Group Two – To agree how to apply the SUN Network Co-production and Involvement Best Practice Guidance within the local health and social care system, related to commissioning practice and system development.



Priority 3: You said, we did...

These groups discussed:

- What was in scope for co-production.
- What support would be required to make this happen.
- How we would monitor that the agreed co-production approach is happening.
- How we would show our shared commitment to making co-production happen.
- How we would report back on our progress.
- Who would need to endorse our agreed process.
- Research undertaken into co-production training, guidance, and reimbursement/recognition for activities carried out by experts by experience.



Priority 3: You said, we did...

We have:

- Produced a Cambridgeshire and Peterborough Shared Commitment to Co-production document.
- Produced a Co-production Standards Checklist document, using the SUN Network Co-production and Involvement Best Practice Guidance '*Steps to Success: A Commissioner and Services Co-production Plan for Achieving Success*'.
- Had research carried out into co-production training, guidance, and reimbursement/recognition for activities carried out by experts by experience.



Priority 3: You said, we did...

We have:

- Agreed 'I' and 'We' statements describing the outcomes that individuals would like to happen related to:
 - The Adult Social Care needs assessment / Care and Support planning / Adult Social Care review processes
 - Information and Advice
- Agreed areas of Adult Social Care practice which could be co-produced. These included:
 - Adult Social Care feedback forms.
 - Adult Social Care standard letters.
 - Adult Social Care information for the public (such as care and support information factsheets).
 - Guidance on how meetings are run.
- Agreed that follow-up task and finish group work would take place to take forward co-production for these areas.



Next steps



- The recommended shared approach to co-production will be taken to a range of internal and external health and social care groups for their agreement and endorsement.
- Further task and finish group co-production work will take place on the Adult Social Care practice areas highlighted.
- The shared approach to co-production will be used by council and health partners across Cambridgeshire and Peterborough.

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ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
3rd JANUARY 2023	PUBLIC REPORT

Report of:	Charlotte Black – Chair of Cambridgeshire & Peterborough Safeguarding Adult Board	
Cabinet Member(s) responsible:	Cllr John Howard - Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Joanne Procter Head of Service- Cambridgeshire & Peterborough Safeguarding Partnership Board	Email: Joanne.procter@peterborough.gov.uk

CAMBRIDGESHIRE AND PETERBOROUGH SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2021-22
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RECOMMENDATIONS	
FROM: Charlotte Black – Chair of Cambridgeshire & Peterborough Safeguarding Adult Board	Deadline date: N/a For information only
<p>It is recommended that the Adults and Health Scrutiny Committee:</p> <p>1. The Committee members are asked to note the contents of the annual report</p>	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee for information purposes. The Care Act 2014 requires each Safeguarding Adults Board to publish an annual report and ensure that it is shared with the Local Authority.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide the Adults and Health Scrutiny Committee members with a summary of both the work of the Safeguarding Adult Board and the work of the sub committees and highlight the significant events from April 2021- March 2022

2.2 This report is for [Insert name of Committee] to consider under its Terms of Reference No. XXX

[Democratic Services to complete this section following liaison with Author. Do NOT include any other text under this heading].

3. TIMESCALES *[If this is not a Major Policy item, answer **NO** and delete the second line of boxes.]*

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

4.1 The annual report includes information on the work that has been undertaken by the Cambridgeshire and Peterborough Safeguarding Adult Board in the period April 2021- March 2022. Partner agencies, Peterborough City Council, contributed to the information contained within the annual report.

The annual report was approved by the Safeguarding Adult Board in November 2022 and was subsequently published on the Boards website (www.safeguardingpeterborough.org.uk) and shared on social media.

The annual report summarises both the work of the Safeguarding Adult Board and the work of the sub committees and highlights the significant events from April 2021- March 2022. It recognises areas of good practice and presents statistical information about partnership safeguarding performance.

Safeguarding is about people, their safety, wishes, aspirations and needs. The partnership has been active in identifying and learning lessons through the Safeguarding Adult Review subgroup. We have published two case reviews within the time period covered by this review. The learning from these reviews has been identified and disseminated through various activities including briefings, workshops and learning lessons training. The dissemination of the learning is explored in greater detail within the report.

In the time period covered by this report, we have introduced a process (MARM) to help practitioners work together to support those individuals who have care and support needs but do not want to engage with services.

We have also worked with our partners in the community safety partnerships to develop a cuckooing policy. This was supported by a week of community action to raise awareness.

Our multi-agency safeguarding training programme has continued to be well attended. Just under 1,000 people accessed training and the virtual briefings had been viewed a total 26,134 times. This is almost two and a half times the number of views on the previous year.

The virtual training continues to be greatly received with 98% of professionals reporting that they felt that the safeguarding virtual training content met their training needs and 97% of professionals stating that the delivery of the training was right for them.

The report has been brought to the Adults and Health Scrutiny Committee for information purposes

5. CONSULTATION

5.1 None applicable

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 To provide members with an enhanced understanding of the work of the Safeguarding adults Board in 2021-22.

7. REASON FOR THE RECOMMENDATION

7.1 There is a statutory requirement for the annual report to be shared with the Local Authority.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 As detailed above there is a statutory requirement for the annual report to be shared with the Local Authority

9. IMPLICATIONS

Financial Implications

9.1 *There are no financial implications arising from the report*

Legal Implications

9.2 *There are no legal implications arising from the report*

Equalities Implications

9.3 *There are no equalities implications arising from the report*

Rural Implications

9.4 *There are no rural implications arising from the report.*

Carbon Impact Assessment

9.5 *None applicable*

10. BACKGROUND DOCUMENTS

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

10.1 *None applicable*

11. APPENDICES

11.1 The Cambridgeshire and Peterborough Safeguarding Adults Partnership Board Annual Report 2021-22



**Cambridgeshire &
Peterborough
Safeguarding Adults
Partnership Board**

Annual Report 2021/22



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FORWARD

We are pleased to present the annual report of the Cambridgeshire & Peterborough Safeguarding Adults Partnership Board for 2021-22. This is presented on behalf of the three statutory partners and the local multi-agency safeguarding arrangements.

The annual report outlines the key activities and achievements of the Board and its partners over the last year. You will see in the report that we have continued to work on our priority areas throughout the year. The multi-agency safeguarding training has moved to a virtual delivery and continued to develop and grow, policies and procedures have been updated and implemented, and quality assurance and scrutiny activity has taken place. One of the key roles of the Board is to ensure that partners continue to work together effectively and this has been evidenced throughout the year. We continue to work closely with other partnerships to ensure that the work is delivered jointly and consistently to avoid duplication or gaps.

Safeguarding is about people, their safety, wishes, aspirations and needs. The partnership has been active in identifying and learning lessons through the Safeguarding Adult Review subgroup. We have published two case reviews within the time period covered by this review. The learning from these reviews has been identified and disseminated through various activities including briefings, workshops and learning lessons training. The dissemination of the learning is explored in greater detail within the report.

Finally, we would like to thank all members of the Board for their professionalism, commitment and support. We would also like to say thank you to all agencies and frontline staff for the incredible work that they do to keep adults safe from abuse and neglect.

Charlotte Black

Executive Director, People and
Communities



Carol Anderson

Chief Nurse



Vicki Evans

Assistant Chief Constable



ABOUT THE BOARD

The Care Act 2014 makes Safeguarding Adults Board a statutory requirement.

The Cambridgeshire and Peterborough Safeguarding Partnership Board is made up of statutory and non-statutory organisations representing health, care and support providers and the people who use those services across Cambridgeshire and Peterborough.

The membership of the Partnership Board is made up of the following organisations/agencies:



¹ Cambridgeshire County Council and Peterborough City Council representatives include Adult Social Care, Public Health and Elected councillors

What we do

The overarching purpose of the SAB is to safeguard adults with care and support needs, and assure itself that effective local adult safeguarding arrangements are in place. As a Board, we support the systems that keep adults with care and support needs safe, preventing abuse where possible and hold partner agencies to account.

We do this by:

- Proactively identify and respond to new and emerging safeguarding issues and develop multi-agency policies, procedures and work streams.
- Communicate widely to persons and bodies of the need to safeguard and promote the welfare of adults, raising their awareness of how this can best be done and encouraging them to do so.
- Oversee, evaluate and seek assurance on the effectiveness of single/multi-agency safeguarding practice in order to drive improvement.
- Undertake Safeguarding Adults Reviews to identify learning and improve practice.
- Raise awareness and train the multi-agency workforce to promote a common, shared understanding of safeguarding and local need.

The Board has three core duties. They are:

- Develop and publish a **strategic plan** setting out how we will meet our objectives and how our member and partner agencies will contribute.
- Publish an annual report
- Commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria for these.

The local safeguarding arrangements have a number of Boards and subgroups that oversee the Safeguarding Partnership. The most senior Board is the Executive Safeguarding Partnership Board, which is made up of membership from the 3 statutory partners (LA, CCG and Police). It also includes members from public health, Healthwatch and the voluntary sector. The Executive Safeguarding Board considers both the children's and adults safeguarding agenda. The Safeguarding Adult Partnership Board sits directly below the Executive Safeguarding Partnership Board and has wider partnership membership (Appendix 1 details those agencies who are members of the Board). The diagram below details the current governance structure.

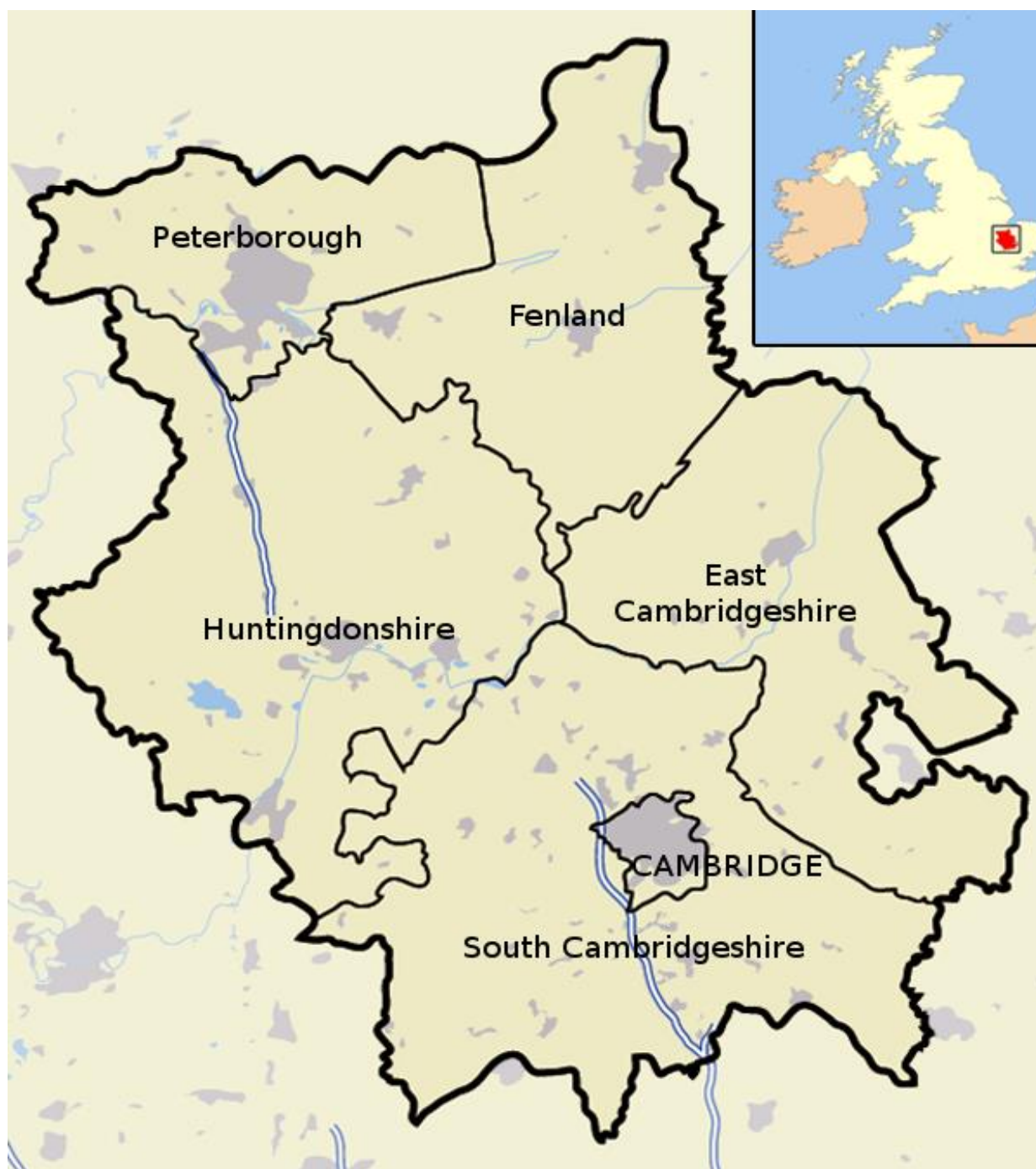


The Education in Safeguarding Group/ Child Protection Information Networks and Health Safeguarding Groups are in dotted lines as they are not Safeguarding Board groups but are established under education and health governance arrangements. The Executive Safeguarding Partnership Board has maintained it's links with other groups and Boards who impact on child and adult services this year. These are illustrated in Figure 1. This ensures that all aspects of safeguarding are taken into account by the other statutory Boards and that there is a co-ordinated and consistent approach. These links mean that safeguarding vulnerable people remains on the agenda across the statutory and strategic partnership and is a continuing consideration for all members.



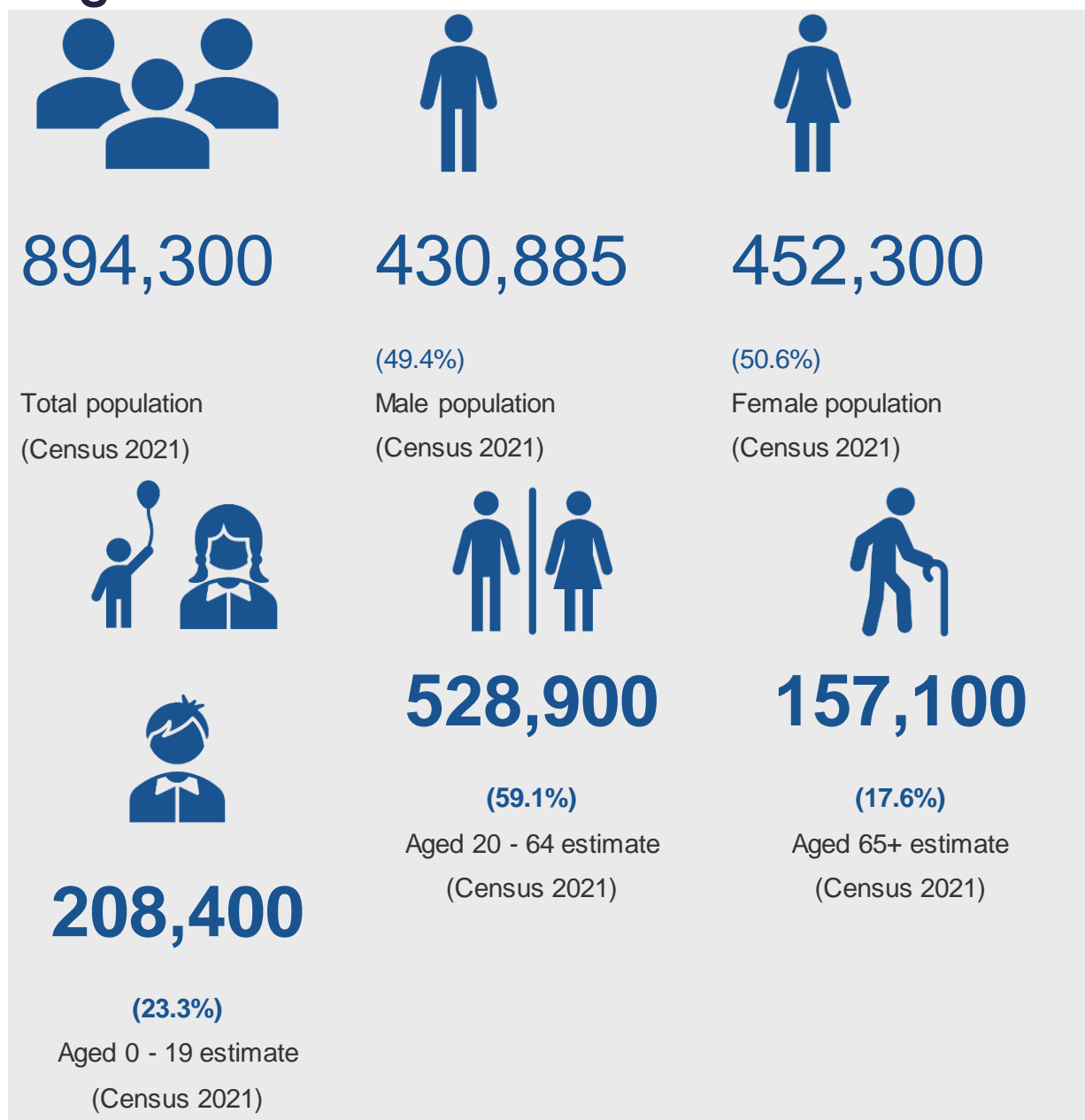
Links to other statutory Boards

DEMOGRAPHICS



Cambridgeshire covers an area 1,309 sq miles in the East of England bordering Lincolnshire to the north, Norfolk to the north-east, Suffolk to the east, Essex and Hertfordshire to the south, and Bedfordshire and Northamptonshire to the west. The county is divided between Cambridgeshire County Council and Peterborough City Council, which since 1998 has formed a separate unitary authority. In the non-metropolitan county there are five district councils, Cambridge City Council, East Cambridgeshire District Council, Fenland District Council, Huntingdonshire District Council and South Cambridgeshire District Council.

Population of Cambridgeshire and Peterborough at a glance²



The Census 2021 total usual resident population for Cambridgeshire and Peterborough is 894,300. This is an increase of 11.1% (89,500 residents) compared to Census 2011. There has been particularly high population growth in the urban local authorities of Cambridge and Peterborough, with rises of just over 17% in both areas. Cambridge and Peterborough have seen some of the highest percentage increases in population in England since Census 2011 when compared to other local authorities, topped only by Tower Hamlets, Dartford, Barking and Dagenham, and Bedford.

² <https://cambridgeshireinsight.org.uk/population/report/view/9eb28cf5b5d045d28eeabce7819ba4f6/E47000008>

Between Census 2011 and Census 2021 Peterborough’s usual resident population has increased by 32,100, 17.5%, to 215,700 from 183,600. It has been one of the fastest growing local authorities both in the East of England and England.

Cambridgeshire and Peterborough’s ethnic composition is primarily White (90.3%). The next largest ethnicity group is Asian (5.9%) and Black (1.3%)

The ethnic composition of Cambridgeshire and Peterborough differs between areas. Peterborough is much more ethnically diverse, with a larger proportion of people from ‘Asian; Indian/Pakistani/Bangladeshi’ and ‘White Other’ ethnicities. There are more than 100 languages spoken in Peterborough with more than a third of children speaking English as their second language. In Cambridgeshire districts, Cambridge City is much more ethnically diverse than Fenland. Within Cambridge City 82.5% of residents identified as White compared to 97.2% of Fenland residents.

According to the Census 2011 figures, there were 2,068 people identified with the ethnic background White: Gypsy or Irish Traveller. The traveller caravan count data provided by local authorities on the number of caravans and traveller sites, does not cover the number of occupants residing in these caravans or caravan sites. In July 2021, there were a total of 1,681 caravans on authorised (socially rented and private) and unauthorised sites. 36% of these were located in East Cambridgeshire and 35% were in Fenland³

Safeguarding Adults Data 2021 -22

A safeguarding concern is any issue raised with Adult Social Services, which is identified as being about an adult safeguarding matter. If the concern meets the criteria for safeguarding (as defined by the Care Act 2014), a Section 42 Enquiry is raised, which involves fuller investigation and formal intervention.

Cambridgeshire Data

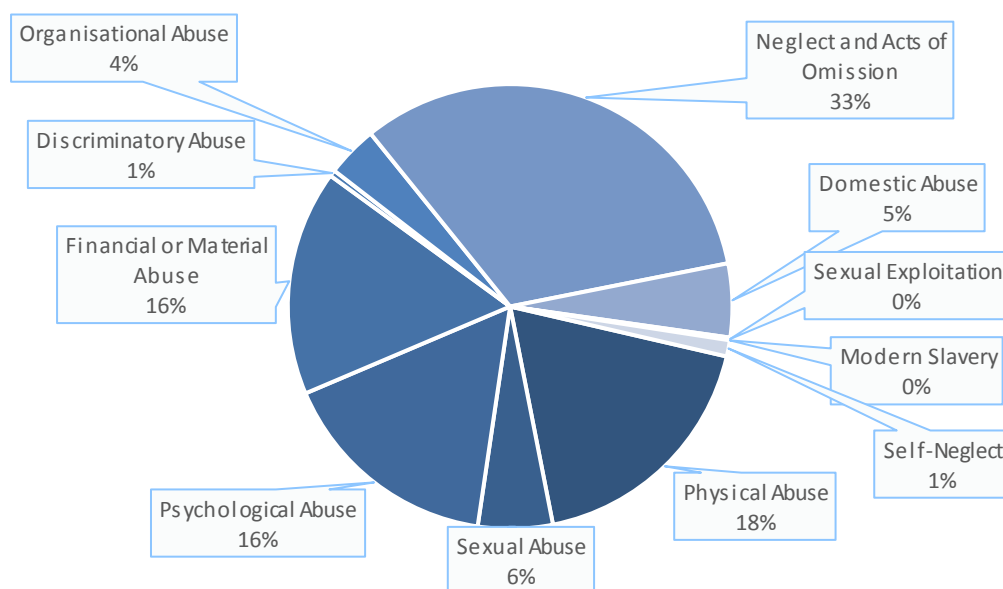


³ <https://www.gov.uk/government/statistics/traveller-caravan-count-july-2021>

In Cambridgeshire, there were 7823 concerns of abuse raised involving 4823 individuals; this is a decrease of 449 concerns on the previous year. 15% (1,136) of concerns led to a Section 42 safeguarding enquiry, involving 962 individuals, being commenced.

During the year, 1,308 Section 42s had concluded. Neglect and Acts of Omission were the most prevalent type of risk identified in Safeguarding Enquiries (33%), followed by Physical Abuse (18%).

Concluded S42s by type of risk



The majority of risks were located in their own homes, followed by residential care homes. 63% of Safeguarding Enquiries identified a risk and action was taken. 91% of completed Safeguarding Enquiries had removed or reduced the risk identified.

45% of concluded enquiries found the person at risk had lacked mental capacity, of these 91% had support provided by an advocate, family or friend.

In 75% of concluded Safeguarding Enquiries, the person at risk was asked and expressed what their desired outcomes were. Of these, 96% had their outcomes fully or partially achieved in the safeguarding enquiry. 15% of concluded Safeguarding Enquiries, the person at risk was asked but did not express what their desired outcomes were.

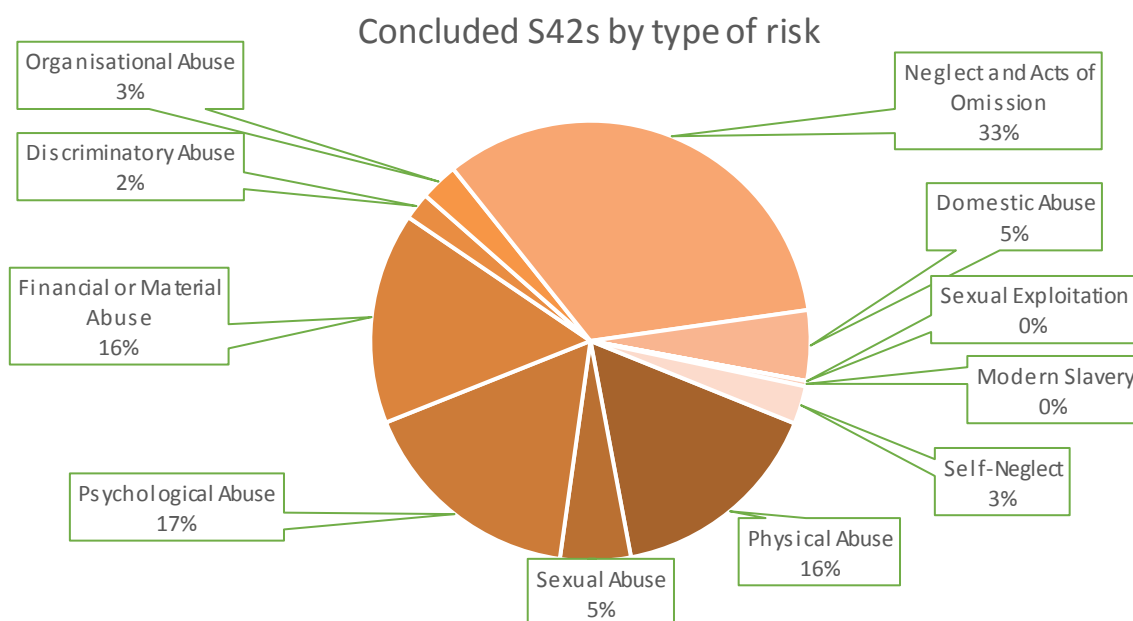


Peterborough Data



In Peterborough, there were 2,170 concerns of abuse raised involving 1,471 individuals. This is an increase of 795 on the previous year. 8% (178) of concerns led to Section 42 safeguarding enquiries, involving 165 individuals, being commenced.

During the year, 251 Section 42s had concluded. Neglect and Acts of Omission were the most prevalent type of risk identified in Safeguarding Enquiries (33%), followed by Psychological Abuse (17%).



As in Cambridgeshire, the majority of risks were located in their own homes, followed by residential care homes. 65% of Safeguarding Enquiries identified a risk and action was taken. 94% of completed Safeguarding Enquiries had removed or reduced the risk identified.

33% of concluded enquiries found the person at risk had lacked mental capacity, of these 92% had support provided by an advocate, family or friend.

In 68% of concluded Safeguarding Enquiries, the person at risk was asked and expressed what their desired outcomes were. Of these, 91% had their outcomes fully or partially achieved in the safeguarding enquiry. 17% of concluded Safeguarding Enquiries, the person at risk was asked but did not express what their desired outcomes were.



SAFEGUARDING ADULTS PARTNERSHIP BOARD PRIORITIES 2021/2022

Priority One: The importance of Making Safeguarding Personal (MSP) is recognised and implemented effectively across agencies

Making Safeguarding Personal (MSP) is a golden thread running throughout everything the Board does and is in all of our multi-agency training, resources and audits. The Importance of listening and acting to the voice of the adults is imperative throughout all safeguarding practice.

MSP continues to be discussed at the Quality & Effectiveness subgroup as part of the Single Agency Performance monitoring to see how agencies are embedding the assessment and support of MSP into practice. For the first time a multi-agency MSP audit took place during 2021 and included, 25 safeguarding referrals across agencies being analysed against an agreed MSP audit tool. The findings from the audit surrounding adults at risk included consideration of utilising an independent advocate, consent was generally obtained and recorded by agencies in some instances, there may have been discussions regarding what an adult wanted to happen but this was not always recorded in agencies records. . There was good evidence that the safeguarding process was explained to the adult at risk and that the individual's outcomes were generally achieved.

In addition to this audit, a professional survey on MSP was conducted. The findings from the survey corroborated the audit findings and also provided some excellent illustrations of good MSP practice when working with adults at risk. These illustrations will be put into the lived experience guidance to support other practitioners and managers

As a result of the audit and survey recommendations for single agencies were made in relation to recording and using advocates. It was recognised that further work needs to be undertaken across the partnership regarding mental capacity and this is an identified partnership board priority for 2022-2024. To support learning and understanding around MSP an initial virtual training session was offered which has now been developed into an MSP Microsoft Teams Sway.

Priority Two: Agree and implement pathways for those vulnerable adults considered "at risk"

We want adults and older people to be safe and healthy, to be independent and maximise their potential, and to be supported to make a positive contribution within their community which reciprocally supports them. This requires the Partnership to have agreed pathways for those vulnerable individuals who agencies consider to be "at risk".

Multi-Agency Risk Management (MARM)

The MARM process applies to adults with care and support needs who are not engaging with agencies. It provides a process for partner agencies to come together and agree a partnership approach to supporting an adult who is not engaging with services. A MARM audit was undertaken in early 2021 and made several recommendations, a MARM task and finish group was set up to address them. The MARM process has been in place since 2019 and during 2021-2022 the MARM guidance has been refreshed. The guidance includes a simplified flow chart process. To help practitioners in their understanding of the benefits of using the MARM we also included a number of anonymised cases of instances where the MARM was used effectively. This is to provide a real life lived experience and to show how the MARM can be used to support those adults at risk who refuse to engage and who put their lives at risk. The MARM guidance launch, virtual training workshops and MARM Sway are due to be launched later this year and the impact of the training and refreshed guidance will be discussed in next year's annual report.

Cuckooing

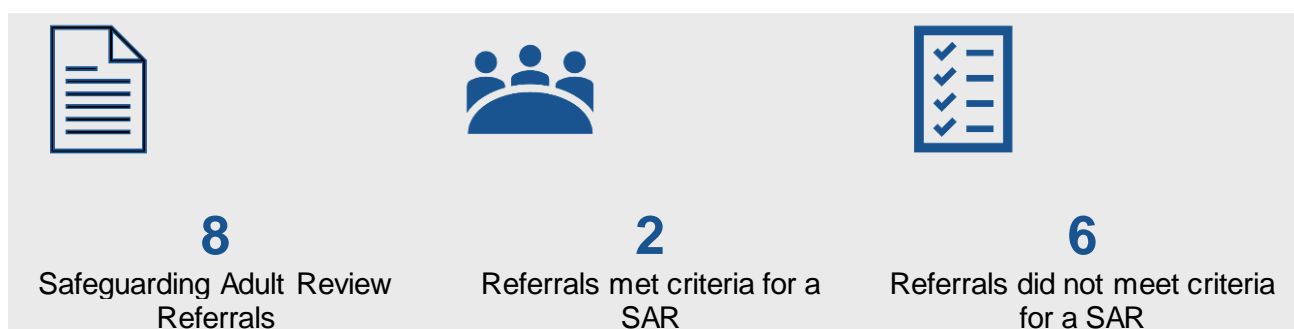
Across Cambridgeshire partner agencies recognise that vulnerable adults are being targeted by groups involved in County Lines in a process known as "cuckooing". Often their homes are taken over by gangs or groups of individuals to store and distribute drugs. The addresses often attract anti-social behaviour which can lead to an increase in calls to both police and housing partners. In conjunction with the Safer Peterborough Partnership we have created a "Cuckooing" policy to support the vulnerable adults and reduce the opportunity for them to be exploited and potentially evicted. The Partnership carried out a week of action with the police under "Operation Spotlight" where known addresses were visited and support offered. The policy and week of action are currently being evaluated but it is anticipated that this will now be rolled out Countywide.

OVERVIEW OF SAFEGUARDING ADULT REVIEWS

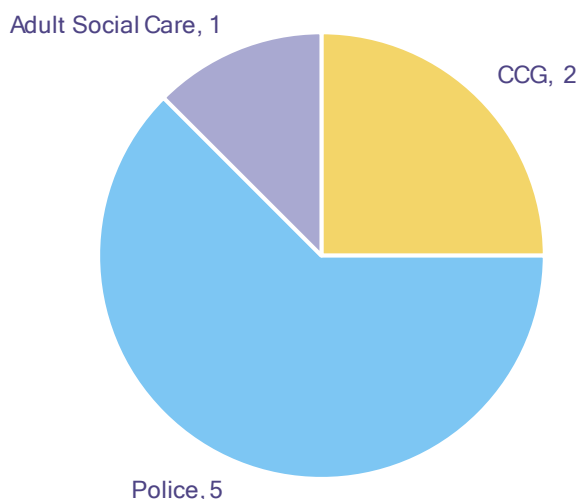
Section 44 of the Care Act describes the statutory duties placed upon Safeguarding Adult Boards to review cases where a person has died or been seriously injured, and abuse or neglect is known or suspected.

A Safeguarding Adults Board (SAB) may also arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).

Safeguarding Adults Reviews (SARs) may also be used to explore examples of good practice where this is likely to identify lessons that can be applied to future cases. The purpose of a Safeguarding Adult Reviews is not to apportion blame but to identify lessons to be learnt in order to prevent similar occurrences from happening.

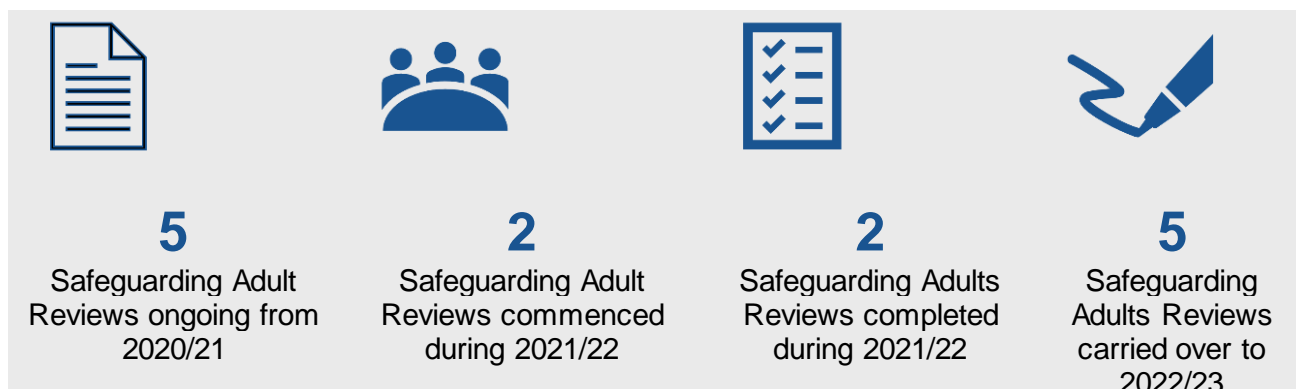


Source of SAR referrals



From April 2021 – March 2022 we received 8 referrals from agencies for consideration of whether the case met the statutory criteria for a SAR, the criteria for a SAR is specific and it must include an adult

with care and support needs. All of the referrals were scoped and discussed at the multi-agency SAR sub group meetings. Of the 8 referrals, 2 met the criteria for a SAR and 6 did not the criteria.



In the time period covered by this annual report there were already 5 SARs that had commenced prior to March 2021. 2 of these were completed and published within the timescale covered by this report. Further details regarding these SARs can be found below. The remaining 3 SARs that had commenced prior to March 2021 are still ongoing and are due to be completed post April 2022 along with 2 new SARs that had commenced during the year. These will be detailed in next year's Annual Report.

SARs published between April 2021 and March 2022

Following completion of a SAR, an action plan is developed and implemented. Progress against the action plans are monitored through the SAR sub-group. A series of workshops are held to ensure that the learning is disseminated across the Partnership and a series of written briefings are also produced that focus on the implications for practice.

Carol

Carol was a 58 year old woman who died of acquired pneumonia in February 2019 after being admitted into hospital at the end of January 2019. She lived with her husband and one of her daughters, on the Cambridgeshire and Suffolk border. Whilst the address was actually in the Cambridgeshire area some of the services that Carol received were delivered by agencies in Suffolk. Carol's daughter who lived at home has learning difficulties and she and Carol's husband found caring for Carol both challenging and stressful.

Carol struggled with her mental health and her family described that she 'gave up on life' and ceased to care for herself and the house, Carol was admitted into hospital a number of times and the family informed services that they could not cope but felt that they were not listened to. The family regarded the 'system' as having 'failed Carol'.

Areas of Good Practice

There were a number of good practice areas identified within the report including appropriate referrals being made by the ambulance service and use of the clutter scale to support the referrals.

Key Learning Points for Professionals

In Carol's case there was a wealth of evidence to suggest that Carol would not be able to care for herself, without considerable support, when discharged from hospital. Any reduction in this care should have initiated an **assessment of mental capacity**. A more detailed examination of Carol's mental capacity is likely to have shown that she lacked the insight to understand that the impact of her neglecting her own care was having a significant impact on her overall health. If this was not the case, the Multi-Agency Risk Management (MARM) process would now be initiated to provide multi-agency support with a view to working with the adult at risk to reduce the risks to life.

Two agencies working with Carol questioned whether she had possible learning difficulties. However, a **learning disability assessment** was not undertaken. Carol was struggling with her mental health and this was linked to the death of her parents. Although bereavement counselling as an outpatient was discussed it was never delivered or followed up.

Professionals failed to consider the **case holistically** and to explore what the root causes were for Carol failing to care for herself

Apart from the cross-County issues of services there was a lack of joined up working between agencies involved with Carol.

Information that was known to agencies, particularly the ongoing risk of self-neglect, did not follow Carol through the system and was not available or considered when making decisions.

Agencies providing daily community care need to be aware of the impact of self-neglect and where necessary make appropriate safeguarding referrals.

Where a safeguarding referral is made it should not be closed on the basis that another agency is involved, without understanding that the care being provided will address the concern and that the other agency is aware of the concerns and the onus on them to address them.

Where there is a recognised need for services in the community, such as bereavement counselling to a person, this should be communicated to the relevant GP and measures put in place to ensure that it is delivered as intended.

Miss Y

The name Miss Y is used as a pseudonym to anonymise and protect the adult at risk's identity and wider family.

Miss Y was diagnosed with phobic anxiety disorders, borderline learning difficulties, obsessive compulsive traits and emotional dysregulation traits and was accommodated in 2004 within a supported complex of flats in the Cambridgeshire area. Miss Y had a part time job and was well known locally. Miss Y's family described her as a very happy, loyal and likeable person. Tragically, Miss Y was murdered by another resident of the complex in 2019. Her murderer was sentenced to life imprisonment.

Key Learning from this Review Includes

- Risk assessments and Care and Support Plans need to be **up to date** and include all risk information with measures to mitigate the risk. This should be **person centred** and include the voice of the subject of the plan.
- It is important that **records of care are accurately maintained** and that the expectation for this to happen is supported.
- It is important that there is an appropriate **understanding of risk** that the communal area of a setting presents.
- Consideration needs to be given to risk at every stage, the consideration needs to be dynamic and continuous and take into account all available information. There also needs to be clear oversight and all persons involved in the management of that risk have a responsibility to challenge and build on the mitigation of risk.
- All staff must **respond to safeguarding concerns** adhering to their own policies and those of the Cambridgeshire and Peterborough Safeguarding Adults procedures.
- Agencies need to be aware of the **guidance on self-neglect** and what action can be taken to address this. In particular how this is impacted by mental capacity and mental health.
- Professionals and managers need to be aware of situations where they can become **desensitised** to situations due to familiarity.
- More consideration should be given to the use of **advocates** for persons who may have a substantial difficulty in being fully involved in the care and support process or would benefit from independent advice and support.

Local Learning from SARs

To support partners in promoting the key findings from case reviews the independent partnership board service has developed and provided supportive multi-agency training and information packs. At the conclusion of a SAR, an action plan is developed and implemented. This is monitored through the SAR sub-group. This is followed by a series of multi-agency workshops being held to ensure that the learning is disseminated across the partnership and electronic learning packs on each case are

cascaded across the partnership. The packs include a professional's briefing on the case review, a seven-minute briefing and a set of power point slides with information and practice links contained within. The learning pack can be used in single agency training or discussed as bite sized sessions within team meetings and supervision.

The lessons learned both nationally and locally feature within the biennial Thematic SAR report that are presented at the QEG and held as discussion points at the Training Subgroup for implementation into wider workforce practice. Additionally, the cases and the learning are written into the virtual briefings and online training and are promoted at termly safeguarding workshops.

During 2021 a 'Database of Learning' was developed. The data base records the details and findings from all SARs across the county. This allows further scrutiny of themes and trends arising from case reviews and is reported within the Thematic SAR report back to the SAR subgroup, QEG and Training Subgroup.



CONTRIBUTIONS FROM THE STATUTORY SAFEGUARDING PARTNERS

Adult Social Care

Adults Safeguarding is a core function within the Adults and Safeguarding directorate which is led by Debbie McQuade, Service Director reporting to the Director of Adult Social Care (DASS) for Cambridgeshire County Council and Peterborough County Council, Charlotte Black.

Adults Safeguarding is led by the Assistant Director for Safeguarding, Quality and Practice, Donna Glover. Charlotte Black chairs the Safeguarding Adults Board (SAB) on behalf of the whole system. Safeguarding adults remains a high-profile commitment for the Adults and Safeguarding Directorate. The Adults Multi Agency Safeguarding Hub (MASH) is a well established service within the directorate, triaging all incoming safeguarding concerns about adult at risk across Cambridgeshire and Peterborough. However, safeguarding activity takes place across many of our front-line teams and our commitment is to continuing to strengthen our practice across all areas. Good practice and continuous improvement is supported by the Principal Social Worker and a dedicated Quality, Practice and Standards team as well as by each social work team across the area.

Donna or the Principal Social Worker attend the Safeguarding Adults Review (SAR) sub-group to ensure that we are fully involved in making SAR referrals, considering referrals from other agencies. We are then actively engaged in panels who undertake the reviews, identifying with system partners where we have potential to improve and then embedding that change into practice.

During 2021/22 our key achievements have been:

- Covid-19: We have continued to adapt due to the ongoing pandemic and legacy of it. There have been challenges around ongoing and frequently changing restrictions and the impact of this, directly and indirectly, on adults at risk.
- Safeguarding Training: Training has continued throughout, maximising the use of online training which has now become embedded as a normal way of delivery with the potential to reach increased numbers of people.
- Adult MASH: The Cambridgeshire and Peterborough Adults MASH teams continue to work under the same leadership which allows us to continuously challenge ourselves about best practice across the whole area and adopt a consistent approach. MASH have achieved a reduction in turnaround times for triaging incoming concerns. The team have also been able to offer support to other parts of the service who have been under extreme pressure to ensure that safeguarding enquiries are completed in a timely way, reducing risk to people in our communities.
- MARM review – we contributed substantially to the MARM review, drawing on the experience of our front line practitioners who were also able to capture some feedback from people who had been the subject of a MARM to inform the updated version. We led workshops with colleagues from across the system to embed understanding of the MARM process.

- **Overseeing Practice Standards:** There is an established set of practice guidance factsheets relating to safeguarding, the reviewing of which is overseen by the Practice Governance Board chaired by Donna.
- **Care Home Support Team:** This team started work in January 2021 for an initial one year period and has since been made permanent. A team of five social workers and a team manager work with care homes supporting them to improve quality of care thereby reducing risk to residents
- **Improved information for oversight:** Significant work has been undertaken to improve the management information available about safeguarding activity. As a result we now have access to dashboards that are updated daily showing all activity from the point of a referral being received to an section 42 enquiry, if needed, being completed. This provides consistent insights drawn directly from our recording system, Mosaic, across Cambridgeshire and Peterborough.
- **Learning from SARs, Domestic Homicide Reviews (DHRs) and Complaints:** Learning from SAR'S, DHRs and complaints is taken forward into actions which are now all overseen by the Practice Governance Board.

The Adult Safeguarding Priorities for 2022/23 are:

- In alignment with the SAB priority, we want to better understand how we can work with system partners to reduce risk to vulnerable people who may not meet the 'adult at risk' criteria set out in the Care Act.
- To identify opportunities to make actions from SAR recommendations more impactful, working with partners to tackle some tricky system wide challenges where needed
- To capture 'you said, we did' in relation to safeguarding in a really clear way – what are people telling us about their experience of our safeguarding activity and what are we doing differently as a result?
- To strengthen our assurance around safeguarding practice – including undertaking a thematic audit of s42 enquiries.

Cambridgeshire & Peterborough Clinical Commissioning Group

The Cambridgeshire and Peterborough CCG's Safeguarding Team have continued to embed the Think Family approach and work across all age groups since they merged into one team in 2020-2021. The role of the Safeguarding People Team is to provide support to the health system and provide ongoing monitoring and assurance of safeguarding practice to ensure all providers of health care services have competent and well-trained staff who can safeguard vulnerable people.

The Health Safeguarding Group has been amalgamated to enable a 'Think Family' approach across all health safeguarding provider teams. A full review of the terms of reference have allowed for a better platform for sharing learning, risks and updates, with the meetings chaired by the Designated Doctor for Safeguarding Children, the Designated Nurse for Safeguarding Children and the Designated Nurse for Safeguarding Adults.

All Safeguarding People Team policies have been reviewed and updated in readiness for the transition to an ICS on the 1 July 2022. As part of this piece of work the Prevent and MCA policy have undergone a full review, with up-to-date information and resources included. The Safeguarding People Team have reviewed the safeguarding supervision policy to ensure all appropriate practitioners receive regular supervision, and the NHS Cambridgeshire and Peterborough safeguarding policy has been reviewed and now covers both adult and child safeguarding across the life cycle.

In total from April 2021 – March 2022 the Safeguarding People Team have responded to 159 general safeguarding adult enquiries and had a total of 731 interactions with primary care staff to support with safeguarding. The Safeguarding Lead GP forum has seen an increase in attendance throughout the year with ten sessions hosted and 151 GP Lead's in attendance, with a variety of cases discussed and supported by the Safeguarding Named Nurses and colleagues across Primary Care.

The Deputy Designated Nurse for Safeguarding Children has driven forwards the Safeguarding Officer Apprenticeship, with the occupational proposal now finalised and ready to be presented to the route panel for agreement to progress to a full standard. There has been involvement from a wide variety of sectors in support of this, such as, Police, Education, Voluntary sector and Fire & Rescue. We hope this will be agreed in 2022/2023.

As the Safeguarding People Team move into 2022-23, they will continue to align their priorities with that of the Partnership Safeguarding Board and will continue to influence the system wide culture, ensuring that safeguarding is everyone's business and that staff have the right skills and knowledge to recognise and report safeguarding concerns. The Safeguarding People Team will continue to support work towards being a preventative health system, ensuring staff are trained and receiving regular supervision to identify and report concerns at the earliest opportunity.

Cambridgeshire Constabulary

Cambridgeshire Constabulary continues its active membership of the Safeguarding Adults Board. Throughout the previous 12 months we have been represented at Executive and Board level by Assistant Chief Constable Vicky Evans, Detective Chief Superintendent Mark Greenhalgh (Head of Crime and Vulnerability) and Detective Superintendent John Massey (Head of Protecting Vulnerable People Department). The constabulary is also represented at all the key subgroups to the Board where we continue to engage with all our partners on the Board's priorities, seeking to support, challenge and learn from all our colleagues in our shared goal of continual improvement.

The constabulary values, now more than ever, the enduring support of our partners and the insight and perspective that this close working relationship affords us. This has undoubtedly been a challenging year with reported sexual offences increasing significantly and the national response to

Violence Against Women and Girls demanding a new and strengthened approach from the police in particular. However, with the continued assistance of our partners, there is much to be positive about when we reflect on the performance of our co-ordinated initiatives and promising outcomes that we are able to achieve for the vulnerable adults we strive to protect.

Our Vulnerability Focus Desks and Early Intervention Domestic Abuse Desks have been in situ for a year and have seen the number of Domestic Violence Protection Orders increase by over 600% and Missing From Home (MFH) times reduce from an average of 25 hours to just 13. With enormous assistance from the OPCC that helped secure Home Office funding for our expanded IDVA and ISVA cohort, we can now call upon three separate DA-related Perpetrator Programmes all of which are performing well: the Stalking Perpetrator Programme and affiliated staff have ensured a dramatic increase in our use of Stalking Protection Orders and an overall increase in our Prosecution Possible rates for DA.

Co-ordination and governance of this activity is supported through the Constabulary's VAWG strategy which went live at the turn of the year. This contains four strands: Project Kaizen (Domestic Abuse); Project Eleos (Serious Sexual Offending); Project Boyd (Offender Management); and Project Artemis (CSE / CSA). Harnessing national academic research, we have initiated a Victim Feedback Questionnaire and Panel to understand and improve investigative and safeguarding performance; created new rape investigative support roles to increase the adoption of best practice; and invested in bespoke additional training for investigators to ensure a victim focus throughout. These measures will complement our network of ISVAs and Specially Trained Officers that offer support to victims throughout the Criminal Justice process. Again, with full DASV Panel and OPCC assistance, we have secured funding from the government's Safer Streets 3 programme. Broad consultation with partners has seen this funding invested in a forthcoming county-wide public space and social media campaign increasing awareness of sexual offences and street harassment, challenging unacceptable behaviours and attitudes, and giving clarity and reassurance around police action and pathways for reporting. Such elements have helped the constabulary achieve a rating of 'Good' within the Peel Inspection Report in respect of Protecting Vulnerable People.

We remain absolutely committed to our presence and role within the Safeguarding Adults Partnership Board and our dedicated Adult Abuse Investigation and Safeguarding Unit reflects our commitment to embed and operationalise partnership best practice. They lead on numerous training inputs such as 'Making Safeguarding Personal', benchmarking and quality assuring the submission of Vulnerable Adult referrals, and coordinating the assimilation of learning from Safeguarding Adult Reviews. We look ahead to the coming year with confidence that this willingness to learn and work closely with partners will continue to bring positive outcomes and increased protection for all vulnerable adults.

SCRUTINY AND QUALITY ASSURANCE

Local scrutiny arrangements

Currently the scrutiny function of the partnership is discharged through an independent scrutineer who provides a scrutiny assurance report at each Executive Safeguarding Board meeting (Quarterly).

In addition to the scrutiny undertaken by the scrutineer, there is a significant range of scrutiny functions that are currently in place that offer additional scrutiny of the safeguarding and partnership arrangements. A number of these functions are undertaken by the Independent Safeguarding Partnership Service (Business Unit).

The table below evidences the additional robust scrutiny of the partnership arrangements across both adults and children's outside of the scrutineer's role.



Type	What we scrutinise	Activity
Single agency operational practice	<p>Quality of single agency and multi-agency practice</p> <p>Decision making</p> <p>Professional challenge/escalation</p> <p>Impact/outcomes</p>	<p>Single agency quality assurance activity</p> <p>Single agency inspections</p> <p>Serious incidents</p> <p>Performance management information</p>
Partnership working and multi-agency practice	<p>Single agency and multi-agency practice</p> <p>Decision making</p> <p>Professional challenge/escalation</p> <p>Impact/outcomes</p>	<p>Independent scrutiny of Case reviews through independent chair of the case review groups.</p> <p>Head of Service for Safeguarding Partnership Boards chairs some of the case review panel meetings.</p> <p>Independent authors for case reviews.</p> <p>JTAI and other inspections.</p> <p>S11 self-assessment and adult equivalent – this includes agency challenge sessions.</p> <p>Regular QA assurance activity undertaken by Business Unit staff, including audits, surveys, thematic reviews, dip samples and case reviews.</p> <p>Qualitative performance reporting through the Quality & Effectiveness Groups on a quarterly basis. They are held 4x a year, each one addresses one of the business priorities in the form of a single agency commentary.</p>

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		<p>Surveys and consultations with children and young people, parents and professionals.</p> <p>Multi-agency workforce development feedback and impact process.</p> <p>The Head of Service for the Safeguarding Partnership Boards chairs the following meetings:</p> <ul style="list-style-type: none"> • Quality & Effectiveness Groups (adults and children) • Exploitation Strategic Group • Exploitation Delivery Group (CSP's) • Various task and finish groups. <p>The Training & Development sub-group is Chaired by a member of the Independent Safeguarding Partnership Service (Business Unit)</p> <p>Validation of single agency training</p> <p>Head of Service for Safeguarding Partnership Boards has independent oversight of the partnership budget.</p> <p>Head of Service Safeguarding Partnership Boards and other members of the Independent Safeguarding Partnership Service (Business Unit) are members of various Boards/meetings where they scrutinise practice.</p>
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Quality Effectiveness Group (QEG)

This group is responsible for monitoring the individual and collective effectiveness of the safeguarding practice carried out by the agencies represented on the Safeguarding Adults Partnership Board. QEG advises and supports the Board in achieving the highest safeguarding standards and promoting safeguarding across Peterborough and Cambridgeshire through evaluation and continuous improvement. During the twelve months covered by this report, the following quality assurance activity has taken place:

The impact of Covid 19 pandemic continued to have a huge effect on agencies during the time period covered by this report. During 2021 lockdown restrictions began to be eased as part of the government's road map out of lockdown. Public services began to slowly reintroduce face to face appointments whilst attendance at educational establishments became more open. There was a greater reliance on providing and taking up vaccinations to keep the population safe. However, for a while the more vulnerable members of our society were still required to stay at home and to take extra precautions if venturing outside of the home. The impact of Covid 19 on safeguarding issues and agencies service delivery has continued to be a standard agenda item and is considered at every QEG meeting. This is with a view to assuring partners around safeguarding practice during this difficult period and supporting a systems led approach to the issues being faced across all partners. Coming out of the pandemic and learning to live with Covid, in all its forms, is a learning process for both individuals and service providers.

A Single Agency Performance Commentary is completed by partners for each of the Board's priorities with each priority being reviewed at QEG twice a year. This includes agencies qualitatively reporting on each priority under headings that include: what has worked well, areas for improvement and what the agency has done to contribute to those improvements, where multi-agency support is needed and issues to be escalated to the Executive Board. This process has worked well, and its impact is evidenced through the numerous changes in processes and policies and additional training courses being offered as a result of the scrutiny at QEG.

Multi-Agency Training Impact on Professional Practice Report completed annually and presented at QEG and the Training Subgroup (see training section below for evidence of impact). The Partnership Board also continues to endorse single agency safeguarding training to ensure that training provided to the wider safeguarding workforce is robust, fit for purpose and contains consistent messaging. In the past 12 months one courses have been endorsed for the Police. A new more streamlined endorsement process covering both the children's and adult's single agency training submissions has been successfully piloted throughout 2021/2022 and will be officially launched during the latter part of 2022.

The **Biennial Thematic Review** of the Professional Themes found within Local Safeguarding Adult Reviews from 2019- 2021 was completed early 2022 and presented to the partnership board groups. During the two-year period ten adult reviews were undertaken. In 30% (3) of these cases there was evidence of good practice involving the areas of mental capacity assessments and multi agency

working.. The most common areas for development included sharing information- 70% (7) of the cases and lack of recording in in 60% (6) of the cases. To provide a regular and a more inclusive local picture surrounding adult reviews, for 2023 the thematic review will become an annual audit.

A Benchmarking Audit of a local Safeguarding Adult Review against the SAR quality markers promoted by Social Care Institute for Excellence (SCIE) and Research in Practice for adults (RIPfa) was undertaken in 2021. Overall, the majority of the questions within the quality markers were effectively evidenced as being 'met' against the local SAR. The completion of the benchmarking exercise showed a number of changes that have been implemented that enhance the practice surrounding SARs. These included an improved SAR referral form, a refreshed Resolving Professional Differences (escalation policy), supportive training on SARs through virtual workshops and online training and the creation of a SAR database of learning. As a result of the benchmarking exercise a shortened version of the quality markers have been put into a check list as an aid for both the partnership board and partners to follow on the process of completing a SAR.

During 2021 the **Self-assessment audit tool** was completed with the agencies of the Quality Effectiveness Group. This audit is undertaken, every two years, to ascertain if agencies across the partnership are effectively safeguarding and promoting the welfare of adults at risk in accordance with their Care Act statutory responsibilities. The self-assessment audit tool had been significantly redesigned to be shorter and to focus on the board's priorities. Alongside the tool a **professionals survey** was launched to gathering the views and experiences of the 290 practitioners who responded. During March 2022 a **challenge day** took place and the findings from this event will be reported within an Addendum report to the self-assessment tool audit later this year.

Findings showed that agencies and professionals were aware of their own single agency safeguarding policies, but fewer professionals (69%) were aware of the safeguarding partnership boards multi-agency policies being disseminated across their organisation. Information disseminated included important areas that covered people in positions of trust (PiPOT), Multi-agency Risk Management guidance (MARM) and Mental Capacity Act assessments. For 2022 – 2023 the MARM guidance has been refreshed and relaunched, the PiPOT guidance is being reviewed in line with the eastern regional approach and MCA is one of the boards new priorities. Further findings from the addendum report will feature in next year's annual report.

A multi-agency **Making Safeguarding Personal (MSP) audit** took place during 2021. The findings from this audit are reported in the MSP priority on page 11.

As a result of the quality assurance activity, several **multi-agency policies, procedures and guidance** were identified as needing to be reviewed and refreshed. Task and finish groups were established to lead on the MARM, Multi-agency partnership procedures and guidance and the Section 42 enquiry guidance. This ensures a multi-agency approach with a view to making documentation more succinct and practitioner focused. In early 2022 the multi-agency procedures and guidance were refreshed

and relaunched. The MARM and Section 42 guidance have been launched after the time period of this report and their impact on practice will be examined within next year's annual report.

Independent Scrutineer's Report and Findings

The partnership has in place an Executive Partnership Board which combines both adults and children and covers both the Cambridgeshire and Peterborough areas. The three statutory partners for safeguarding adults as prescribed by The Care Act 2014, being Police, Local Authority and the Clinical Commissioning Group are all members of this board and their attendance has been 100% throughout the year, as has their commitment to adult safeguarding.

The priorities for the year April 2021-March 2022, have been:

- The importance of Making Safeguarding Personal is recognised and implemented effectively across agencies.
- Lessons from Safeguarding Adult Review's (SAR) are effectively disseminated and the impact of the learning is evidenced.
- Agree and implement pathways for those vulnerable adults considered to be at risk. Agreed language and interpretation of language across the partnership.

Any scrutiny of the adult safeguarding board and its partnership must bear in mind the hard work that agencies and professionals have worked through in relation to COVID-19. The delivery of services through the pandemic by agencies, individuals and the partnership can only be described as excellent. Extraordinary effort has been involved to ensure that those who are vulnerable are given as good a service as possible.

The activity by the partners against the current priorities, was discussed at the January 2022 Executive Partnership Board meeting. There was full acknowledgement by the statutory partners including myself, as the independent scrutineer, that good progress has been made in all the three priority areas. The Executive Partnership Board are considering what priorities should be put in place for 2022-2024 at a future meeting.

The combined Cambridgeshire and Peterborough Safeguarding Adult Partnership Board (CPSAPB) is chaired by the Director of Adult Services for both Local Authorities. I have attended two of the CPSAPB meetings during this year and was very impressed by the wide-ranging attendance including all statutory partners and many other partners including the voluntary sector. I have one concern in relation to the partnership board membership and that is how to get service user representation adequately represented. Going forward there are several plans being put in place with a view to gaining service user input. As a final point, the meetings were chaired extremely well and in one of those meetings the focus was on the sign off a number of SARs.

The SAR sub-group is ably chaired by an independent chair. Further scrutiny into the most serious of cases is provided by this individual who has a vast amount of experience and knowledge in this field. The biggest issue for the partnership causing extreme pressure, not only for the Independent Safeguarding Partnership Board Team, but also all partnership agencies is the number of SARs

currently in progress. It is to the partnerships immense credit, that they have managed to conclude and sign off a large number of SARs in the last year and have implemented the learning from these cases.

Due to the pressure on the partnership arising from increased SARs activity, I was asked to carry out an in-depth piece of scrutiny to examine the SAR process and its outcomes. I found that the outcomes reached by the SARs are comprehensive and wide reaching bringing about policy, guidance and procedural changes. The partnership is also working to improve changes in professional knowledge and practitioner practice. Finally, I presented a paper detailing my findings on exploring cultural changes within the partnership, agencies and practitioners to the executive board in January 2022. My report concluded that *'There is no doubt that the Cambridgeshire and Peterborough Safeguarding Adult Partnership SAR process, their learning and outcomes, achieve the requirements of The Care Act 2014. The Executive Board can be assured that there is in place a robust and well run process to review serious cases of adult abuse.'*

I have also attended an adult Quality Effectiveness Group (QEG) meeting which is well attended and engaged. However, there are single agency audits and data that should be shared within the QEG meetings. This would help agencies understanding surrounding safeguarding issues for adults at risk and would help them to focus on future work.

The multi-agency training provision has been examined and is extremely thorough and wide reaching to agencies and professionals. During the initial lockdown all safeguarding board training was paused due to the regulations. The Partnership was aware of the need to continue to up skill the workforce on safeguarding issues and as a result they developed virtual briefings. Initially SWAYs were produced on safeguarding issues that were prominent during the lockdown (i.e. online abuse for adults, online abuse for children, safeguarding for community volunteers) However, as the popularity of the SWAYs increased it became apparent that these were a hugely useful resource and further topics were added. The SWAYs are accessible via the partnership board's website.

A brief evaluation is conducted at the end of the SWAYs, these have evidenced that people have found them to be useful and increased their knowledge and confidence of a subject area. The introduction of SWAYs has provided a platform for training to be available 24 hours a day, 7 days a week. As a result, it is accessible to shift workers and those individuals' working weekends and evenings. The SWAYs are a huge success for the partnership board.

The adult partnership has carried out a self- assessment audit for adult safeguarding and alongside the audit provided a survey for professionals to complete. I chaired a scrutiny and challenge meeting in March 2022 to discuss the findings of the self-assessment audit and professionals' survey. I firstly need to say using a self-assessment audit tool alongside a comprehensive survey is extremely innovative and very few areas nationally carry this out. The analysis was extremely well written and the findings are that the partnership is performing well in how to best safeguard vulnerable adults in Cambridgeshire and Peterborough.

Dr Russell Wate QPM MSc

Safeguarding Partnership Board's Response to Multi-Agency Training During the Covid 19 Pandemic

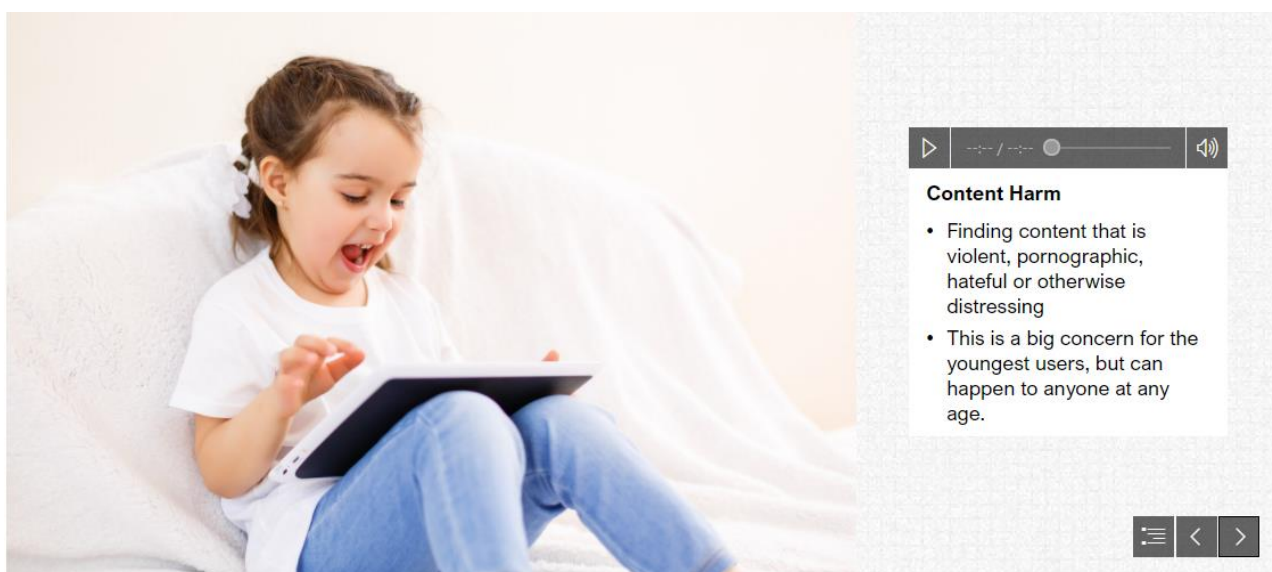
Due to government restrictions during the continuation of the pandemic, most staff from organisations were still required to work from home where possible. Face to face training continued to be suspended whilst the Partnership Boards multi-agency online and virtual training offer grew from strength to strength. In response many of the temporary measures put in place to support professionals learning and to facilitate the training during 2020 have developed into a mainstay programme of virtual online activities and briefings which has grown and diversified to include identified safeguarding areas of need for partners safeguarding training.

The Covid 19 Information page on the Safeguarding Partnership Board website continued to offer supportive information on Covid 19, vaccinations, local safeguarding arrangements, links to useful agency resources, presentations on basic safeguarding children and safeguarding adults at risk, leaflets, briefings and video links and a link to CPSPB online training. Feedback from volunteers and working professionals included that the Sways were clear and concise', 'good', 'informative', 'comprehensive' and 'really useful.' have found the information 'invaluable' and 'informative' to support their knowledge of safeguarding and what to do if they had safeguarding concerns.

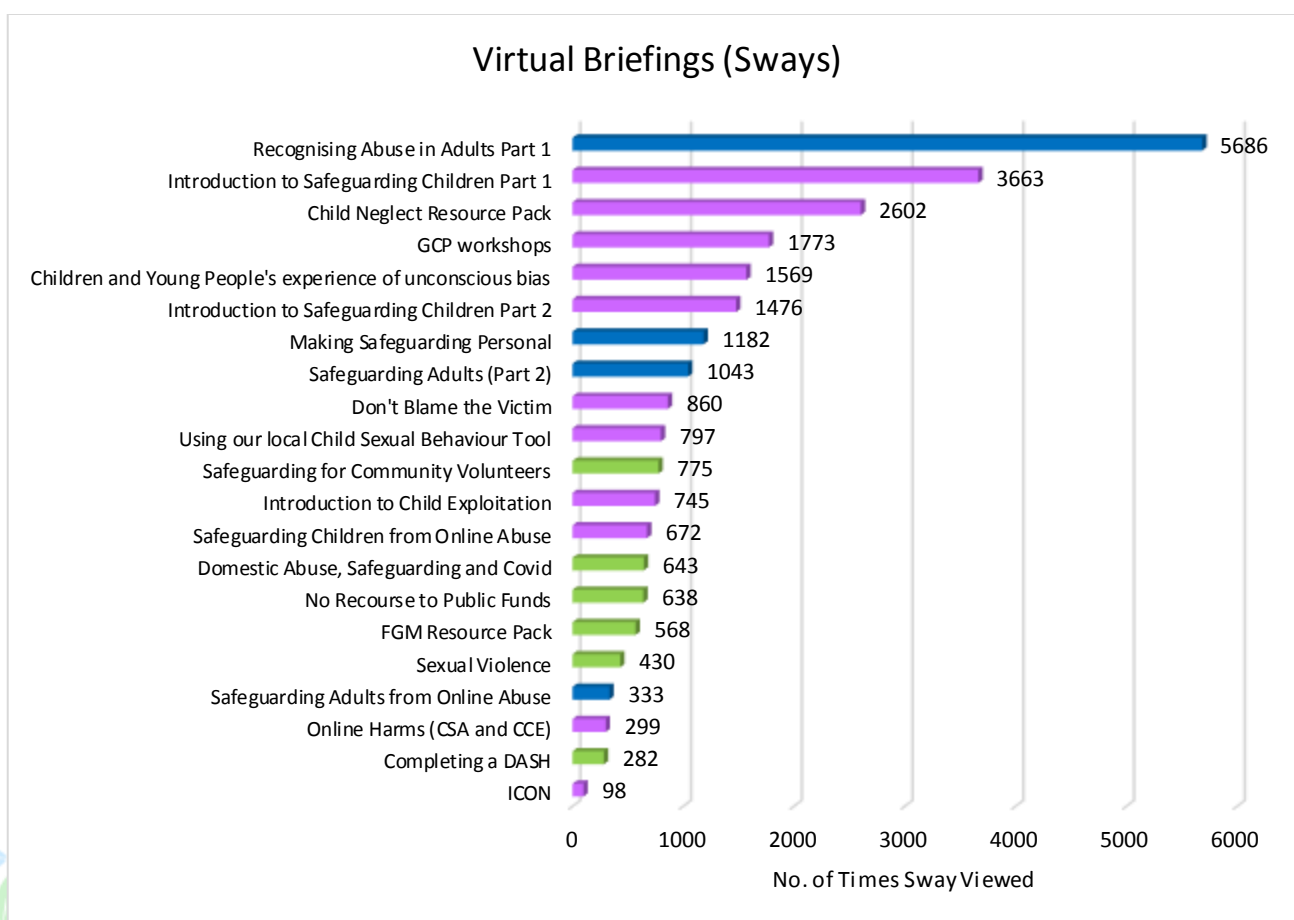
Virtual Briefings (Sways)

Virtual briefings were first developed by the Partnership Board during 2020 as a response to providing safeguarding training / information during Covid times. Locally, these are referred to as Sways (on the Microsoft Team platform). In essence, these are a presentation but each slide has an audio that discusses the content of the slide. Generally, they last around 20 minutes per briefing. The virtual briefings are available on the Partnership Board website and can be accessed at any time. As a result, staff who are working night shifts, weekends or early shifts can all access the training at their convenience. To support a blended approach towards learning, participants of the multi-agency online safeguarding training are also required to access the Sways either prior or post their safeguarding training sessions.

The virtual briefings have continued to be developed and focused on locally identified areas of safeguarding risk as well as the Board's priorities. The Sways are a hugely successful and useful resource. For those professionals who complete the Sway there is a downloadable certificate as proof of completion. Most professionals gave the Sways a 4 to 5, star exceptional rating and described them as, 'clear and concise', 'good', 'informative', 'comprehensive' and 'really useful.'. They continue to be very well received by agencies and have been used and adapted within our local partners' resources as part of single agency training and have been utilised by other safeguarding boards across the Country.



Between April 2021 and March 2022, the virtual briefings had been viewed a total 26,134 times almost two and a half times the number of views on the previous year. For 2021-2022 there were 7 new Virtual Briefings developed.



Key
 Adults
 Children
 Both Adults and Children

Virtual Training sessions were developed during 2020 from existing face to face training materials and condensed into 60 or 90 minute sessions. These sessions were initially facilitated by members of the Independent Safeguarding Partnership Service and during 2021 and 2022 have started to include partners leading specific sessions on identified safeguarding priorities.

As with the briefings, the virtual training has focused on safeguarding risks and the Board's priorities. As part of a rolling programme, the training focused on Self Neglect, Hoarding, Working Together, Mental Capacity Act and Safeguarding and Termly workshops on the latest safeguarding messages. Safeguarding partners have facilitated virtual training on Domestic Abuse, Completion of the DASH and Modern Slavery.

31 virtual training sessions took place during April 2020 to March 2021 where 977 people attended virtually. This is a 75% increase on the virtual courses offered in the previous year. As the demand for the training has been so great up to 75- 100 places on each course are now available for professionals to attend.

The virtual training continues to be greatly received with 98% of professionals reporting that they felt that the safeguarding virtual training content met their training needs and 97% of professionals stating that the delivery of the training was right for them. Professionals' comments included:

- Good liked the use of videos / liked the use of theory
- Excellent / Brilliant, thank you
- Detailed and informative / concise and to the point
- This was absolutely perfect and very powerful and well presented
- Delivering virtually did not take away from the session at all and still allowed interaction
- I have found online training extremely useful, particularly during the Covid pandemic and associated restrictions. It gives me the opportunity to 'attend' a lot more training sessions over the course of the year without impacting on my work load.

Whilst the face to face training provision has always been well attended it would never have reached the number of people who have accessed the virtual briefings and training. It is to the credit of the Partnership that whilst other areas in the region stopped all training delivery, locally we evolved and adapted to both the lockdown environment and slowly coming out of the pandemic.

WEBSITE & SOCIAL MEDIA

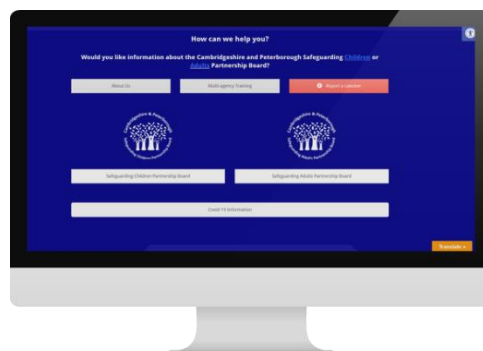
Over the past year we have had 500,662 page views and 81,669 users to the website.

On average, a user spent an average 2 minutes per session on the website, and the bounce rate has remained close to 4% which would indicate users find what they are looking for quickly.

Apart from the home page, the 'Making a Referral' page was the most visited page on the site, followed by Multi-agency Training page and our virtual Sway briefings pages 54% of visitors reached our site via entering keywords into search engines. 66% accessed the site via a desktop device (i.e. Laptop) and 31% accessed the site via a mobile.

Feedback from visitors includes:

- *Its really easy to use, very clear and content is good.*
- *Easy to manoeuvre around the website*
- *Breadth of training resources available and are easily accessible*
- *the clarity, layout and range of information available far exceeded what was expected*



Our social media presence

The CPSPB uses Twitter, Facebook and Instagram for all sorts of communications from the latest safeguarding news to events that the Safeguarding Partnership Board are hosting.

If you haven't yet followed us, please do!



@cplscb



@cplscb



@cpsafeguardingboard

APPENDIX 1 - LIST OF AGENCIES REPRESENTED ON THE SAFEGUARDING ADULTS PARTNERSHIP BOARD

- Cambridgeshire and Peterborough Local Authorities including
 - Adult Social Care
 - Public Health
 - Elected Members
- Clinical Commissioning Group
- Cambridgeshire Constabulary
- Further Education
- East of England Ambulance Service
- Cambridgeshire and Peterborough Foundation Trust
- Cambridgeshire Community Services
- Royal Papworth Hospital
- North West Anglia Hospitals
- Cambridge University Hospital
- Office of the Police and Crime Commissioner
- Ely Diocese
- Cambridgeshire Fire and Rescue
- Cambridge District Council
- Cross Keys Homes – representing Housing
- National Probation Service
- Healthwatch
- Department for Work and Pensions
- Voluntary sector representatives



Contact details: 01733 863744

Email: safeguardingboards@cambridgeshire.gov.uk



ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
03 JANUARY 2023	PUBLIC REPORT

Report of:	Rochelle Tapping, Director of Law and Governance and Monitoring Officer	
Cabinet Member(s) responsible:	Councillor Coles, Cabinet Member for Finance and Corporate Governance	
Contact Officer(s):	Ramin Shams, Senior Democratic Services Officer	Tel. 01733 452509

ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING START TIME 2023-2024

RECOMMENDATIONS	
FROM: Rochelle Tapping, Director of Law and Governance and Monitoring Officer	Deadline date: N/A
It is recommended that the Adults and Health Scrutiny Committee agree the start time for all Adults and Health Scrutiny Committee meetings for the Municipal Year 2023-24.	

1. ORIGIN OF REPORT

- 1.1 This report is submitted to the Adults and Health Scrutiny Committee meeting following the Full Council decision on 24 July 2019 to allow Committees to decide their own start times for each new Municipal Year.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to allow the Adults and Health Scrutiny Committee to discuss and agree the start times for meetings from the beginning of the Municipal Year 2023-24. The draft schedule of meetings will be agreed at the next Full Council meeting.
- 2.2 This report is for the Adults and Health Scrutiny Committee to consider under Council Standing Order section 4.4.1

The timings of normal committee meetings will be agreed by the committee for the next municipal year in January of the preceding municipal year (or as near to this time as possible).

3. TIMESCALES

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

- 4.1 At the Constitution and Ethics Committee on 8 July 2019 the Committee agreed by majority to recommend to Council that all Committees can agree their start times for the Municipal Year 2020-21. This was again agreed by majority at the Full Council meeting on 24 July 2019.

- 4.2 The Council standing orders have been updated to reflect this decision and gives Committees the opportunity to decide their own start time.
- 4.3 In order for the start times to be incorporated into the draft meeting schedule it is important for the Committee to make a decision on this before the February 2023 Full Council meeting.
- 4.4 Council standing orders allow the Committee to agree its start time every Municipal Year, thereby allowing the Committee to change the start times if it is felt that the start time was not suitable.
- 4.5 The Committee will need to decide the best start time and will need to weigh up attendance at meetings and the impact on the Council and members of the public.
- 4.6 The Committee start time in recent years has been 7pm.

5. CONSULTATION

- 5.1 Consultation has already taken place with the Constitution and Ethics Committee and all Councillors at Full Council in July 2019.

6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 It is anticipated that the Committee will agree a start time for meetings for the Municipal Year 2022-23 and this will be proposed as part of the draft meeting schedule.

7. REASON FOR THE RECOMMENDATION

- 7.1 The recommendation allows the Adults and Health Scrutiny Committee to debate the start time of the meeting and make recommendations following debate.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 N/A

9. IMPLICATIONS

Financial Implications

- 9.1 There are no financial implications.

Legal Implications

- 9.2 There are no legal implications

Equalities Implications

- 9.3 There are no equalities implications

10. BACKGROUND DOCUMENTS

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

- 10.1 Minutes of the Constitution and Ethics Committee 8 July 2019
Report to Full Council 24 July 2019

11. APPENDICES

- 11.1 N/A

Adults and Health Scrutiny Committee	AGENDA ITEM No. 8
3 January 2023	PUBLIC REPORT

Report of:	Rochelle Tapping, Director of Law and Governance and Monitoring Officer	
Cabinet Member(s) responsible:	Councillor Coles, Cabinet Member for Finance and Corporate Governance	
Contact Officer(s):	Ramin Shams, Senior Democratic Services Officer	Tel. 01733 452509

FORWARD PLAN OF EXECUTIVE DECISIONS

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

1. ORIGIN OF REPORT

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

2. PURPOSE AND REASON FOR REPORT

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

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

The Scrutiny Committees will:

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

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

3. TIMESCALES

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

4.1 The latest version of the Forward Plan of Executive Decisions is attached at Appendix 1. The Forward Plan contains those Executive Decisions which the Leader of the Council believes that

the Cabinet or individual Cabinet Member(s) can take and any new key decisions to be taken after 16 December 2022.

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

9.1 Financial Implications

N/A

9.2 Legal Implications

N/A

10. BACKGROUND DOCUMENTS

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

None

11. APPENDICES

11.1 Appendix 1 – Forward Plan of Executive Decisions

PETERBOROUGH CITY COUNCIL'S FORWARD PLAN OF EXECUTIVE DECISIONS

PUBLISHED: 16 DECEMBER 2022

PART 1 – FORWARD PLAN OF KEY DECISIONS

KEY DECISIONS FROM 16 JANUARY 2023

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
<p>Phase 3 business case for the ARU Peterborough University – KEY/16JAN23/01 To consider and approve the full business case for phase 3 of the ARU Peterborough University development, as shareholder of the Peterborough HE Property Company Ltd.</p>	Cabinet	16 January 2023	Children and Education Scrutiny Committee	All Wards	Public consultation has taken place. A further consultation for Additional Licensing Scheme will take place following approval.	Adrian Chapman	Place and Economy	Full Business Case document
<p>Child Weight Management Procurement – KEY/16JAN23/03 To support the competitive procurement, through an Invitation to Tender (ITT) process, of a Child Weight Management service across Cambridgeshire and Peterborough. This includes delegating authority to Cambridgeshire County Council to act as the lead commissioner.</p>	Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health	January 2023	Adults and Health Scrutiny Committee	All Wards	Co-production work ongoing, in collaboration with the Cambridgeshire and Peterborough Adopting Innovation Hub. Consultation work already undertaken with Pinpoint, a voluntary organisation supporting children with SEND. Pinpoint will continue to input in to the specification and will help to evaluate specific questions within the tender relating to complex needs.	Imogen Gray. Senior Public Health Manager. imogen.gray@cambridgeshire.gov.uk	Public Health	CMDN

PREVIOUSLY ADVERTISED KEY DECISIONS

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
<p>1. 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>	Cabinet	13 March 2023	Growth, Resources and Communities Scrutiny Committee	All Wards	Soft market testing is underway. A Housing Related Support Commissioning Strategy has been agreed and has received all the relevant approvals	Sean Evans, Head of Service Housing Needs, Email: sean.evans@peterborough.gov.uk	People Services	To be submitted, Housing Related Support Commissioning Strategy for Cambridgeshire & Peterborough 2020 - 2022. Procurement / Commissioning information.
<p>2. Article 4 Direction - KEY/28MAR2022/01 – To agree to formulate an Article 4 Direction for public consultation that requires property owners in Bretton, Fletton & Woodston, Hargate & Hempstead, Hampton Vale, Park and Central wards, to obtain planning permission when converting single homes or residential properties into HMOs, alongside relevant planning policies to support this.</p>	Cabinet	13 February 2023	Growth, Resources, And Communities Scrutiny Committee	Bretton, Fletton & Woodston, Hargate & Hempstead, Hampton Vale, Park, North and Central.	Formal public consultation within relevant wards	Jim Newton, Assistant Director Planning & Building Control (Interim) Email: jim.newton@peterborough.gov.uk	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<p>3. Clare Lodge and agency resource - KEY/28MAR2022/02 - Relating to the supply of temporary agency requirements at Clare Lodge</p>	Cabinet	December 2022	Children and Education Scrutiny Committee	All Wards	Legal, Procurement, Service area, Clare Lodge, agency providers	Steve McFaden, Business, Strategy & Infrastructure Manager Clare Lodge, 01733 253246	People Services	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<p>4. Award of Insurance Contract - KEY/1AUG22/02 - The existing contract for the Councils insurance arrangements runs from 1 April 2018 - 31 March 2023. (MAR18/CMDN/113). Discussions are now being held with insurance specialists and the Procurement Team to set out the specification requirements so that this contract can go out to tender with award expected in late January 2023 / early February 2023.</p>	Councillor Andy Coles, Cabinet Member for Finance and Corporate Governance	1 April 2023	Growth, Resources, And Communities Scrutiny Committee	All Wards	Consultation internal (Procurement), external (insurance broker advisors).	Steve Crabtree. Chief Internal Auditor. Tel: 01733 384557. Email: steve.crabtree@peterborough.gov.uk	Corporate Services	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>5. Towns Fund Business Case for The Vine Project – KEY/29AUG22/01 Assurance for Towns Fund Business Case Summaries for submission to DLUHC to apply for government funding for the Vine project. The total grant application for the project is over £12m from government.</p>	Cabinet	16 January 2023	Growth, Resources and Communities Scrutiny Committee	Central	Towns fund board consulted and approved the programme of submissions.	Karen Lockwood, programme manager, 07825 902794. Karen.Lockwood@peterborough.Gov.Uk	Place and Economy	Cabinet report to be submitted for consideration September 2022

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
<p>6. Cambridgeshire County Council's Pseudo Dynamic Purchasing System (Dps) For Individual Service Fund (Isf) Services - KEY/12SEP22/03 Authorise Peterborough City Council to utilise Cambridgeshire County Council's Pseudo Dynamic Purchasing Services (DPS) Agreement for the Provision of Individual Service Funds (ISF) Services to purchase ISF Services up to the value of £6,000,000 (six million pounds). Authorise the Executive Director, People & Communities to enter into the required call off contracts following the competitive process, as required under the DPS, with the successful provider who has been selected to deliver the Services.</p>	<p>Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health</p>	<p>December 2022</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>N/A</p>	<p>Shairbano Shaukat, Commissioning Officer, TEL 07739 320000, shairbano.shaukat@peterborough.gov.uk</p>	<p>Public Health</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>7. Approval of the award of contract for Milestone Infrastructure for the Detailed Design of the River Nene Pedestrian Bridge – KEY/24OCT22/01 - Approval of the award of contract for Milestone Infrastructure for the Detailed Design of the River Nene Pedestrian Bridge. This is a Towns Fund project and the Bridge will provide a walking and cycling route between the Embankment and Fletton Quays and also support the ambition of opening up the waterfront for regeneration.</p>	<p>Cabinet</p>	<p>19 December 2022</p>	<p>Growth, Resources, And Communities Scrutiny Committee</p>	<p>Central, Fletton & Standground</p>	<p>Engagement with ward councillors and a public consultation will take place</p>	<p>Karen Lockwood, Tel: 07825 902794, Email: karen.lockwood@peterborough.gov.uk</p>	<p>Place & Economy</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>8. Extension of contract for care and support services in Extra Care schemes – KEY/7NOV22/01 To authorize an extension for one year 10 months to the existing contract at a total cost of £3,480,253</p>	<p>Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health</p>	<p>December 2022</p>	<p>Adults and Health Scrutiny Committee</p>	<p>Eye, Thorney & Newborough, Paston and Walton and East</p>	<p>Preparations to tender the services had commenced and consultation questions had been completed by people living in the schemes and family members.</p>	<p>Lynne O'Brien Commissioning Manager 0777 667 9591 lynne.o'brien@cambridgeshire.gov.uk</p>	<p>People Services</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>9. Approval for contract to be awarded to Milestone to deliver full business case and detailed design for A16 Norwood improvement scheme. - KEY/7NOV22/04 The Council has previously received funding of £630k from the Cambridgeshire and Peterborough Combined Authority (CPCA) to deliver the outline business case and preliminary design for A16 Norwood improvement scheme. As that stage is now complete, a request is to be made to the CPCA to fund a further £1,567,190 so that the next stage (full business case and detailed design) can be undertaken. Approval is required for the contract to be awarded to Milestone to undertake the next phase of the scheme business case and design. The decision will only be progressed once funding is granted from the CPCA.</p>	<p>Cabinet</p>	<p>19 December 2022</p>	<p>Climate Change and Environment Scrutiny Committee</p>	<p>Gunthorpe and Eye, Thorney & Newborough</p>	<p>Consultation was undertaken with members of the public and relevant stakeholders to inform the detailed design and business case.</p>	<p>Lewis Banks, Transport & Environment Manager, Tel: 01733 317465, Email: lewis.banks@peterborough.gov.uk</p>	<p>Place and Economy</p>	<p>Currently the relevant documents for this decision are not available. The minutes of the CPCA Board meeting scheduled for 19 October 2022 will serve as confirmation of the additional grant funding award. The minutes and any supporting documents will be provided once they are made available</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
<p>10. Direct Payment Support Services – KEY/7NOV22/06 - This 5-year contract is due to end in February 2023. Approval is sought to extend this contract for an additional two 12-month periods (1+1) at a total value of £250,984. This will increase the aggregated contract to £878,444. It is further requested that delegated authority to award be granted to the Executive Director, People & Communities, Cambridgeshire and Peterborough.</p>	<p>Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health</p>	<p>December 2022</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Direct payment service users engaged through satisfaction survey, soft market test to evaluation interest in the provider market, market engagement event to inform service providers about the service and Council's vision, operational head of service, Direct Payment Monitoring Officers, Finance Managers, adult and childrens' commissioners reviewed service specification and social care practitioners shared their views on the professional support from the service.</p>	<p>Leneva Nwachukwu, Commissioner, 01954 286002, leneva.nwachukwu@cambridgeshire.gov.uk</p>	<p>Public Health</p>	<p>Cabinet Member's Decision Notice, Joint Commissioning Board report v7 dated 26th July 2022 (meeting held 27th July). Appendix 4 should be exempt from public circulation as it includes specific characteristics of real-life service users which may make them identifiable to members of the public, if known, this may cause these individuals embarrassment and cause people in need of the support service to be reluctant to seek help, if they believe data about their circumstances are being publicised.</p>
<p>11. Charging residents and developers for replacement bins – KEY/21NOV22/01 Currently all replacement household bins are replaced for free, if implemented, if you lose your bin or damage it you will be required to pay for a replacement.</p>	<p>Councillor Nigel Simons, Cabinet Member For Waste Street Scene And The Environment</p>	<p>December 2022</p>	<p>Climate Change and Environment Scrutiny Committee</p>	<p>All Wards</p>	<p>Via the budget setting last financial year and FSWG</p>	<p>James Collingridge, Assistant Director of Operations, 01733 864736, james.collingridge@peterborough.gov.uk</p>	<p>Place and Economy</p>	<p>A CMDN.</p>
<p>12. Refugee Resettlement Befriender Contract Award – KEY/21NOV22/02 To award a contract to provide services and support to resettled refugee families under the United Kingdom Resettlement Scheme and the Afghan Relocation and Assistance Programme.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Communication, Culture and Communities</p>	<p>31 January 2023</p>	<p>Growth, Resources and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Soft market testing with potential suppliers has taken place</p>	<p>Ian Phillips Head of Communities and Partnerships Integration Email: ian.phillips@peterborough.gov.uk</p>	<p>People Services</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	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
13. Disposal of Ground Rent at Hereward Cross – KEY/05DEC22/01 - Disposal of ground rent at Hereward Cross	Councillor Andy Coles, Cabinet Member for Finance and Corporate Governance	December 2022	Growth, Resources, And Communities Scrutiny Committee	Central Ward	Part of the approved disposal programme	Felicity Paddick, Manager - Estates and Valuation Email: felicity.paddick@nps.co.uk Tel: 07801 910971	Corporate Services	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).
14. Allocation of Funding for PIRI – KEY/05DEC22/02 - To confirm the allocation of funding for the PIRI project	Councillor Marco Cereste, Climate Change, Planning, Housing and Transport	February 2023	Climate Change and Environment Scrutiny Committee	East & Central Wards	Relevant internal and external stakeholders	Elliot Smith, Commercial Manager - Email: elliot.smith@peterborough.gov.uk	Place & Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
15. Procurement of a DPS for The Construction of Large-scale Adaptations to Domestic Properties to Provide Disabled Living Facilities and The Provision of Repairs Assistance to Low Income and Vulnerable, Owner Occupiers of Domestic Properties from 1 Jan 2023 to 31 Dec 2027 with optional 4 yearly extensions to 31 Dec 2031 - KEY/05DEC22/03 - Procurement of a Dynamic Purchasing System for the Construction of Large-scale Adaptations to Domestic Properties to Provide Disabled Living Facilities and The Provision of Repairs Assistance to Low Income and Vulnerable, Owner Occupiers of Domestic Properties.	Councillor Marco Cereste, Climate Change, Planning, Housing and Transport	January 2023	Adults and Health Scrutiny Committee	All Wards	Soft Market Testing and Contractor Engagement Event	Sharon Malia - Housing Programmes Manager – Email: sharon.malia@peterborough.gov.uk Tel: 07920 160632	People Services	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
16. Re-tendering of the Care & Repair Framework Agreement (4 LOTS) 1 Jan 2023 to 31 Dec 2025 with optional 2 yearly extensions to 31 Dec 2027 - KEY/05DEC22/04 - A re-tender of the existing Care & Repair Framework Agreement currently in Year 4 of a 3 year plus 1 plus 1 Agreement. The framework of Contractors deliver mandatory Disabled Facility Grants, Minor Aids & Adaptations and discretionary grants.	Councillor Marco Cereste, Cabinet Member for Climate Change, Planning, Housing and Transport	1 January 2023	Adults and Health Scrutiny Committee	All Wards	Soft Market Testing, Engagement Events and contract published via Pro Contract	Sharon Malia - Housing Programmes Manager Email: sharon.malia@peterborough.gov.uk Tel: 07920 160632	People Services	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	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
<p>17. Adult Social Care IT system procurement 2023 KEY/05DEC22/05 - The description you have provided is too long to fit onto are document, so would the following amendment be ok instead:</p> <p>The contract for the current Adult Social Care system, Mosaic, ends in July 2023.</p> <p>Continuing with the incumbent will avoid disproportionate technical difficulties, diseconomies, and significant disruption to the delivery of service.</p> <p>In addition, there has also been over 2 years investment in developing the required processes and digital engagement within the solution to ensure the product meets the needs of the service and the service users.</p> <p>With the new contract, and in line with our IT Strategy, we are also proposing to move Mosaic out of our data centre to hosted by the supplier – i.e. run in the cloud.</p>	Cabinet	16 January 2022	Adults and Health Scrutiny Committee	N/A	N/A	Kirstin Clarke, Assistant Director P&C Email: kirstin.clarke@cambridgeshire.gov.uk & Chris Stromberg, Head of Business & Digital Systems Email: chris.stromberg@cambridgeshire.gov.uk	Corporate Services	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<p>18. Extension of the current Section 75 agreements for the Healthy Child Programme (HCP) in Peterborough (Health Visiting, Family Nurse Partnership and School Nursing) - KEY/05DEC22/06 - The Cabinet Members are recommended to authorise the extension of current Delegation and Partnering Agreement with Cambridgeshire County Council in order to extend the Section 75 agreements with Cambridgeshire Community Services (CCS) and Cambridgeshire and Peterborough (CPFT) Foundation Trust relating to:</p> <p>(i)The provision of Health Visiting and Family Nurse Partnership Services, whereby CCS and CPFT will exercise the health-related function to the Local Authorities for the duration of 12 months between 1 April 2024 and 31 March 2025; and</p> <p>(ii) The provision of School Nursing Services, whereby CCS and CPFT will exercise the health-related function to the Local Authorities for the duration of 12 months between 1 April 2024 and 31 March 2025.</p>	Cabinet	13 March 2023	Children and Education Scrutiny Committee	All Wards	Will be undertaken as part of the work on Family hubs and developing the new service specification	Jyoti Atri, Director of Public Health, Email Jyoti.Atri@cambridgeshire.gov.uk	Public Health	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	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
19. Education Systems Contract Award – KEY/19DEC22/01 Procuring a cloud-based system for Education which will provide a single view of service user details to improve service delivery.	Councillor Lynne Ayres, Cabinet Member for Children’s Services and Education, Skills and the University	March 2023	Children and Education Scrutiny Committee	All Wards	Procurement, Finance, Legal, Service area	Lucy Sweatman, Education Programme Manager, 07548342557	People Services	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
20. Active Travel Funding Award for Thorpe Wood Cycleway and School Streets – KEY/19DEC22/02 The Council has received funding from the Cambridgeshire and Peterborough Combined Authority (CPCA) via the Department for Transport for projects it had submitted under its Tranche 3 submission. The Council was successful in obtaining further grant funding for two projects; Thorpe Wood cycleway and School Streets. This grant award consists of £625k for Thorpe Wood cycleway (detailed design and construction) and £10k for School Streets projects. Approval is required for contract to be awarded to Milestone to undertake delivery of Thorpe Wood cycleway project and to expand the School Streets project to additional schools that have shown an interest in the initiative.	Cabinet	19 December 2022	Climate Change and Environment Scrutiny Committee	West	Consultation will be undertaken with relevant stakeholders (councillors, residents, cycle forum, etc.) when design is ready or when schools have been selected.	Lewis Banks, Transport & Environment Manager, Tel: 01733 317465, Email: lewis.banks@peterborough.gov.uk	Place and Economy	Meeting minutes confirming award. https://cambridgeshirepeterborough.gov.uk/cmis/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/2117/Committee/63/SelectedTab/Documents/Default.aspx
21. Apply to the Secretary of State for Moving Traffic Enforcement Powers under Section 6 of the Traffic Management Act – KEY/19DEC22/03 - To approve the council application to the Secretary State for Moving Traffic Enforcement Powers under Section 6 of the Traffic Management Act and the enforcement via ANPR cameras.	Cabinet	19 December 2022	Growth, Resources and Communities Scrutiny Committee	Stanground South, Park and Central, for initial sites, however, will impact city wide.	Public Consultation	Clair George 07920 160 733 or Adam Payton 07983 467 368	Place and Economy	Summary of consultation, and details of sites
22. Review of the Local Plan – KEY/19DEC22/04 1. To authorise officers to commence a review of the Local Plan; and 2. To approve the Local Development Scheme (LDS), which set out a timetable for the production of a new Local Plan, and bring it into effect from 16 January 2023"	Cabinet	16 January 2023	Climate Change and Environment Scrutiny Committee	All Wards	Relevant internal and external stakeholders	Gemma Wildman, Principal Planner, 01733 863824 gemma.wildman@peterborough.gov.uk	Place and Economy	Local Development Scheme (LDS)

PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE

DECISIONS TO BE TAKEN IN PRIVATE								
KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
<p>Licensing Schemes – Raising Housing Standards – KEY/16JAN23/02 Approval of submission of an application for a Selective Licensing Scheme to Government. Exploration of Additional Licensing Schemes for the city, and the undertaking of a public consultation where analysis identifies such schemes would be beneficial.</p>	Cabinet	16 January 2023	Growth, Resources and Communities	All Wards	Public consultation has taken place. A further consultation for Additional Licensing Scheme will take place following approval.	Peter Gell, Assistant Director Regulatory Services, 01733 453419, peter.gell@peterborough.gov.uk	Place and Economy	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>Debt write-offs in excess of £10,000 - KEY/1AUG22/03 - Approval of debt write-offs in excess of £10,000 if applicable for Non-Domestic Rates, Council Tax, Housing Benefit overpayments and Sundry Debtor accounts.</p>	Cabinet	16 January 2023	Growth, Resources, And Communities Scrutiny Committee	N/A	None	Chris Yates, Finance Manager - Business Operations, Tel:01733 384552, Email chris.yates@peterborough.gov.uk	Corporate Services	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

PREVIOUSLY ADVERTISED DECISIONS TO BE TAKEN IN PRIVATE

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
1. Disposal of Part of Peterborough Rural Estate – KEY/21NOV22/03 - Disposal of part of PCC rural estate in accordance with the disposal strategy approved in September Cabinet.	Cabinet	19 December 2022	Growth, Resources, And Communities Scrutiny Committee	Eye, Thorney & Newborough	Part of the disposal programme already approved at Cabinet	Felicity Paddick - felicity.paddick@nps.co.uk, 07801 910971	Corporate Services	Cabinet report & exempt annexes which include financial and personal details.
2. Peterborough Limited Subsidiary Structure - Approval is sort to create a subsidiary organisation to Peterborough Limited to aid the efficient and effective future delivery of services.	Cabinet	February 2023	Growth, Resources, And Communities Scrutiny Committee	N/A	N/A	Kitran Eastman Managing Director - Peterborough Ltd Email: Kitran.Eastman@peterboroughlimited.co.uk	Place and Economy	Commercial Sensitivity of Peterborough Limited 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).
3. Approval of transfer/sale of Regional Pool car park to facilitate phase 3 of the university project – KEY/2JAN2023/01 - Phase 3 of the university project is due to be constructed on the Regional Pool car park with the transfer to be completed by no later than 12th February 2023.	Cabinet	16 January 2023	Growth, Resources, and Communities Scrutiny Committee	Central	Relevant internal and external stakeholders	Felicity Paddick, Manager of Estates NPS. Tel: 07801 910971 Email: felicity.paddick@nps.co.uk	Place and Economy	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).
4. Confirmation of the arrangements to transfer the services provided by NPS Peterborough Ltd following termination of their agreement in relation to property and estates – KEY/2JAN2023/02 - Cabinet decision JUN22/CAB/07 approved the termination of the agreement with NPS Peterborough Ltd. This report sets out the proposed arrangements for the transfer of those services provided under that agreement.	Cabinet	16 January 2023	Growth, Resources, and Communities Scrutiny Committee	All Wards	Relevant internal and external stakeholders The staff of NPS Peterborough Ltd and the relevant trade unions	Cecilie Booth - Director Resources and S151 Officer Email: cecilie.booth@peterborough.gov.uk	Corporate Services	An exempt annex containing information in category 1, 2, 3,4 and 5 of paragraph 10.4 of the Constitution

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

DECISIONS FROM 19 DECEMBER 2022								
<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>DIRECTORATE</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</i>
None.								

PREVIOUSLY ADVERTISED DECISIONS

DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
<p>1. 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 Cereste, Cabinet Member for Climate Change, Planning, Housing and Transport</p>	<p>December 2022</p>	<p>Growth, Resources, And Communities Scrutiny Committee</p>	<p>Park</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>Felicity Paddick, Manager - Estates and Valuation, Tel: 07801 910971 Email: felicity.paddick@nps.co.uk</p>	<p>Corporate Services</p>	<p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>
<p>2. 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 the University</p>	<p>December 2022</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>Nicola Curley: Director of Children's Service, Email: nicola.curley@peterborough.gov.uk</p>	<p>Peoples Services</p>	<p>Scrutiny Report</p>
<p>3. Werrington Fields and Ken Stimpson Secondary School - Following a public meeting held on 20 September 2021 at Ken Stimpson School, a decision needs to be taken on whether or not to proceed with plans to erect a fence to enclose part of the school's playing fields. The area is currently open access to the public. The school has not been using the area for over two years due to concerns over the safeguarding risk to the young people attending the school.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University</p>	<p>December 2022</p>	<p>Children and Education Scrutiny Committee</p>	<p>Werrington</p>	<p>Public meeting held on 20 September 2021 at Ken Stimpson School. Prior to this, a detailed background information document was circulated to interested parties.</p>	<p>Jonathan Lewis, Service Director, Education Email:jonathan.lewis@peterborough.gov.uk</p>	<p>Peoples Services</p>	<p>Cabinet Member Decision Notice, Background Information Document</p> <p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>4. Approval to enter into a Section 75 Partnership Agreement with Cambridgeshire and Peterborough NHS Foundation Trust 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 the University</p>	<p>December 2022</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>People Services</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

5.	Approve the Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2022-2025 – to discuss and agree the Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2022-2025, for final approval by the Health and Wellbeing Board.	Cabinet	19 December 2022	Adults and Health Scrutiny Committee	Dogsthorpe	Chair and vice chair of adults and health committee, Director of Public Health, Mental health boards	Joe Davies Email:joseph.davies@cambridgeshire.gov.uk	Public Health	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
6.	PCC/CCC Delegation Agreement for jointly procured Floating Support service - Approval of Delegation Arrangements to allow CCC to implement and manage this contract on behalf of PCC	Councillor Howard, Cabinet Member for Adult Social Care, Health & Public Health	December 2022	Adults and Health Scrutiny Committee	All Wards	Feedback sought from existing customers, staff and external partners/stakeholders prior to commencing re-procurement	Lisa Sparks, Senior Commissioner (ASC Commissioning), 07900163590, lisa.sparks@cambridgeshire.gov.uk	Public Health	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
7.	Approval and Endorsement of a new countywide Infant Feeding Strategy - Decision sought to approve and endorse a countywide Infant Feeding Strategy developed collaboratively between Public Health and the Cambridgeshire & Peterborough Clinical Commissioning Group (CCG). This decision includes approval of overall strategy and underpinned action plans required to implement this.	Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the the University	December 2022	Children and Education Scrutiny Committee	All Wards	Maternity Voices Partnerships, who are made up of service user representatives and key stakeholders spanning maternity, health visiting and the third sector have coproduced the strategy alongside Local Authority and CCG colleagues.	Amy Hall, Children's Public Health Commissioning Manager, amy.hall@peterborough.gov.uk, 07583040529	Public Health	Paper and Strategy to be submitted closer to the Cabinet meeting
8.	Approval of Delegation Agreement for Floating Support Service - Requesting approval to delegate authority to CCC to enable them to deliver a new jointly commissioned Floating Support service on behalf of PCC.	Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health	December 2022	Adults and Health Scrutiny Committee	All Wards	Feedback gathered from existing customers, service staff and external stakeholders/partners.	Lisa Sparks - Senior Commissioner - lisa.sparks@cambridgeshire.gov.uk - 07900163590	Public Health	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
9.	Approval to award a grant for a Mental Health Supported Living service. - Approval to award a grant for revenue funding to Eastlands Mental Health Supported Living Services, for a period of 1 year period, from April 2023.	Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health	January 2023	Adults and Health Scrutiny Committee	All Wards	Consultation not required as seeking no change to existing service	Lisa Sparks - Senior Commissioner - lisa.sparks@cambridgeshire.gov.uk - 07900163590	Public Health	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

10.	Extend Grant funded lunch clubs and award grant for AgeUK Day Centre - To retrospectively approve the funding of various lunch clubs and an AgeUK Day Centre to include: Bharat Hindu Samaj Lunch Club Italian Community Centre Lunch Club South Grove Community Centre (formally known as FILEF Lunch Club) AgeUK Orton Day Service The provision commenced in April 2022 and will run until March 2024. The grant funding comes to a total of £73,508	Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health	December 2022	Adults and Health Scrutiny Committee	North, Fletton and Woodston		Claire Cluer - Commissioning Manager (Day Opportunities Review) 01480 372314, claire.cluer@cambridgeshire.gov.uk	People Services	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
11.	Investment to fund the NHS pay award for staff who work in NHS services commissioned by Public Health – Public Health commission services from NHS organisations. Their staff have had a 3% pay award. The Public Health Grant funding uplift for 2022/23 reflects this pay award. Local Authorities are expected to ensure that these NHS pay awards are fully met and included in any contractual arrangements or Section 75 agreements.	Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health	December 2022	Adults and Health Scrutiny Committee	All Wards	NHS commissioned providers.	Val Thomas Deputy Director of Public Health, Email: val.thomas@cambridgeshire.gov.uk	Public Health	Cover paper
12.	Uplift in payments for delivery of public health services in primary care – Stop smoking, NHS Health Checks and Long-Acting reversible contraception services are delivered in primary care. This CMDN seeks approval for an uplift in the price paid for each unit delivered.	Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health	December 2022	Adults and Health Scrutiny Committee	All Wards	Consultation has been undertaken with the local medical committee which represents gps.	Val Thomas Deputy Director of Public Health, 07884 183373 val.Thomas@cambridgeshire.gov.uk	Public Health	It is not anticipated that there will be any documents other than the report and relevant appendices to be published
13.	Acquisition of 4 Royce Road, Peterborough - Acquisition of industrial premises at 4 Royce Road adjacent to PCC owned land	Councillor Andy Coles, Cabinet Member for Finance and Corporate Governance	December 2022	Growth, Resources, And Communities Scrutiny Committee	East Ward	N/A	Felicity Paddick, Manager - Estates and Valuation Email: felicity.paddick@nps.co.uk Tel: 07801 910971	Corporate Services	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).

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>DIRECTORATE</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</i>
<i>None.</i>								

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 Howard; 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.

DIRECTORATE RESPONSIBILITIES

Please note that all Directorates have been colour coded. Each decision will be colour coded in accordance with the below.

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

Financial and Resources

Internal Audit, Insurance and Investigations

Peterborough Serco Strategic Partnership (Business Support, Corporate Procurement, Business Transformation and Strategic Improvement, Customer Services, Shared Transactional Services)

Communications

Commercial & Property

Registration and Bereavement Services

Commercial & Property

Delivery and Transformation

Health & Safety

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

Digital, Data Analytics, Risk & IT Services

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

PEOPLE SERVICES 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 (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, (Special Educational Needs and Inclusion, School Improvement, City College Peterborough, Pupil Referral Units, Schools Infrastructure)

Commissioning

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)

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

Corporate Lawyers

Constitutional Services, (Democratic Services, Electoral Services, Executive and Members Services) - (Town Hall, Bridge Street, Peterborough, PE1 1HG)

Information Governance, (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)

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

Housing and Homelessness

Highways and Transport (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)

Employment and Skills

Community Safety

Regulatory Services

Emergency Resilience & Planning

(Markets and Street Trading, City Centre Management including Events, Regulatory Services, Parking Services, Vivacity Contract, CCTV and Out of Hours Calls)

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

Health Protection, Health Improvements, Healthcare Public Health.

PETERBOROUGH CITY COUNCIL'S CABINET MEMBERS WOULD LIKE TO HEAR FROM YOU

The Leader of Peterborough City Council is offering everyone a chance to comment, or raise queries on the decisions highlighted on the Council's Forward Plan.

Your comments and queries can be submitted to the Council's Governance Team using the form overleaf, or alternatively by telephone or email. The Governance team will then liaise with the appropriate Cabinet Member and ensure that you receive a response. Members of the Cabinet, together with their areas of responsibility, are listed below:

Councillor Fitzgerald	Leader of the Council
Councillor Steve Allen	Deputy Leader and Cabinet Member for Communication, Culture and Communities
Councillor Ayres	Cabinet Member for Children's Services and Education, Skills and the University
Councillor Simons	Cabinet Member for Waste, Street Scene and the Environment
Councillor Andy Coles	Cabinet Member for Finance and Corporate Governance
Councillor John Howard	Cabinet Member for Adult Social Care, Health and Public Health
Councillor Cereste	Cabinet Member for Climate Change, Planning, Housing and Transport

SUBMIT YOUR COMMENTS OR QUERIES TO PETERBOROUGH CITY COUNCIL'S CABINET

Your comment or query:

How can we contact you with a response?
(please include a telephone number, postal and/or e-mail address)

Name

Address

.....

Tel:

Email:

Who would you like to respond? (if left blank your comments will be referred to the relevant Cabinet Member)

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ADULTS AND HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2022/2023

Updated: 21 DECEMBER 2022

Meeting Date	Item	Indicative Timings	Comments
Meeting date: 5 July 2022 Joint Scrutiny Meeting	Medium Term Financial Strategy Contact Officer: Cecilie Booth		
Meeting Date: 18 July 2022 Draft report deadline: 29 June Final report deadline: 6 July	Appointment of Co-opted Member 2022/2023 Contact Officer: Paulina Ford		
	Health and Wellbeing Overarching Strategic Approach Contact Officer: Jyoti Atri		
	Elective Waits and Recovery Contact Officer: Kate Hopcraft, Director of Planned Care NHS Cambridgeshire and Peterborough and Janine Nethercliffe, Deputy Medical Director for North West Anglia NHS Foundation Trust		
	Review of 2021/22 and Draft Work Programme 2022/23 Contact Officer: Paulina Ford		
	Forward Plan of Executive Decisions Contact Officer: Paulina Ford		

Meeting date: 13 September 2022 POSTPONED Joint Scrutiny Meeting	Medium Term Financial Strategy Contact Officer: Cecilie Booth		
Meeting date: 27 September 2022 Draft report deadline: 8 September Final report deadline: 15 September	Annual Director of Public Health Report Contact Officer: Jyoti Atri		
	Annual Primary Care Update Contact Officer: Jane Coulson		
	Carers Survey and Carers Strategy Contact Officer: Debbie McQuade		
	Forward Plan of Executive Decisions		
	Work Programme 2022/2023		
Meeting date: 11 October 2022 Joint Scrutiny Meeting	Medium Term Financial Strategy Contact Officer: Cecilie Booth		
Meeting date: 8 November 2022 Draft report deadline: 20 October Final report deadline: 27 October	Appointment of Co-opted Member 2022/2023		
	East of England Ambulance Service NHS Trust (EEAST) Report on progress on CQC Inspection Target and		

	<p>Overview of Performance in the Peterborough Area – potential annual update</p> <p>Contact Officer: Chris Lewis, East of England Ambulance Service NHS Trust</p>		
	<p>System Wide Winter Plans</p> <p>Contact Officer: Jane Coulson</p>		
	<p>Social Care Reforms</p> <p>Contact Officer: Debbie McQuade</p>		
	<p>Monitoring Recommendations Report</p>		
	<p>Forward Plan of Executive Decisions</p>		
	<p>Work Programme 2022/2023</p>		
<p>Meeting date: 29 November 2022</p>	<p>Sustainable Future City Council Strategy and Priorities 2022 – 2025</p> <p>Contact Officer: Jens Gemmel von Döllinger, Sustainable Future City Council Director</p>		
<p>Meeting date: 3 January 2023</p> <p>Draft report deadline: 13 December Final report deadline: 20 December</p>	<p>Portfolio Progress Report for Cabinet Member for Adult Social Care, Health and Public Health</p> <p>Contact Officer: Debbie McQuade</p>		
	<p>Safeguarding Adults Board Annual Report</p>		

	Contact Officer: Joanne Proctor		
	Committee Meeting Start Time 2023/24		
	Contact Officer – Ramin Shams		
	Forward Plan of Executive Decisions		
	Work Programme 2022/2023		
Meeting date: 23 January 2023 Joint Scrutiny Meeting	Medium Term Financial Strategy Contact Officer: Cecilie Booth		
Meeting date: 14 March 2023 Draft report deadline: 23 February Final report deadline: 2 March	Adult Social Care Annual Complaints Report Contact Officer: Belinda Evans		
	Mental Health Section 75 Contact Officer: Debbie McQuade		
	Healthy Weight Strategy Contact Officer: Val Thomas		
	Access to Mental Health Services and Early Help – waiting times for assessment and treatment Contact Officer: Marek Zamborsky		

	Food environment within Hospitals, Hospital Food Trust Standards Contact Officer: Taff Gidi		
	Dentistry Report Contact Officer: David Barter		
	Monitoring Recommendation Report		
	Forward Plan of Executive Decisions		
	Work Programme 2022/2023		

Pending: Update on Social Care Work Force – Debbie McQuade

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