

## **ADULTS AND HEALTH SCRUTINY COMMITTEE**

**TUESDAY 14 MARCH 2023**  
**7.00 PM**

**Bourges/Viersen Room - Town Hall**

**Contact: Ramin Shams, Senior Democratic Services Officer at:**  
**[Ramin.shams@peterborough.gov.uk](mailto: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 3 January 2023** **3 - 8**
- 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. Food Environment within Hospitals and Hospital Food Trust Standards** **9 - 14**
- 6. CAMHS and Adult Mental Health Services** **15 - 40**
- 7. Adult Social Care Annual Complaints Report 2021-22** **41 - 52**
- 8. Mental Health Section 75 Partnership Agreement: Annual Report** **53 - 60**
- 9. Forward Plan of Executive Decisions** **61 - 84**

## **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), S Qayyum (Vice Chairman), C Burbage, G Elsey, S Farooq, B Rush, J Allen, C Harper, N Bi, H Skibsted and L Robinson

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

### **Non-Statutory Co-opted Members**

- Sandie Burns MBE
- Chris De Wilde

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, 3 January 2023  
BOURGES/VIERSEN ROOM, TOWN HALL, PETERBOROUGH**

**Committee Members Present:** S Barkham (Chair), Ansar Ali (Vice-Chair), C Burbage, S Qayyum, B Rush, B Tyler, J Allen, C Harper, N Bi, Co-opted Member Parish Councillor Neil Boyce, Co-opted Member De Wilde

**Officers Present:** Jyoti Atri, Director of Public Health  
Debbie McQuade, Service Director, Adults and Safeguarding  
Donna Glover, Assistant Director: Adult Safeguarding, Quality & Practice  
Ramin Shams, Senior Democratic Services Officer

**Also Present:** Cllr John Howard, Cabinet Member for Adult Social Care, Health and Public Health

**33. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Gavin Elsey, Saqib Farooq and Co-opted Member Sandie Burns

**34. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS**

No declarations of interest were received.

**35. MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING HELD ON 08 NOVEMBER 2022**

The minutes of the meeting held on Tuesday, 8 November 2022, were agreed as a true and accurate record.

**36. CALL-IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISION**

There were no Call-Ins received at this meeting.

**37. Portfolio Progress Report for Cabinet Member for Adult Social Care, Health and Public Health**

The Cabinet Member for Adults Social Care, Health and Public Health introduced the report, which provided the Committee with an update on the progress of the Cabinet Member portfolio. The report outlined information regarding public health service recovery, performance, living with Covid, and the Health and Wellbeing Integrated Care Strategy. He advised Members that uncertainty remained about the future path and severity of the Covid virus. Therefore, the UKHSE had allowed the Council to carry over the COMF grant funding into the 2023/24 financial year for Covid-19 control and covid recovery, including mitigating the impact of Covid on health and health inequalities. He added that services made a positive recovery post Covid19, especially Health Behaviour Change Services, drug and alcohol, and sexual reproductive health services. In addition, the pandemic led to the development of virtual services. He further explained that the Health and Wellbeing Board had identified three ambitions and four priority areas for the 2030 vision. These were to increase the number of years that people spend in good health, reduce inequalities and preventable deaths before the age of 75 and achieve better outcomes for children. The senior responsible officers leading the four priority areas described in the report on page 23 from across the system.

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

- The Director of Public Health advised Members that if the resurgence of Covid19 virus was imminent to Amber, the Service had kept a small team of a consultant and a nurse, and other staff to be deployed to those areas for support. The team is supporting the response to Covid inquiries, but the services had received confirmation that the Team could carry forward into the next municipal year to help and support outbreaks. She added that if it led to Red, the Service would look for government intervention as it had previously done.
- Members referred to page 18, paragraph 4.2.6. and raised concerns regarding the Clinical Guidance on Chlamydia testing, which recommended only routinely testing females and not males and asked why the guidance had changed. Members were advised that the test offer was still open to young men. The rationale for the change in the guidance was that the main problem with Chlamydia was that it caused Pelvic Inflammatory disease, which could lead to infertility. Therefore, the guidance was focused on young women of childbearing age, which could have the most impact.
- Members were advised the Stop Smoking support was provided by GP practices, and once GPs delivered the programme, they would receive an incentivised payment for performance, if targets are achieved.
- Members referred to page 15, paragraph 4.2.2.3 regarding Health Trainer Service and asked whether other deprived areas were targeted apart from Orton and Bretton Shopping Centre mentioned in the report. Members were advised that the Service targeted all areas but focused on those areas where the Service had previously identified higher rates. The Service had done well and exceeded expectations.
- Members referred to page 12, paragraph 4.1.4 regarding the COMF funding, asked that the report mentioned the £467,632 of uncommitted funds and if the Service had planned to spend this amount in the next municipal year. The Director of Public Health advised Members that the Service had a Covid19 Team they support in case Covid19 numbers rise again. The Covid19 Team would continue into the next municipal year,

the cost would be paid from uncommitted COMF funds, and the funds would also be spent on other mitigation measures that the Service was involved in, such as promoting uptake of Covid vaccines and supporting those who were vulnerable.

- Members referred to page 25, paragraph 4.4.6, regarding the critical risk pressures around workforce capacity, recruitment and retention across the local authority and care providers. Members asked what steps had been taken to mitigate those risks. Members were advised that currently, the Service was working on mitigating risks for winter and reviewing a retention payment for the key workforce in-house, but also working with providers to look at how the Service might support their recruitment and their attention for long term. In addition, Members were informed that the Service was working closely with the ADAS Association of Diet and Social Care within the eastern region, as it was a broader issue. The Service would ensure that staff were trained and paid adequately, and the Service would like this to be recognised nationally and needed broader support. The Service also struggled with retaining occupational therapists, and it was a broader issue nationally. The Service would promote apprenticeship as it had for the social workers, as it had been proven successful.
- Members were advised that the Service needed to fund and support the voluntary sector for long-term sustainability, as the current arrangement was for the short term and usually had funding for three months for the winter period. Members were informed that the Service was working with partners for a longer-term solution for the voluntary sector.
- Members raised concerns over the unsatisfactory breastfeeding rate in Peterborough and requested a briefing note from Raj Lakshman – Consultant in Public Medicine, on what the Council was doing to improve breastfeeding rates in Peterborough. The Consultant in Public Medicine confirmed that a briefing note would be provided to Members outside this meeting.

## **AGREED ACTIONS**

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

- Note 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
- 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.

### **38. Cambridgeshire and Peterborough Safeguarding Adults Partnership Board Annual Report 2021-22**

The Service Director for Adults and Safeguarding introduced the report, which provided the Committee with a summary of both the work of the Safeguarding Adult Board and the work of the sub-committees. The report highlighted the significant events from April 2021 to March 2022 and recognised areas of good practice with the statistical information regarding the partnership and safeguarding performance. She explained that the partnership had been active, identifying and learning lessons. Two case reviews this year were published on the

learning from the reviews, which had been identified and disseminated through the various activities, including briefings, workshops, and different training shared learning.

The Safeguarding Adults Board had introduced a process called MAM Multi-Agenda Risk Management which would help practitioners work together to support those individuals who had caring support needs but did not wish to engage with services. These were vulnerable adults that the service knew were struggling. The multi-agency work support was needed for a long-term commitment to support those individuals and deliver good outcomes. The Board also worked with partners in the community to develop a cuckooing policy.

### **AGREED ACTIONS**

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

#### **39. Committee Meeting Start Time 2023/24**

The Senior Democratic Services Officer introduced the report and sought the committees' views on what start time they would like for the new municipal year 2023/2024.

Members of the committee unanimously agreed that the start time should remain at 7.00 pm for the municipal year 2022/2023.

### **AGREED ACTION**

The Adults and Health Scrutiny Committee **RESOLVED** to keep the start time for all Adults and Health Scrutiny Committee meetings for the Municipal Year 2023-24 at 7.00 pm

#### **40.**

### **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.

**41. 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.

**AGREED ACTIONS**

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

**42. DATE OF NEXT MEETING**

- Joint Meeting of the Scrutiny Committees – Monday 23 January 2023
- Adults and Health Scrutiny Committee Meeting – Tuesday 14 March 2023
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CHAIR

7.00 – 08.35 pm

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<b>ADULTS AND HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 5</b>
<b>14 March 2023</b>	<b>PUBLIC REPORT</b>

Report of: Amanda Richardson	Associate Director for Soft FM Services, North West Anglia NHS Foundation Trust	
David Moss	Director of Estates and Facilities. North West Anglia NHS Foundation Trust	
Contact Officer(s):	Helen Potton: Interim Company Secretary & Head of Corporate Affairs, North West Anglia NHS Foundation Trust	Tel. 01733 677926
	Paul Denton: Associate Director of Governance and Risk, North West Anglia NHS Foundation Trust	Tel. 01733 677954

<b>Report on Food Environment within Hospitals and Hospital Food Trust Standards</b>
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<b>RECOMMENDATIONS</b>
It is recommended that Adults and Health Scrutiny Committee, note the information provided regarding Hospital food and food standards for the purpose of a compliance update

**1. ORIGIN OF REPORT**

1.1 This report is submitted to the Adults and Health Scrutiny Committee at the request of the members and Chair of the committee

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this report is to provide an overview of the food provisions at PCH for both patients and staff

The report is presented to:

- a) Provide an overview of food provision and arrangements at PCH for patients and staff food
- b) To advise how quality of food is monitored
- c) Describe the process for how we manage patient experience feedback relating to food
- d) To advise of any benchmarking data we may have about food provision and quality of food provided at PCH
- e) Update on any awards we have been nominated for or won relating to food
- f) Healthcare Food and Drink Review update (National Standards for Healthcare Food and drink)

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

3. Scrutiny of the NHS and NHS providers.

## 4. BACKGROUND AND KEY ISSUES

### 4.1 Overview

In the summer of 2019, there was an outbreak of listeriosis at a Trust in the North of England, in which seven patients tragically died after eating hospital sandwiches contaminated with *Listeria monocytogenes*. Following this, the then Health Secretary, Matt Hancock, announced a “root and branch” review of food served and sold in hospitals. The scope of the review included the safety, nutrition, quality and production methods of food for patients, staff and visitors in NHS hospitals

Every healthcare organisation has a responsibility to provide the highest level of care possible for their patients, staff and visitors. This includes the quality, nutritional value and the sustainable aspects of the food and drink that is served, as well as the overall experience and environment in which it is eaten.

It is important that all healthcare organisations see the intrinsic value in the view of ‘food as medicine’ and that it remains a standing item on the board agenda. Senior NHS leaders must be held accountable for the standard and quality of food served in their organisation, and patient and staff nutrition must be prioritised.

There are eight standards that all NHS organisations are required to meet

Organisations must have a designated board director responsible for food (nutrition and safety) and report on compliance with the healthcare food and drink standards at board level as a standing agenda item.

1. Organisations must have a food and drink strategy.
2. Organisations must consider the level of input from a named food service dietitian to ensure choices are appropriate.
3. Organisations must nominate a food safety specialist.
4. Organisations must invest in a high calibre workforce, improved staffing and recognise the complex knowledge and skills required by chefs and food service teams in the provision of safe food and drink services.
5. Organisations must be able to demonstrate that they have an established training matrix and a learning and development programme for all staff involved in healthcare food and drink services.
6. Organisations must monitor, manage and actively reduce their food waste from production waste, plate waste and unserved meals.
7. NHS organisations must be able to demonstrate that they have suitable 24/7 food service provision, which is appropriate for their demographic.

Both inpatient and staff food services are outsourced through the PFI contract and are provided by Medirest on the PCH site. Inpatient catering is offered through a method called Steamplicity. This is a cooking process where plated meals are delivered to the Trust and the food steamed using a microwave on the ward, ensuring that highest quality food is delivered direct to a patient’s bedside. Using the Steamplicity process, Medirest are able to offer patients a greater choice of meals. There is a menu of 26 dishes with 3 meals available per meal sitting.

Each meal is prepared separately which allows Medirest to respond to individual patient’s requirements including patients who arrive on the ward at meal times. Patients will be offered a vast range of menu options including small starters, meat dishes, vegetarian and vegan options and both warm and cold desserts. Patients can choose meals that have been specifically recommended for their dietary requirements and meals that are prepared for all religion types.

The menu is changed every 6 months to prevent menu fatigue and the changes are based on the menu choices made by patients who are currently experiencing Steamplicity food while staying in hospital. This ensures that the menu takes into account current trends and also seasonal changes and continues to allow a wide range of specially selected meals. Patient Catering offers

a total of 5 standard menus plus 4 Specialist menu's. Full Nutritional and Allergen information is available for all of the meals on these menus. The Electronic Patient Ordering system holds the Allergen information and a paper copy is also kept on every ward.

Medirest also provide a 28 day menu cycle in the Spice of Life Restaurant that offers a variety of different foods that cover cultural and religious requirements as well as vegetarian and vegan options. Standard cooking processes are used, that include:

- Steaming
- Roasting
- Frying

Each dish produced is supported by a Recipe from the Source. The recipe details the ingredients to be used, with ordering codes and cooking methods. This ensures that the allergen information on the Customer tablet is accurate. It also ensures that we are using the correct disposable items to reduce our carbon foot print as we move towards being net zero. The menu is devised by the central team which includes chefs and registered dietitians.

It is recognised that both staff and visitors require access to hot food provisions outside normal working hours. As the restaurant closes during the early evening, the Trust sought options from Medirest, to provide hot meal options that could be accessed by anyone that remains onsite overnight.

The Bon Culina Hot Vending Machines offer a selection of meals and snacks and are compliant with the requirements of CQUIN. Vending machines were installed in the main restaurant and Women's and Children's atrium at PCH and provide 24/7 access to hot food options for staff and visitors.

#### 4.2 **Monitoring quality of food provided to patients and staff**

The food is monitored in a variety of ways. Feedback is obtained from patient satisfaction surveys carried out monthly. In addition, the Trust undertake Friends and Family Tests, which enable feedback to be provided on a wide range of services provided during the patients stay. The Soft FM Team also carry out 6 monthly staff satisfaction surveys which include a range of questions about each of the specific services offered by Medirest.

The feedback obtained from all forms of survey and comment opportunities, are shared with Medirest to enable improvements to be made and therefore giving a better patient experience.

Food tasting sessions are also offered by Medirest, these are undertaken on an ad hoc basis in line with patient menu changes. Tasting sessions previously undertaken involved representation from Clinical teams, Estates and Facilities and the Dietetic team including the Speech and Language team in respect of changes made to special diet meals, to ensure they meet the required dysphagia requirements for our patients.

In addition to this we monitor the standard and quality of food through annual PLACE assessments.

A review of the recent feedback does not identify specific trends and continues to highlight that the standard of food available to both staff and patients remains subjective.

#### 4.3 **Management of patient and staff feedback relating to food**

Patient and staff feedback is obtained in a number of ways. Feedback is provided through the Friends and Family Test carried out by the divisions. Information relating to the services provided by Medirest are shared with the Soft FM team for review and onward cascade to Medirest.

The Soft FM team will review the feedback, identify trends and work with Medirest to ensure the concerns highlighted are addressed and resolved wherever possible. There may be some

concerns highlighted as a result of personal choice, therefore these aspects need to be managed carefully to ensure the patient is reassured and food requirements meet their nutritional needs.

Medirest undertake monthly patient satisfaction surveys which include the provision of catering. These assess various elements of catering such as temperature, quality, presentation, taste, portion size, dietary needs and range of choice. These are reviewed within the Soft FM Team, with any trends noted for onward discussion with Medirest. Medirest share the feedback obtained with their central team in Compass. This enables changes and improvements to be made where required to both the product and the cooking method. This information is also formally shared through the PFI performance process, enabling the required improvements to be identified and addressed.

Similarly the Soft FM team undertake 6 monthly Staff Satisfaction surveys in the form of “You Said, We Did” to ensure we capture feedback from staff relating to all Soft FM service and act upon this feedback. The outcomes of these surveys are shared through our Facilities Assurance Committee, in addition, they are placed as an action on our joint Soft FM Operational meetings with the PFI providers. This enables us to manage feedback and expectations effectively and efficiently, taking corrective actions and improve the overall experience for our staff.

#### 4.4 **How is the food provisions benchmarked at PCH**

Food provisions at PCH are benchmarked through PLACE assessments and ascertain where our trust sits in relation to the national average. Patient feedback regarding food and catering provisions are obtained through annual PLACE assessments. The feedback is provided based on presentation, menu choices, taste, temperature, portion size. The feedback is placed into an action plan which is then managed through our formal Matrons forum.

The outcome scores of the 2022 PLACE assessment have not yet been publically released, therefore we have included the last official scores relating to food from the 2019 PLACE assessment below

	National average 2019		
	90.17%		
	Food Score	Org Food Score	Ward Food Score
2018	96.12%	95.06%	97.12%
2019	94.35%	93.33%	94.58%

The first column is an average of the scores for Organisational food and ward food.

#### 4.5 **Awards Won or nominations relating to food**

The PCH site has not been successful on winning any awards and there have not been any recent nominations submitted for this site.

#### 4.6 **National Standards for Healthcare Food and Drink**

Each of the recommendations are currently under development. There are numerous aspects to the recommendations which are not quite as simple as a straightforward, yes we are compliant or no we are not. The complexity behind aspects such as government buying standards, Estates return information collection (ERIC)/balanced scorecard, 10 key characteristics, Training, Waste, British Diabetic Association (BDA) Digest etc. are complex.

As a Trust we are working through the actions required in order for us to be fully compliant with each of the 8 recommendations detailed in section 4.1,

The requirement to have a food and drinks strategy is in place, the policy entitled “Policy for Adult nutrition and hydration” was added to the Document Library/Share Point in November 2022.

A sub group will be created to take forward each of the requirements under each of the 8 recommendations and a Trust board paper will be prepared and presented each quarter to ensure updates and assurances are provided regarding progress.

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<b>ADULTS AND HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 6</b>
<b>14 March 2023</b>	<b>PUBLIC REPORT</b>

Report of:	Debbie Smith, Director of Operations and System Partnerships, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)	
Contact Officer(s):	Debbie Smith, Director of Operations and System Partnerships, CPFT Email: <a href="mailto:debbie.smith2@cpft.nhs.uk">debbie.smith2@cpft.nhs.uk</a>	Tel. 07879642237

**REPORT ON CAMHS AND ADULT MENTAL HEALTH SERVICES DELIVERED BY CPFT**

<b>RECOMMENDATIONS</b>
<p>It is recommended that Peterborough City Council Adults and Health Scrutiny Committee:</p> <ol style="list-style-type: none"> <li>Notes that Cambridge and Peterborough NHS Foundation Trust (CPFT) is commissioned to provide secondary mental health services, specialist inpatient and community services for Cambridgeshire and Peterborough and across the East of England. CPFT is a key partner in the C&amp;P Integrated Care System (ICS), as host organisation for the Mental Health, Learning Disability and Autism Accountable Business Unit (MHLDA ABU)</li> <li>Notes that challenges for CPFT reflect the national picture for increasing referrals to services, gaps in the workforce across a whole range of healthcare professions and the impact of the increasing cost of living</li> </ol>

**1. ORIGIN OF REPORT**

- 1.1 The report was requested by members of the Scrutiny Committee  
The report has been approved for submission by Stephen Legood, Director of People and Business Development, CPFT, 3<sup>rd</sup> March 2023

**2. PURPOSE AND REASON FOR REPORT**

- 2.1 The purpose of this report is to respond to the request for information received 15<sup>th</sup> December 2022 from the Head of Governance and Data Protection Officer of NHS Cambridgeshire and Peterborough ICS, regarding the following services

**Adult Mental Health Crisis services**

- a) Volume of calls received by crisis team
- b) Detailed report on Crisis Mental Health Services
  - I. Uptake of crisis MH services
  - II. Referral from primary care and A&E
  - III. Average wait times for professional to attend those sites

**CAMHS services**

- a) Detailed report on CAMHS waiting times
- b) Staffing
- c) Thresholds for referral
- d) Other alternative pathways to access in the interim and their waiting times

**Counselling services and waiting times with caseload of patients**

### Services and management of psychosis

- a) Follow up of patients who suffer from psychosis
- b) Pathway of care for complex psychosis patients and uptake
- c) How many see specialists

### ICB Commissioning responsibilities for mental Health services

This report focuses on services delivered by CPFT, however during the course of the narrative there are references to pathways and services provided by system partners.

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

2.3 **Exempt Annex (not for publication)**

Does not apply

There is no section 3 on the template report provided

## 4. BACKGROUND AND KEY ISSUES

This report covers a range of different services that CPFT is commissioned to provide across different age groups and across our geography. The population we serve in our region has significant health and social inequalities. The COVID-19 pandemic has led to unprecedented levels of people experiencing a mental health need, resulting in significant pressures on existing care provision. CPFT continues to work with colleagues in local government, primary care, secondary care, third and voluntary sector health and care organisations. CPFT is the host organisation for the Mental Health, Learning Disability and Autism (MHLDA) Accountable Business Unit (ABU) for Cambridgeshire and Peterborough Integrated Care System (ICS). Appendix 3 provides a summary of the ABU pillars, aligned to the C&P ICS priorities.

The challenges that CPFT face are no different to those reflected at a national level, for brevity, these are provided as follows:

- Attracting new talent, retaining our talented staff and early retirees
- Ensuring we have the appropriate workforce for specialist services, the appropriate skills mix for existing services
- Consistently meeting Quality standards
- Staff wellbeing, moral injury, re-developing a positive well-led culture
- Transformation of our service delivery and pathway efficiencies
- Quantifying capacity versus demand
- The level of patient acuity, more severe, complex cases, longer stays, longer treatment times
- The volume and length of time people are waiting to access our services in mental and physical health, spanning all age groups

### 4.1 Adult Mental Health Crisis services

The committee requested the following information:

- Volume of calls received by crisis team
- Detailed report on Crisis Mental Health Services
- Uptake of crisis MH services
- Referral from primary care and A&E
- Average wait times for professional to attend those sites

#### 4.1.1 Volume of calls received by crisis team

CPFT First Response Service (FRS)

The First Response Service (FRS) supports people experiencing a mental health crisis. It provides 24-hour, seven days a week, 365 days a year access to mental health care, advice



and support. By calling NHS 111, and selecting option 2, the caller is put through to a member of the FRS team who will discuss current mental health needs. Support may involve telephone support or a face-to-face assessment and if appropriate referrals onto other CPFT services. FRS does not offer medication reviews. Referrals to FRS can be from many avenues including self-referral, via a GP, social care professionals, emergency services and voluntary organisations. The number of calls to FRS (NHS 111 option 2) are presented [Table 1]. The staff base for this telephone service is located at Kingfisher House, Huntington.

*Table 1 Number of referrals, by source, to the First Response Service (FRS)*

A&E Acute	Ambulance	Carer	Community Health Service	Education	GP	LA Social Services	MH Service	Other	Police	Self Referral	Voluntary Sector	Total
152	256	860	517	9	672	2	1364	355	177	5763	1	10128

[data source: CPFT Mi Report(23Oct22 to 26Feb23)]

FRS can also access mental health Sanctuaries (non-health-based places of safety provided by Cambridgeshire, Peterborough and South Lincolnshire (CPSL) MIND<sup>1</sup>), in Peterborough and Cambridge cities and in addition there are mental health professionals in the police control room (commissioned by Police & Crime Commissioner), ensuring a comprehensive community mental health crisis response.

**Working in partnership - Mental Health Joint Response Cars (MHJRC)**

The Crisis Care Concordat sets out the national agreement with agencies involved in supporting people experiencing a mental health (MH) crisis. Within the Cambridgeshire and Peterborough (C&P) locality the MH system developed (with the support of vanguard funding) a MH First Response Service (FRS). CPFT has worked with system partners to develop a multi-agency response with the police and ambulance emergency services.

**East of England Ambulance Service Trust (EEAST)**

A joint FRS/EEAST response to community-based mental health crisis aimed to deliver a safe, effective and robust response to community MH needs and reduce conveyance rates to partner acute hospitals’ A&E (emergency) departments. The Ambulance MHJRC pilot began in January 2021 with an EEAST Paramedic and a CPFT Mental Health Nurse, in a Rapid Response Vehicle (RRV).

Within 2 months 80% (n=164) of jobs attended by MHJRC resulted in non-conveyance. In 33% of cases, the ambulance crews on scene felt that without the MHJRC advice and support, they would have had no other option but to convey the patient to an acute hospital for their mental health needs. [data source: CPFT FRS Service Manager]

Of 42 incidents attended in December 2022:

14% were conveyed due to mental health and physical health needs.

2% were conveyed due to mental health needs only.

[data source: C&P ICS written communication 27Feb23, approved for publication by EEAST]

The C&P FRS model was further showcased within the NHS Long Term Plan (LTP) as an exemplar model in response to community-based MH needs.

**Police Liaison - Cambridgeshire Constabulary**

CPFT Mental Health Practitioners are now also out with Police vehicles supporting frontline officers who are called to help with people in a mental health crisis. The scheme started in 2022 as part of a pilot and has now been extended to a second car thanks to funding from C&P ICS. The Police MHJRC model was developed to deliver a safe, effective, and robust response to community-based MH crises and reduce conveyance rates to acute hospital A&E (emergency) departments and the Mental Health Act (2018) Section 136 detention rates. Brief psychological interventions can be delivered with the aim of easing emotional distress along with appropriate physical health care assessment for the adult in crisis.

<sup>1</sup> [CPSL Mind](#)

Further benefits include reducing police time spent on administration with around 80% of jobs attended by the police car not requiring additional documentation, and a lower average job time on scene at MH call outs, averaging of 40 mins. [data source: CPFT FRS Service Manager]

*The CPFT First Response Service Manager reported that, “Our staff can offer instant expert support to someone who is experiencing a mental health crisis. Having a nurse who knows what to do often puts people at ease when they’re feeling at their most vulnerable”*

**4.1.2 Crisis Mental Health Services**

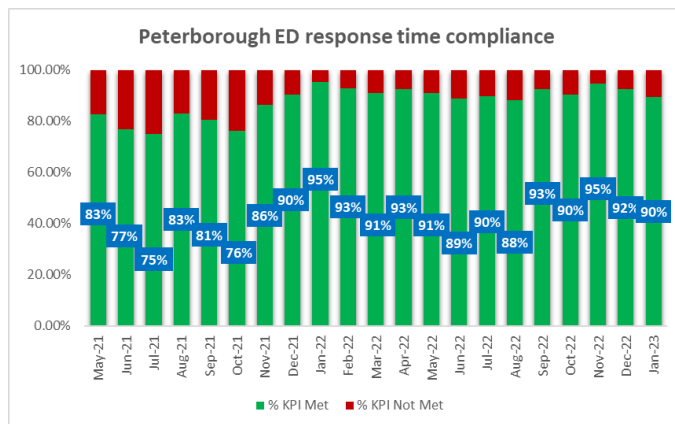
The Committee requested information on “average wait times for professional to attend those sites”. If this request relates to the professional attending primary care and A&E, CPFT delivers a Liaison Psychiatry Service (LPS) for A&E departments based within Cambridgeshire and Peterborough and North West Anglia acute hospitals. As such there are liaison psychiatry staff based at each acute hospital. Any person experiencing a mental health crisis should receive a response from the liaison mental health service within a maximum of 1 hour of A&E making a referral<sup>2</sup>. Compliance with this metric for the 12 months to December 2022 is provided [Table 2].

*Table 2 Compliance with the maximum one-hour to attend target for acute hospitals*

[data source: CPFT Liaison Psychiatry Service Manager 01Mar23]

Acute Hospital A&E	one-hour compliance over 12 months
Peterborough City	91%
Hinchingbrooke	84%
Addenbrookes	82%

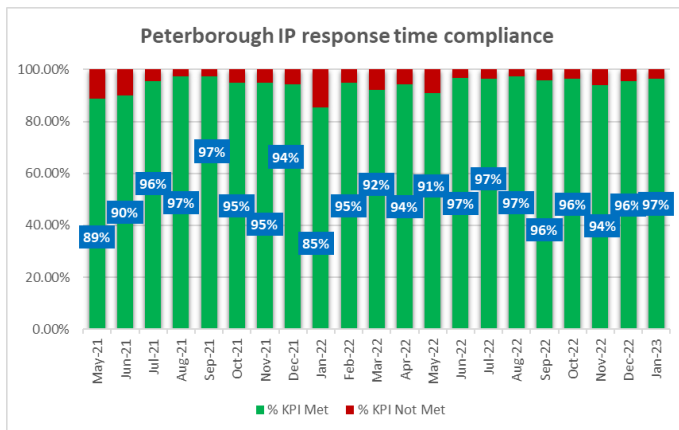
*Figure 1 Detail of compliance with the maximum one-hour to attend target for Peterborough City Hospital (PCH) A&E, for the period May 21 to Jan23*



Note: ED on the chart refers to Emergency Department [data source: CPFT Liaison Psychiatry Service Manager 01Mar23]

<sup>2</sup> [Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – Part 2: Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults – Guidance \(england.nhs.uk\)](https://www.england.nhs.uk/guidance/achieving-better-access-to-24-7-urgent-and-emergency-mental-health-care-part-2-implementing-the-evidence-based-treatment-pathway-for-urgent-and-emergency-liaison-mental-health-services-for-adults-and-older-adults/)

Figure 2 Detail of compliance with the maximum one-hour to attend target for Peterborough City Hospital (PCH) Inpatient (IP) wards, for the period May 21 to Jan23



Note: IP on the chart refers to Inpatient  
 [data source: CPFT Liaison Psychiatry Service Manager 01Mar23]

The LPS provides assessment, treatment and signposting for inpatients at the acute trusts. The team also provides education, training and support to the acute trust staff. The service covers patients aged 17 and upwards, as well as older adults. The liaison psychiatry staff assess and manage patients' mental health problems and use both medication and psychological therapy. The staff also work with patients' families and support other members of the multidisciplinary team to meet patients' emotional needs.

The service sees patients in hospital who have a combination of physical and mental health problems, including both those who visit A&E or have been admitted to a ward. The team works with hospital staff to make sure people with mental health needs such as dementia, delirium and other persistent symptoms are supported. The aim of the Older People Liaison Psychiatry Service is to provide safe and efficient care and equitable access to services. By addressing psychological and psychiatric problems, which often occur concurrently with physical illness, physical outcomes are improved.

4.2 **Child and Adolescent Mental Health Services (CAMHS) services**

The committee requested the following information

- Detailed report on CAMHS waiting times
- Staffing
- Thresholds for referral
- Other alternative pathways to access in the interim and their waiting times

4.2.1 This section of the report is submitted to the Adult and Health Scrutiny Committee to provide information and assurance regarding the delivery of mental health support for children and young people. Specially the issue of waiting times. This report, to the Peterborough Scrutiny Committee, provides a follow up to the report submitted to Cambridgeshire County Council Adults and Health Committee in October 2022 [Appendix 1], and will limit duplication of information that has previously been reported<sup>3</sup>.

4.2.2 **Services**

CPFT offers specialist community Child and Adolescent Mental Health Services (CAMHS) across a spectrum of mental health problems and disorders. CAMH services are delivered through the following therapeutic service categories:

**CAMHS Core specialist services** cover several mental health conditions for when difficulties become hard to manage and or where there are concerns about behaviour or emotional wellbeing. CPFT works with children and young people with a range of

<sup>3</sup> [Document.ashx \(cmis.uk.com\)](https://document.ashx(cmis.uk.com))

moderate to severe mental health needs including anxiety, low mood, depression, self-harm, obsessive-compulsive disorders, psychosis, and the effects of trauma.

**CAMHS Neuro specialist service** covers Attention Deficit Hyperactive Disorder (ADHD) and Autistic Spectrum Disorder (ASD)

**CAMHS Eating Disorder (ED) service** is the specialist provision for those experiencing moderate to severe eating disorders including anorexia nervosa and moderate to severe bulimia.

**4.2.3 Referrals**

The YOUNited integrated hub accepts referrals from all professionals working with children and young people up to the age of 17 with emotional wellbeing and a range of mental health needs. YOUNited will also accept referrals for children and young people up to the age of 18 with a suspected eating disorder or with a neurodevelopmental diagnosis.

The YOUNited integrated hub is a partnership for service delivery between Cambridge and Peterborough Foundation NHS Trust (CPFT), Cambridgeshire Community Services, Centre 33, and Ormiston Families. The referral flow is provided in Appendix 2. The hub has now been operating for 19 months (July 2021 to February 2023) and provides a central referral hub for early intervention and specialist mental health pathways. The hub has expanded from professional only referral to now include referrals from different sources. Referrals are assessed and allocated to the most relevant level of support. This includes Ormiston Families<sup>4</sup> to deliver the 12 years and under pathways; Centre 33<sup>5</sup> to deliver support for those 13 – 25 years of age and CPFT to provide specialist CAMH services. This support could be advice, guidance, one to one intervention, group support, a range of digital solutions which are supported by a practitioner, or specialist child and adolescent mental health support, including neurodevelopmental pathways and eating disorders.

**4.2.4 Waiting times**

A regular waiting time review meeting for the Children, Young People and Families Directorate (CYPF) of CPFT has provided a forum to adopt a structured, methodical approach to reducing the length of waits and the volume of CYP waiting for mental health services. In April 2022 the service teams reviewed capacity across the C&P localities to ensure the staffing levels could address local demand. This was required as reducing the number waiting per category became more challenging when referrals continued to increase post-pandemic.

The service delivery teams focussed on reducing to zero the number of CYP waiting over 52 weeks or more, [Table 3] with daily updates and getting plans in place for long waiters. This was achieved for the 3-month period August to October 2022, with recent months keeping the number as low as possible.

*Table 3 Reduction in number of CYP waiting 52 weeks or more for mental health assessment (first appointment), December 2021 to February 2023*

	Dec-21	Feb-22	Mar-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
52+ week	34	16	19	12	10	1	0	0	0	1	2	2	7

For the longest waiters in ADHD and ASD, reasons for the wait were investigated. Commonly these were due to service user repeatedly not attending and insufficient information received from the source of referral (to enable first assessment).

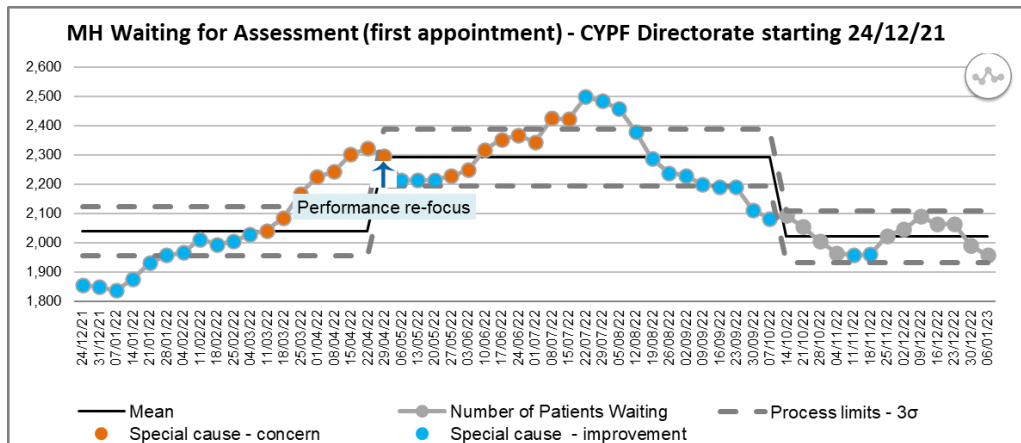
<sup>4</sup> [Ormiston Families](#)

<sup>5</sup> [Free Help & Counselling for Young People | Cambridgeshire, Peterborough \(centre33.org.uk\)](#)

The average wait time for a Trusted Assessment via the single point of access YOUnited service was 10 weeks by CAMHS teams in April 2022. Core CAMHS waiting times significantly reduced with average wait of 6 weeks for assessment achieved in December 2022

Overall, the number of CYP waiting for a mental health assessment rose from 1,800 in late 2021 to a peak of 2,500 in July 2022. This number includes all people waiting from all the services delivered under the YOUnited partnership. The focus to reduce the number of people waiting for services from April 2022 began to show dividends from July 2022. The methodical approach has delivered a gradual reduction, reaching a current low of 1,900 by January 2023 [Figure 3].

Figure 3 Number of CYP waiting for a mental health assessment December 2021 to January 2023



The CAMH service teams have been challenged by workforce issues (absence and vacancies) but have achieved significant change in the profile of the waiting list with reduction in the numbers waiting per category of duration of week (0-4 weeks, >52 weeks for example) between February 2022 and February 2023

CAMHS service teams will increase availability of appointments by adding Saturday working through February and March 2023 to further address the backlog of those waiting. In addition, the pilot of a redesigned treatment pathway for mental health (single session therapy, SST) has been completed. This evidence-based comprehensive assessment at the first interaction will be sufficient to support majority of people, however, it also provides an effective assessment for those needing further intervention. The teams are now planning the roll out of SST across YOUnited partners, which is anticipated to have a positive impact to reduce waiting lists.

**4.2.5 Waiting Times – national standards**

NHS England is currently working with 12 sites nationally to test approaches that could feasibly deliver a four-week waiting time for access to NHS support, ahead of introducing new national waiting time standards for all children and young people who need specialist mental health services. The pilots will test not only what it takes to achieve and maintain a four-week waiting time, but also how best to define and measure this access to specialist children and young people’s mental health services. This will enable NHS England to set more robust standards as part of the Interim Review of Clinical Standards.

**4.2.6 CAMHS Eating Disorder (ED)**

Increased demand for community-based eating disorder services followed the first COVID-19 lockdown and has continued. CYP with an ED presented later during the pandemic period and were therefore more severely unwell with low body mass index and with more young people requiring feeding support with a naso-gastric tube in the community. With the significant increase in demand combining with a national shortage of specialist eating disorder inpatient

beds, CPFT and Cambridge University Hospital NHS FT are working collaboratively to maintain joint working between inpatient and community teams

There are two national metrics for CAMHS Eating Disorders (ED) defined by NHS England which relate to the time taken for people up to 19 years of age to be treated following an urgent or routine referral. For urgent referrals, treatment should commence within seven days. For routine referrals, treatment should commence within 28 days. Both have a target of 95% [table 4].

*Table 4 Proportion of service users waiting for an eating disorder assessment. Urgent - within 7 days, Routine within 28 days*

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Total referred
Urgent	25%	33%	100%	100%	100%	75%	67%	100%	no referrals	100%	100%	100%	67%	42
Routine	56%	69%	73%	74%	47%	50%	64%	67%	84%	100%	95%	71%	87%	204

The number of patients moving through this service can be low single digits per month, so a single breach causes a significant drop in compliance as seen in June and July 2022. Improvements have been made to limit breaches by following a robust process, ring-fencing capacity whilst still offering choice to service users that would also meet standard targets. The CYP ED team meet weekly to review each service user’s case and prevent breaches

**4.2.7 Staffing**

The overall Trust vacancy rate target is to remain below 10% of the total workforce, and in December the Trust rate was 8.2%. However, for the Children, Young People and Families (CYPF) Directorate vacancy rates have consistently remained above 10% from May 2021.

Overall workforce retention is an issue with a Trust cumulative turnover rate to December 2022 of 16.2% against the target of 10.5%. The workforce challenges are not unique to Cambridgeshire and Peterborough and providers across our ICS have plans in place to ensure they can continue to recruit staff and retain those with skills we need within our system. In addition to this the ICB and NHSE are continuing to provide training and development opportunities to support the required level and skill of workforce. However, the Committee is asked to note that this is an ongoing area of concern, particularly for our unqualified nursing staff who are choosing to leave the NHS for the private sector because of cost-of-living issues

A workforce project group was initiated in June 2022 and continues to meet regularly to address recruitment and retention including supporting the option to retire and return.

**4.2.8 CAMHS Thresholds for Referral**

CAMHS referrals are made through the YOUNited referral hub as a single point of access. The information requested from the referral source needs to be comprehensive and detailed so that the referral hub is able to select the most appropriate pathway for the service user. Examples of the referral information requested are provided below. Please note that CPFT provides specialist service for severe mental illness and as such the examples below are extracts only from the comprehensive referral information to be received by the specialist healthcare professionals.

*Example 1: CAMHS Core*, moderate to severe mental health needs for a service user up to 17<sup>th</sup> birthday. Information may include but not be limited to a requirement for specialist treatment for mental health symptoms that affect their ability to function and participate in daily activities, e.g. depression, anxiety, trauma. Evidence of previous interventions (from universal or primary services or CAMHS) such as school and other one to one evidence-based interventions.

*Example 2: Existing ADHD or ASD diagnosis*, all ages. Information may include but not be limited to a an established and up to date copy of Early Help Assessment, reports, such as those from an educational psychologist and SEND involvement, evidence of support and initial or primary intervention for mental health needs being carried out in school and at home.

*Example 3: CAMHS ED pathway, up to 18<sup>th</sup> birthday.* Information may include but not be limited to a description of eating patterns, calorie intake, patterns of restricting intake, description of purging patterns and frequency. Thoughts about being overweight and poor body image.

#### **4.2.9 Alternative Pathways**

*The Committee requested information on “Other alternative pathways to access in the interim and their waiting times”*

The waiting list initiative assesses what can be done to support and manage CYP waiting for appointments. Those who are waiting are triaged within three levels of urgent, moderate or routine. Waiting list reviews are undertaken regularly and more often when waits exceed target. Referrers and CYP are encouraged to inform the CAMHS teams of any changes to the initial referral information. The waiting list initiative assesses what can be done to support and manage patients waiting for appointments and has contracted additional capacity from third parties to reduce the backlog. Additional capacity has been sourced from Young Peoples Counselling Service and Healios to assist with Getting Help and Getting More Help.

To support the surge in eating disorder presentations in the community during the pandemic, BEAT (UK eating disorder charity<sup>6</sup>) were commissioned to support routine referrals.

The PCC Adult and Health Scrutiny Committee will be aware of Fullscope - a consortium of leading organisations supporting the mental health and wellbeing of children and young people in Cambridgeshire and Peterborough. Fullscope partners<sup>7</sup> share the vision of positive mental health for all and believe this can only be achieved through collaboration between children, young people, families, specialist organisations and the wider community. Mental health and wellbeing services for children, young people and adults across Cambridgeshire & Peterborough are available via the Keep Your Head website<sup>8</sup>

#### **4.2.10 Patient safety and waiting time support**

The waiting lists are regularly reviewed. The service teams ensure that patients and families know that they can contact the service if the patient’s condition deteriorates. The service team will telephone and/or meet patients face to face for those who may be deteriorating and offer rapid appointments to those at risk. Holding interventions are offered whilst waiting for specialist input. These are offered and accessible via Kooth<sup>9</sup>, digital apps and website support.

The services are engaging with young people as part of the 'Our Voices' focus group to define what would be helpful while young people are waiting. CPFT are also supporting the roll out of a local Discovery college which will offer group sessions to support young people with looking after their wellbeing.

In terms of equity of access, the waiting list work has begun to focus on ensuring that waiting times are equitable across the Trust localities and that resource is used flexibly to achieve and maintain this.

### **4.3 Counselling**

The Committee requested information on Counselling services and waiting times with caseload of patients.

#### **4.3.1 Children and Young People**

Two providers within the YOUnited partnership, Ormiston Families and Centre 33, provide counselling for children and young people. These services provide evidence-based non-directive counselling, working with young people on their goals and agreeing and adopting the most suitable approach. Presenting issues can include, developmental trauma, emotional

<sup>6</sup> [The UK's Eating Disorder Charity - Beat \(beateatingdisorders.org.uk\)](http://beateatingdisorders.org.uk)

<sup>7</sup> [Partners — Fullscope \(fullscopecollaboration.org.uk\)](http://fullscopecollaboration.org.uk)

<sup>8</sup> [Cambridgeshire & Peterborough Children & Young People Mental Health Support - May 2016 \(keep-your-head.com\)](http://keep-your-head.com)

<sup>9</sup> [Home - Kooth](http://kooth.com)

dysregulation, self-harm, significant emotional wellbeing or behavioural difficulties, recent single life events such as divorce/separation, or difficult life events such as attachment issues, bullying.

**4.3.2 Adults**

CPFT does not provide adult counselling services but is commissioned to provide NICE approved psychological therapy services in the psychological wellbeing service (PWS), under the programme of Improving Access to Psychological Therapies (IAPT). IAPT has, in January 2023 been renamed as NHS Talking Therapies for Anxiety and Depression, following a public consultation. CPFT can provide information on PWS if required at a future meeting of the Committee. In the interim, CPFT performance on the national standards for waiting times is provided [Table 7]

*Table 7 CPFT consistently met National standards for access waiting times for Psychological Wellbeing Service (PWS) in 2022*

Waiting time to begin treatment	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Target
Within 6 weeks	92%	93%	91%	93%	92%	94%	94%	96%	96%	95%	96%	96%	>75%
Within 18 weeks	99%	99%	98%	98%	99%	99%	99%	99%	99%	99%	99%	99%	>95%

[data source: CPFT IPR Dec22]

**4.3.3 Voluntary sector counselling services**

C&P ICS commissions several adult counselling services from the voluntary and community sector, some of which are provided [Table 8].

*Table 8: Examples of counselling services commissioned by C&P ICS*

Choices Counselling Services	Specialist counselling services for victims and survivors of sexual abuse
Cruse Bereavement Services	Confidential support for people suffering as a result of bereavement
Lifecraft	Long term counselling to service users with a severe and enduring mental illness.

[data source: C&P ICS]

**4.4 Services and management of psychosis**

The Committee requested information on

- Follow up of patients who suffer from psychosis
- Pathway of care for complex psychosis patients and uptake
- How many see specialists

**4.4.1 What is Psychosis?**

Psychosis is characterised by hallucinations, delusions and a disturbed relationship with reality, and can cause considerable distress and disability for the person and their family or carers. A diagnosis of schizophrenia, bipolar disorder, psychotic depression or other less common psychotic disorder will usually be made, although it can take months or even years for a final diagnosis. Treatment can begin as soon as a provisional diagnosis of first episode psychosis is made – it does not have to wait for a final diagnosis. Treatment should be provided by an early intervention in psychosis (EIP) service. These services are evidence-based, cost-saving and preferred by service users and carers over generic services<sup>10</sup>.

**4.4.2 Early Intervention in Psychosis**

The Cambridgeshire and Peterborough Assessing, Managing and Enhancing Outcomes (CAMEO) service is a mental health service for people aged between 14 and 65 years, who are experiencing a first episode of psychosis, and those at risk of developing a psychosis, with distressing experiences like hearing voices or feeling paranoid.

<sup>10</sup> [Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance \(nice.org.uk\)](https://www.nice.org.uk/guidance/TA254)



The early intervention in psychosis (EIP) model<sup>11</sup> is nationally prescribed and monitored by NHSE. CPFT provides this service across Cambridgeshire, Peterborough, Huntingdon and Fenland.

The CAMEO service supports people with an active treatment protocol in addition to a learning to live with psychosis pathway that extends to three years post diagnosis. Treatment offered includes psychological therapies, medical consultation, emotional support, practical help with housing and finances, support with education and employment and physical health assessments with targeted interventions as required.

#### 4.4.3 Other Pathways for patients with psychosis

In addition to CAMEO, patients with psychosis may enter and progress through CPFT services via different routes. They may enter services through emergency services, such as A&E via Liaison Psychiatry teams, or potentially via the Section 136 suite (if they have become unwell in the community and the police were involved<sup>12</sup>) and be admitted to an inpatient ward for more intensive treatment and support.

Alternatively, patients may self-refer to PWS if it becomes apparent at assessment or during treatment that they are experiencing psychotic symptoms. In this event PWS would liaise with CAMEO for guidance and to refer patients where appropriate.

Longer term support and treatment, beyond that available in CAMEO services is provided by adult locality community mental health teams.

#### 4.4.4 Follow up for Psychosis

The Committee requested information about the follow up for people with psychosis. People who have been supported by the CAMEO service for up to three years may subsequently move on to other services for further treatment. Those people who are severely unwell may be admitted to an inpatient unit. As such this is not explicitly “follow up” but continuation of support and treatment. If a person is discharged from services, follow up is provided as appropriate for their circumstances, and **a policy of rapid re-access is applied where necessary**.

Service users suffering severe mental illness (SMI) with psychosis that are discharged from CAMEO to the community setting are managed by Adult Locality Teams. The Peterborough Adult Locality Team (PALT) is for those people over 17 years of age, living in the locality and registered with a Peterborough GP. Following assessment by senior qualified staff, support can include the provision of advice and information, signposting to community resources and support networks, involving family/carers and relapse prevention, including a plan of what to do in a crisis. PALT is located on Bridge Street, Peterborough. Other adult locality teams are based in Wisbech (for Fenland), Huntingdon and Cambridge.

#### 4.4.5 National standards

The introduction of the access and waiting time standard for early intervention in psychosis (EIP) services and improving access to psychological therapy (IAPT) services remains a clear national priority for the NHS<sup>13</sup>.

The standard requires that 60% of people experiencing first episode psychosis commence a National Institute for Health and Care Excellence (NICE)- recommended package of care within two weeks of referral. Treatment will be deemed to have commenced when the person: a. has had an initial assessment; AND b. has been accepted on to the caseload of an EIP service capable of providing a full package of NICE-recommended care; AND c. has been allocated to and engaged with by an EIP care coordinator.

<sup>11</sup> [Early care for people with psychosis supports recovery | ARC East of England \(nihr.ac.uk\)](https://www.nihr.ac.uk/about/early-care-for-people-with-psychosis-supports-recovery/)

<sup>12</sup> [What is section 136 of the Mental Health Act? \(rethink.org\)](https://www.rethink.org/what-is-section-136-of-the-mental-health-act/)

<sup>13</sup> [Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance \(nice.org.uk\)](https://www.nice.org.uk/guidance/2017/early-intervention-in-psychosis-access-and-waiting-time-standard)

The data for 2022 for CPFT’s Early intervention in psychosis (EIP) provided by CAMEO is presented [Table 9]. This measure is mandatory and captured under the Responsive component of the Key Lines of Enquiry (KLoE) for healthcare services of the NHS regulator, the Care Quality Commission (CQC)<sup>14</sup>.

*Table 9 In 2022 CPFT consistently met and exceeded the national mandated target of 60% of people being able to access EIP in less than two weeks.*

EIP Access Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Target
Waiting less than 2 weeks	88%	77%	100%	90%	92%	89%	90%	100%	83%	100%	93%	100%	60%

**4.4.6 Pathway of care for complex psychosis**

The Committee asked about the Pathway of care for complex psychosis. This is described in sections 4.4.2 to 4.4.4

**4.4.7 How many people see specialists?**

The Committee asked about how many people see specialists: All people with a psychosis will see specialist staff appropriate to their needs and stage of treatment. Assessments are conducted by a nurse, social worker, occupational therapist and/or a medic. During treatment all those with psychosis will be seen by a consultant psychiatrist, or a junior doctor under consultant supervision. In CAMEO they will also be seen by staff trained in psychological therapies for psychosis and be supported by staff trained as appropriate to their needs in the community.

**4.5 ICB Commissioning responsibilities for mental health services**

The Committee is asked to note that the ICB commissions services through CPFT for secondary mental health services and specialist inpatient and community services for Cambridgeshire and Peterborough and across the East of England

**4.6 Mental Health, Learning Disability and Autism Accountable Business Unit**

CPFT is host organisation for the Mental Health, Learning Disability and Autism (MHLDA) Accountable Business Unit (ABU) for the Cambridgeshire and Peterborough (C&P) Integrated Care System (ICS). The MHLDA priorities are depicted aligned to the Integrated Care Board (ICB) five pillars in Appendix 3.

**5. CONSULTATION**

5.1 Not applicable

5.2 Not applicable

**6. ANTICIPATED OUTCOMES OR IMPACT**

6.1 Not applicable

**7. REASON FOR THE RECOMMENDATION**

7.1 Not applicable

**8. ALTERNATIVE OPTIONS CONSIDERED**

8.1 Not applicable

**9. IMPLICATIONS**

**Financial Implications**

<sup>14</sup> [Key lines of enquiry for healthcare services - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/about-us/key-lines-of-enquiry)

9.1 Not applicable

**Legal Implications**

9.2 Not applicable

**Equalities Implications**

9.3 *Summarise here any equalities implications related to this.*

**Rural Implications**

9.4 *Summarise here any rural implications related to this item.*

**10. BACKGROUND DOCUMENTS**

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

10.1 Children and Young People's Mental Health – Access to Support. Adults and Health Committee, NHS Cambridgeshire and Peterborough Integrated Care Board, October 2022  
[Document.ashx \(cmis.uk.com\)](#)

**11. APPENDICES**

11.1 *Appendix 1* Children and Young People's Mental Health – Access to Support. Adults and Health Committee, NHS Cambridgeshire and Peterborough Integrated Care Board, October 2022

*Appendix 2* YOUnited referrals patient flow (Children's and Young People single point of access)

*Appendix 3* The MHLD&A priorities aligned to the five pillars of the Integrated Care Board (ICB)

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## Children and Young People's Mental Health – Access to Support.

To: Adults and Health Committee

Meeting Date: 5 October 2022

From: NHS Cambridgeshire and Peterborough Integrated Care Board

Electoral division(s): All

Key decision: No

Forward Plan ref: N/A

Outcome: The Adults and Health Committee are asked to note the report and the challenges facing children and young people's mental health provision.

Recommendation: Adults and Health Committee are recommended to:

Note the content of this report along with current challenges that are facing children and young people's mental health provision.

### Officer contact:

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### Member contacts:

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# 1. Background

- 1.1 This report is submitted to the Adult and Health Committee to provide information and assurance regarding the delivery of mental health support for children and young people. Specially the issue of waiting times for support and how the local system is responding and addressing any waits for support. This report is a follow up to a report presented in March 2022 [Document.ashx \(cmis.uk.com\)](https://cmis.uk.com/Document.ashx) which detailed the various services currently available. This report will not repeat that information, however this report will provide updated service level information.
- 1.2 The committee is asked to acknowledge the local and national increases in demand and complexity of need for mental health support. Prevalence of Children and Young People's Mental Health (CYPMH) has increased from 1 in 10 Children and young people (CYP) in 2004, to 1 in 9 in 2017, to 1 in 6 in 2021. This increased need has impacted access to support as has the workforce challenges.
- 1.3 The committee is asked to note the information within this report and that a service presentation will accompany the report when presented at the committee meeting.

## 2 Main Issues

- 2.1 Children and young people's mental health has seen an increase in prevalence over the past 16 years, as noted in paragraph 1.2 of this report. This increase in prevalence between 2017 and 2021 equates to an estimated additional 8,200 children and young people having developed mental health problems since the covid pandemic in Cambridgeshire and Peterborough.
- 2.2 In addition to the increased need and prevalence of mental health problems the committee is also asked to note the current funding position in Cambridgeshire and Peterborough. The Mental health planning for 2022/23 shows that Cambridgeshire and Peterborough ICS is spending £10 per head on children and young people's mental health (excluding learning disabilities) against an England average of £12 per head.
- 2.3 This investment below the national average impacts on the capacity of services to deliver support. Cambridgeshire and Peterborough ICB are committed to continuing to invest in children and young people's mental health and utilise funding opportunities when they become available.
- 2.4 Resource constraints can affect services abilities to recruit and retain workforce which impacts service delivery. Retention is an issue and within CPFT current there is a 14% vacancy rate across the children, young people, and family's directorate. The challenges of workforce are not unique to Cambridgeshire and Peterborough and providers have plans in place to ensure they can continue to recruit staff and retain those with skills within the system. In addition to this the ICB and NHSE are continuing to provide training and development opportunities to ensure there is the required level and skill of workforce. However, the committee is asked to note that this is an ongoing area of concern and the cost-of-living issues currently being experienced is impacting on the workforce, particularly the voluntary sector but also in areas of the county with higher living costs.

2.5 The challenges of funding, workforce, demand and ability to meet the needs of our population is an issue that is known and there is work being undertaken to address this. A new children and young people’s mental health strategy<sup>1</sup> has been developed and this compliments and builds upon a transformation programme that is being undertaken to improve the provision of both early intervention and specialist support.

### 3 Service delivery

3.1 The spectrum of emotional wellbeing and mental health need and support is broad and there are a large number of services that contribute to this system of support for children and young people. The committee is asked to note that to fully support a child and family requires a range of support from prevention activities, early intervention to specialist services. Appendix A detail some of the prevention activities which are mainly commissioned and assured through Public Health. This report will note a few key areas of this work.

3.2 Chat health is delivered by the healthy child programme and provides a texting service, with the main reason for use is emotional wellbeing concerns. This service received 9,644 messages during 2021/22. The healthy child programme also delivered targeted support to 430 CYP with a primary need of emotional wellbeing. The healthy schools service works with schools and supported them in a number of ways, including 34 schools supported to undertake a mental health training needs analysis, 72 schools were represented at mental health competency webinars and 165 schools have accessed personal development materials to support development of resilience skills.

3.3 In addition to the above support, Cambridgeshire Community Services are commissioned to provide support through the Emotional health and wellbeing service, which includes emotional health and wellbeing practitioners, children’s wellbeing practitioners and mental health support teams in schools. Below details the current activity information for these services.

#### Emotional health and wellbeing practitioners’ data – April 21 – March 22

643 professional consultations

96 education staff offered staff support sessions

5 local services webinars, covering 19 services, attended by 623 professionals

135 training places offered

#### Children’s Wellbeing Practitioners (CWP) data – April 21 – March 22

221 assessments

540 contacts with children and young people

7 CWP trained over 3 years

#### Mental health support teams in schools 22/23 Q1 data

	Cambridge	Huntingdon	Peterborough 1	Fenland / Wisbech	Peterborough 2	Fenland March Whittlesey
How many education settings have you delivered a MHST	15	21	17	16	12	18

<sup>1</sup><https://www.cpics.org.uk/children-and-maternity>

service to in this quarter?						
Out of these settings, how many have you supported in the delivery of whole school/college approach activities/interventions to this quarter?	15	19	12	12	9	16
Out of these settings, how many have you supported with advice and/or liaison with specialist services this quarter?	14	14	13	8	9	11
Out of these settings, how many made a referral this quarter?	15	16	13	12	11	17

- 3.4 Access to the Emotional health and wellbeing practitioners is through a new online consultation booking scheme which enables school staff to book a slot convenient to them and currently these are available within 7 – 10 days. Requests for training within schools are responded to promptly and aim for within 1 week.
- 3.5 YOUnited is a new partnership of service delivery between Cambridge and Peterborough Foundation NHS Trust (CPFT), Cambridgeshire Community Services, Centre 33, and Ormiston Families. The service commenced in July 2021 and provides a central referral hub for early intervention and specialist mental health pathways. Currently the hub is available for professionals to refer Children and young people. These referrals are assessed and allocated to the most relevant level of support. This includes Ormiston families to deliver the 12 years and under pathways. Centre 33 to deliver support for those 13 – 25 years. CPFT to provide specialist CAMH services. This support could be advice, guidance, one to one interventions, group support, a range of digital solutions which are supported by a practitioner, or specialist child and adolescent mental health support, including neurodevelopmental pathways and eating disorder service. YOUnited is currently available for professionals only to make contact to have a discussion for non-crisis cases. Young people aged 13 – 25 years can self-refer direct to Centre 33 if prefer.
- 3.6 YOUnited commenced service delivery in the context of services continuing to work with COVID restrictions. A limited mobilisation period impacted the number recruited at contract commencement. The new partnership approach and bringing together of four organisations with different regulations, cultures and infrastructures was a challenge. This was further impacted by a waiting list inherited from the previous early intervention provider and the continual flow of specialist referrals for CAMH services. As a result, YOUnited ability to deliver the level of support required and desired by CYP and their families, the providers, their workforce and by commissioners in the system has been challenging.
- 3.7 The committee are asked to note the following service level information and that further details will be provided within the presentation which will accompany this report at the committee meeting.

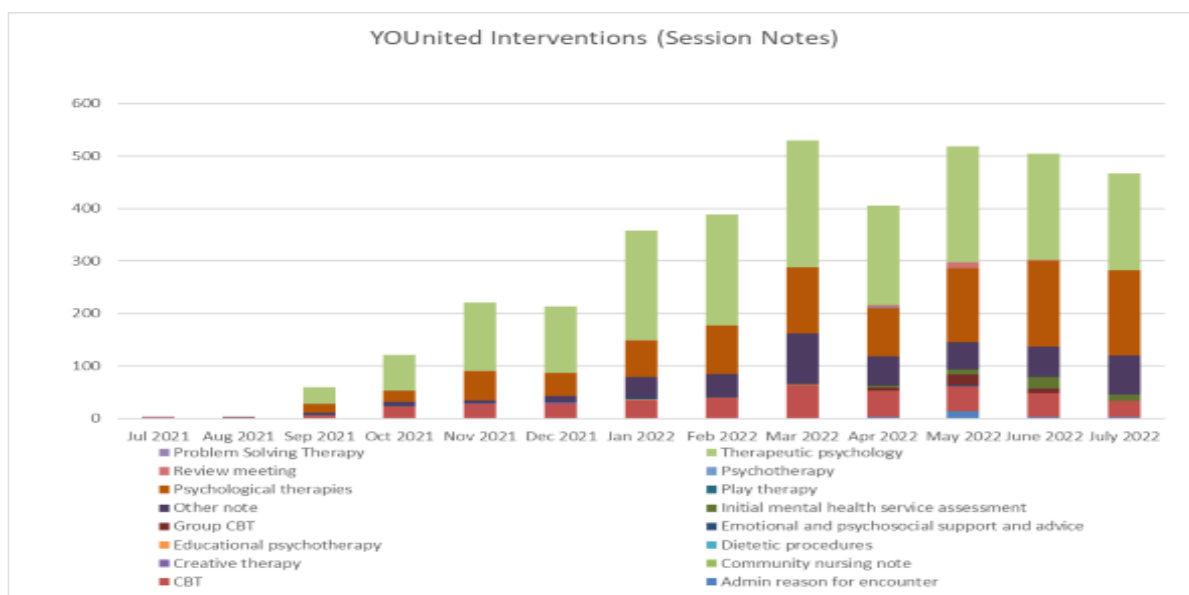


3.8 Referrals: As noted there is increasing demand, and this is seen within the referral numbers. The chart below details the current data for access to services from YOUUnited and the neurodevelopmental pathways.

Service	Referrals	Waiting times
YOUUnited (includes early intervention and specialist CAMHS)	Average referral per month 648 Range 1061 to 352	CAMHS is 33 weeks
ADHD	Since December 2021 the service has seen an increase in referrals above the mean of 34 per month with a peak in June 22 at 65 referral.	The longest current wait for ADHD services in 41 weeks
ASD	The number of referrals received by the ASD service has increased since July 2021 and stayed above the mean  An increase since March 2022 showing average referrals of 55 per month compared to an average of 32 between October 2020 to Feb 2022)  A maximum of 68 referrals in March 2022 and July 2022.	Longest wait is 43 weeks and has an appointment offered for 18/10/22

3.9 This information demonstrates the increased demand on services and the longest times children and young people are waiting for support. This varies between the care pathways. The information provided in the charts below aim to assure the committee of the number of children and young people receiving interventions and also the range of these interventions.

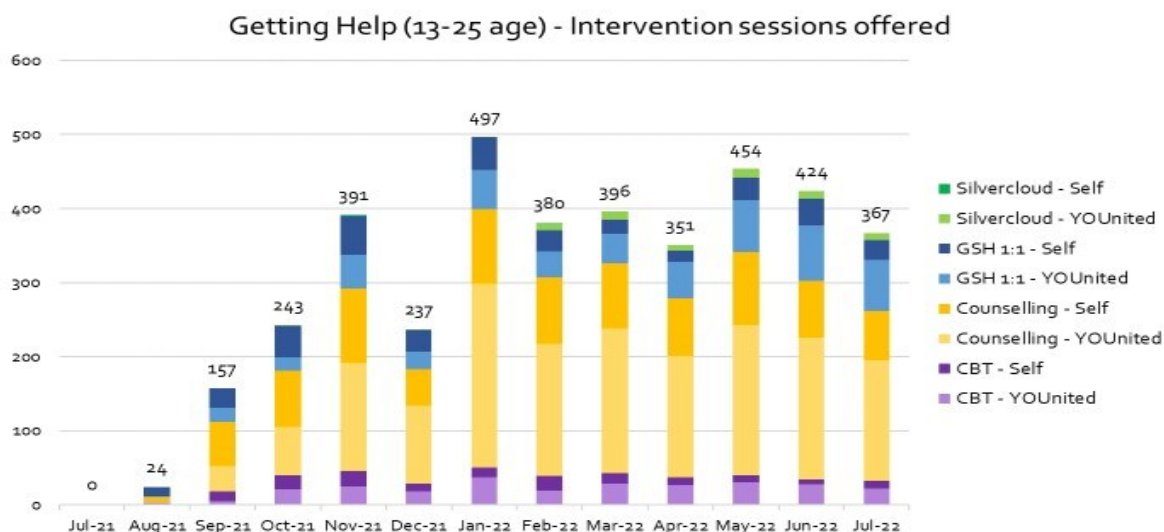
Below is the number of interventions provided by Ormiston Families (12 years and under)



Does not include C33 data which is shown on slide10

Data Source MI Reports CPFT

Below is the range and numbers of interventions offered by Centre 33 (13 – 25)



*DNA/YP Cancellation rates: 20%*

Does not include group work, check in calls & risk work sessions

Data Source Charity Log C33

- 3.10 The system is aware of the challenges and has a set of measures in place to address them including a weekly waiting list meeting to review those on the list and their current risk profile.
- 3.11 Data has been and continues to be a challenge to ensure services have oversight of the children waiting, a data cleansing process is in place to ensure the figures accurately reflect the current position and demand for support at the different levels.
- 3.12 The YOUnited partnership have recently held a learning event to review the way the partnership is working, reviewing the processes to identify how to make the flow of children and young people better and timelier. This learning and development of the service will continue, to ensure the best outcomes for children and young people.
- 3.13 In addition to system challenges one area this report wishes to highlight to the committee is the balance of timeliness and choice. As noted, the demand is great and the resources limited, options for support are varied to balance this demand / capacity gap. CYP are offered a range of interventions including group sessions, on-line support, and on-line counselling. Due to the nature of these interventions, they can be delivered at scale and quicker. However, people do choose for a range of reasons to have one to one support, either counselling or Cognitive behavioural therapy (CBT) which requires an increased workforce to deliver this resulting in a longer wait for this type of support. The evidence base for groups, on-line support is valid and therefore part of the solution is how we can ensure professionals and families are aware of these options. YOUnited are developing options grids to enhance the discussion of the type of interventions that can meet a person's needs. The aim being to help facilitate the benefits of the wide range of intervention and help people understand the impact of choosing one over another in regard to the wait for support. In addition, YOUnited are commencing a pilot of single session

therapy. This evidence based comprehensive assessment at the first interaction will be sufficient to support majority of people however it also provides an affective assessment for those needing further intervention.

- 3.14 Whilst people are waiting for an intervention there is a range of support available this includes Kooth, drop-ins at Centre 33 hubs, Keep your head website, which provides a range of both local and national support.
- 3.15 To support the flow of children in the system the role of primary care is essential. Currently the ICB is working with identified primary care networks to use non-recurrent funding to test and learn approaches to support children with mental health concerns. This is in its scoping phase with initial ideas related to social prescribing/ health coach roles and a training programme to enable robust referrals.
- 3.16 To conclude, access to support for children and young people requiring a mental health intervention is currently experiencing challenges due to high demand, increased acuity, and workforce capacity to deliver. The mental health system is continually reviewing options to enhance delivery of support and address workforce recruitment and retention.

#### 4. Source documents guidance

- 4.1 Appendix A – Provision of support provided through Public health funding.

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# YOU UNITED



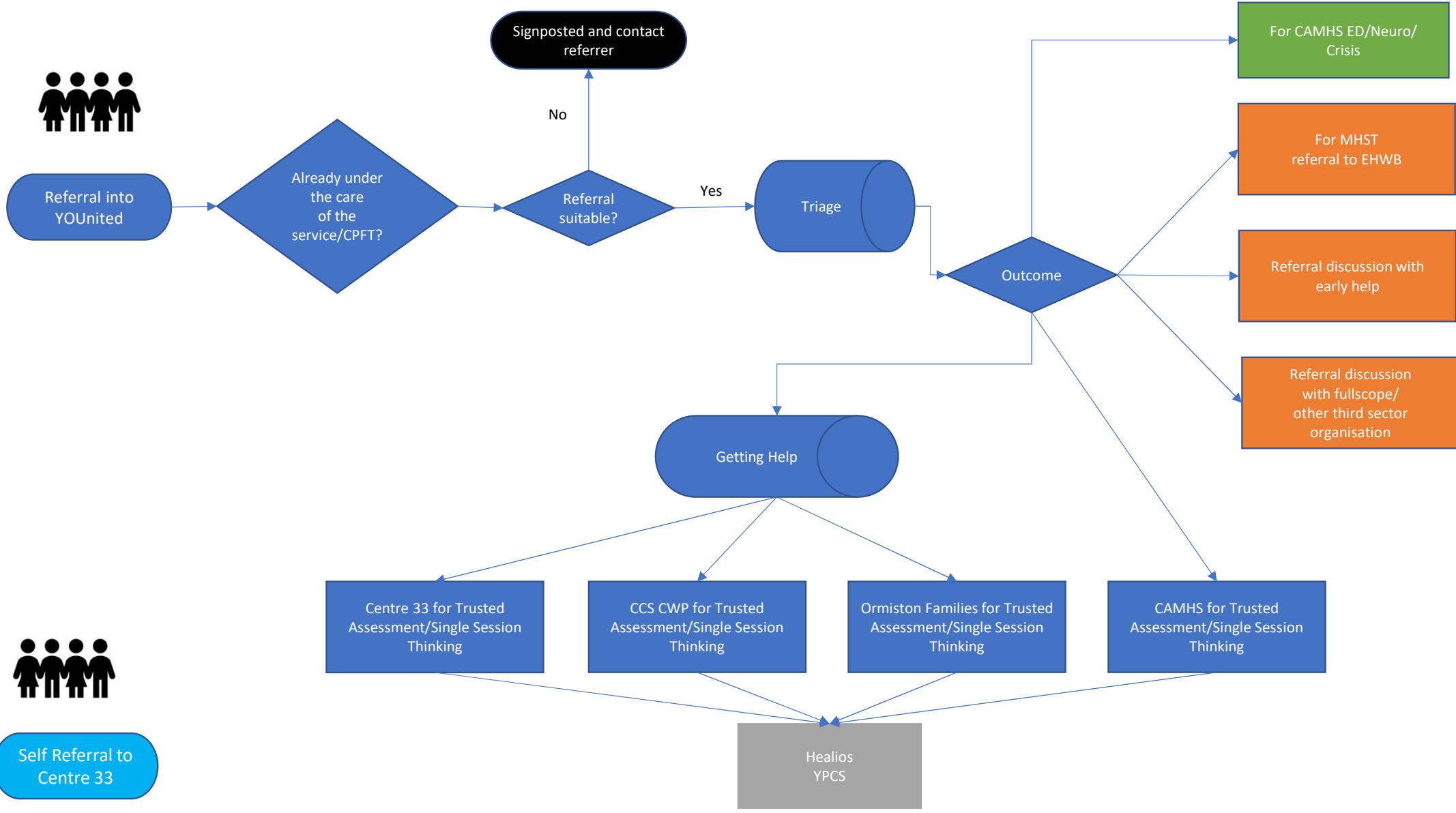
Cambridgeshire and  
Peterborough  
NHS Foundation Trust



Cambridgeshire  
Community Services  
NHS Trust



**Ormiston  
Families**  
Brighter futures



## CPFT is leading the Mental Health and Learning Disability & Autism ABU

MHLDA Priorities – Alignment to ICB Pillars				
Pillar 1 – Quality and Delivery (Access)	Pillar 2 – 23/25 Plan (Service Transformation)	Pillar 3 – Communities (Engagement)	Pillar 4 – Strategy (Population Health)	Pillar 5 – Well Led (Improvement)
<ul style="list-style-type: none"> <li>• Perinatal Mental Health Access</li> <li>• Children's Access</li> <li>• Reducing OAT's &amp; Ward Stabilisation</li> <li>• Early intervention</li> <li>• Dementia Diagnosis Rate</li> <li>• Individual Placement Service – Employment</li> <li>• Enhanced Talking Therapies</li> <li>• Ambulance Cars</li> <li>• MH Discharge Challenge</li> </ul>	<ul style="list-style-type: none"> <li>• Stepped care MH Community transformation</li> <li>• Learning Disabilities All Age pathway redesign (response to M)</li> <li>• Primary Care Additional Roles – Community Connectors</li> <li>• LD Accommodation pathways</li> <li>• LD Hollies development</li> <li>• Crisis Alternatives – including Sanctuary facilities/MH A&amp;E</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary Sector Collaboration</li> <li>• Co. Production Collaboration</li> <li>• Mental Health Act review</li> </ul>	<ul style="list-style-type: none"> <li>• Student MH</li> <li>• Rough Sleepers project</li> <li>• MH SMI health checks</li> <li>• LD health checks</li> </ul>	<p>Delivery against outlined priorities will support improvements and target:</p> <ul style="list-style-type: none"> <li>• Increased access</li> <li>• Improve flow</li> <li>• Early help</li> <li>• System Partnership working</li> <li>• Health inequalities and population health</li> </ul>

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<b>ADULTS AND HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 7
<b>14 March 2023</b>	<b>PUBLIC REPORT</b>

Report of:	<u>Debbie McQuade</u> , Service Director, Adults and Safeguarding	
Cabinet Member(s) responsible:	Councillor Howard, Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Belinda Evans Complaint Manager	Tel: 01733 296331

**ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT 2021-22**

<b>RECOMMENDATIONS</b>	
<b>FROM:</b> Debbie McQuade, Service Director, Adults and Safeguarding	<b>Deadline date:</b> N/A
<p>It is recommended that [Insert name of Committee]:</p> <ol style="list-style-type: none"> <li>Note the summary of Adult Social Care statutory complaints and compliments received between 1 April 2021 and 31 March 2022 and the learning and actions taken as a result.</li> </ol>	

**1. ORIGIN OF REPORT**

1.1 This report is a statutory requirement under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

**2. PURPOSE AND REASON FOR REPORT**

2.1 Complaints received by Peterborough City Council Adults and Safeguarding are managed under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Since January 2013, complaints have been managed by the Peterborough City Council Central Complaints Office, which is run by Serco for the council. The report summarises the Adult Social Care complaints and compliments received between 1 April 2021 and 31 March 2022.

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:

- 4. Adult Social Care
- 5. Safeguarding Adults

2.3 *How does this report link to the Corporate Priorities?*

- 3. Safeguard vulnerable children and adults
- 6. Keep all our communities safe, cohesive, and healthy
- 7. Achieve the best health and wellbeing for the City

The report summarises the compliments and complaints received in relation to the Council's delivery and commissioning of adult social care.

2.4 *How does this report link to the Children in care Pledge?*  
N/A

### 3. **TIMESCALES** NO

## 4. **BACKGROUND AND KEY ISSUES**

### 4.1 **Compliments Received**

During 2021/22 a total of 66 compliments were recorded for Adult Social Care Services, 48 for individual Adult Social Care teams and 18 for the Council's Care and Repair services, which is also delivered within the Adults and Safeguarding Directorate.

This is a decrease from the previous year. Outside of the Care and Repair service most compliments were for the 0-25 service (23) and the Long-Term teams (8)

4.2 Examples of compliments received are:

#### **Care & Repair**

*I was anxious and felt very vulnerable, my home was seeming like a prison, getting up and down stairs was getting very difficult, my mobility around inside and out was a major worry, however a friend of ours suggested we may be able to get some help with my disability, one phone call was made which in turn led to many more people giving us contact information of helpful groups like your selves all of which have all been friendly and informative, today it seems saying thank you is not enough! We are extremely grateful and absolutely delighted with the outcome, the work carried out by the team is great, my anxiety levels have dropped my outlook for now is better than before, I have lost count of all the people involved with what has been achieved so if you could forward our thanks and gratitude to all parties, it would be greatly appreciated!*

#### **0-25 Service**

*From parents "Just wanted to say thank you so much for today's meeting. It was so helpful. It's the first meeting of this kind that they have attended so they found it very useful and informative. We both really appreciate all you are doing to help our son."*

#### **Adult Early Help**

*"Call from Service user, they advised whenever they call, they are always greeted by friendly, professional staff and always receive an excellent service. He also wanted to particularly thank an officer for their recent help in relation to a particular medical concern he had."*

#### **Long Term Team**

*Compliment from a parent.*

*Mentioned how thankful they are, as well as how amazing worker has been, they said they are the best. They explained how much they have helped with every different issue faced and they are very thankful for how they have been able to come up with a solution each time to help. A friend commented this is the first time they have ever seen the service user (Young person) happy.*

#### **0-25 Service**

*Feedback from a parent: "You have been brilliant helping me and xxx through a very difficult time. I wish you all the very best in your new role. They are very lucky to have you."*

### **Reablement Team**

*"I Have been to see Service user this morning and during this visit she requested I made contact with you all to express their gratitude regarding the service which has been provided so far. They went on to say that "it's a pleasure to be treated as a person rather than a disability."*

### **Care and Repair**

*"Thanks for getting in touch again and thanks for all your help over the past months. It's been a pleasure to have you help xxx and keeping them settled is a priority now so 10 out of 10 very well done from all of us."*

### **Long term Team**

*"I just wanted to say a huge thank you to xxx who has for the past 2 months been working with myself and 3 residents (and their advocates) living within our home with completing the Review Process to ensure the correct level of support is in place for each of them and they are living happy fulfilled lives. xxx has taken the time to talk to each of them directly and has listened to their likes, dislikes, what they would like to achieve and just general chit chat which has allowed them to relax and talk to her with ease. 2 of our residents even wrote xxx a letter (with support) they felt that comfortable with xxx. xxx did not just ask me questions or rely on my answers they directly interacted with each person with the help of their advocate. Their manner is perfect for the job they are doing and that is something that needs to be recognised. I, as their main support also felt that they were supporting me to be able to meet each and every one of their needs. xxx offered advice on specialist equipment, emailed me copies of social stories to assist me in talking about sensitive topics of conversation. I honestly cannot praise their work and dedication to the job enough.*

### **Long term Team**

*"You know I'm not very good with this email business, Just to thank you for all your help and support over the years and trying to help me and my family. Hope to catch you and see you one day to thank you in person Kind regards and say it again thank you for all your help and support over the years"*

### **0-25 service**

*From a parent and young adult in relation to worker "Easy to talk to and felt listened to. Followed up on everything discussed and offered further ideas. No negatives. Extremely satisfied. The best interaction I have had with social services. Do exactly what you are doing. We were made to feel supported and listened to"*

### **Transfer of Care Team**

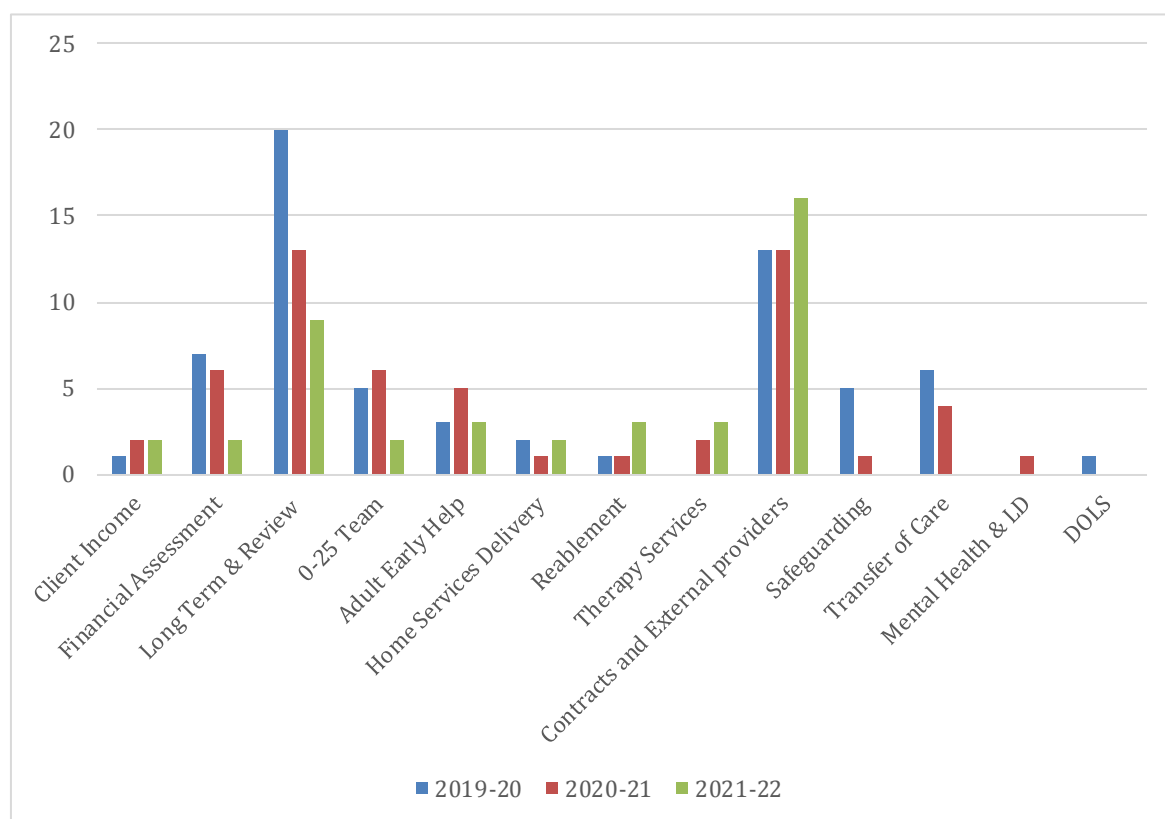
*I wanted to articulate my gratitude to you for initiating the CHC application for my parent. As you know, the assessors determined a primary healthcare need, and the application is now awaiting CCG approval. They have very high needs and you clearly recognised this. I also appreciated your very kind follow up afterwards. It has given us as a family great peace of mind that xxx will have the standard of care that CHC funding can provide as their life moves towards its close. I have met a great many professionals, social workers and others, in the course of my professional career. You stand out as someone who is very competent, compassionate, insightful and who goes the extra mile. Again, our family extends our gratitude. I wish you every success and happiness for the future.*

### 4.3 Complaints Received

4.3.1 The complaints team handle all complaints about Council services and determine the correct process for each complaint received. A small number of complaints received about the Adult Social Care department must follow alternative processes such as the corporate complaints process. These complaints are not included in this report as they are included in another annual complaints report. These are generally from members of the public who have had contact with the ASC service but are not eligible for services.

During 2021/22 a total of **42** complaints were logged through the Adults statutory process about Adults Social Care services. **3** of these complaints were subsequently withdrawn. This is a further reduction in the complaints received against the previous 2 years, when **64** formal complaints (2019-20) and **53** complaints (2020-21) were registered. This downward trend is not representative of the volumes of complaints received by neighbouring Authorities and is unlikely to continue.

### 4.3.2 Complaints Received by Team

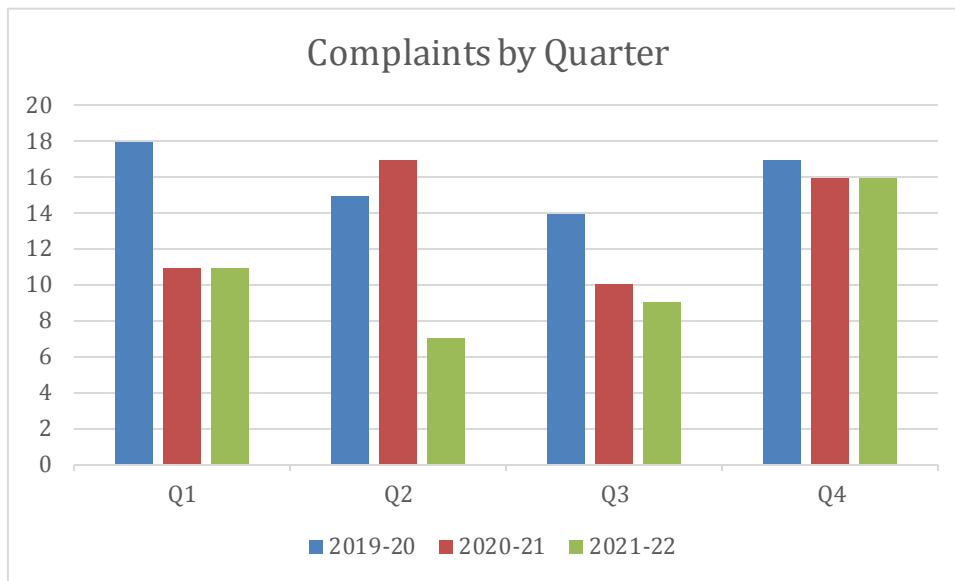


The highest number of complaints (16) were received by the Contracts team about Independent Providers. 12 of these were received from customers who are unhappy with home care delivery. The Long Term and Review Team continued to see a decline in complaints received about their service.

During the year April 2021-March 2022, to which this report relates, a total of 2685 people were supported in long term care.

In 2021-22 there were no complaints that related to a safeguarding enquiry or a transfer of care case.

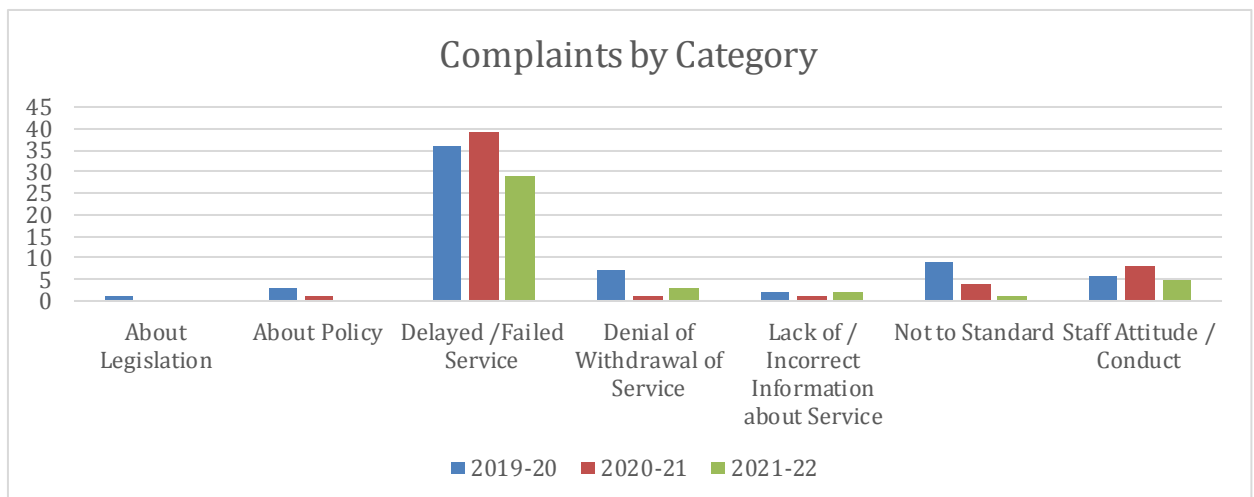
### 4.3.3 Complaints Received by Quarter



In 2021-22 almost 40% of complaints were received in the final quarter of the year – between January and March.

### 4.3.4 Complaints Received by Category

Complaints received by Adult Social Care are broken down by the following categories:



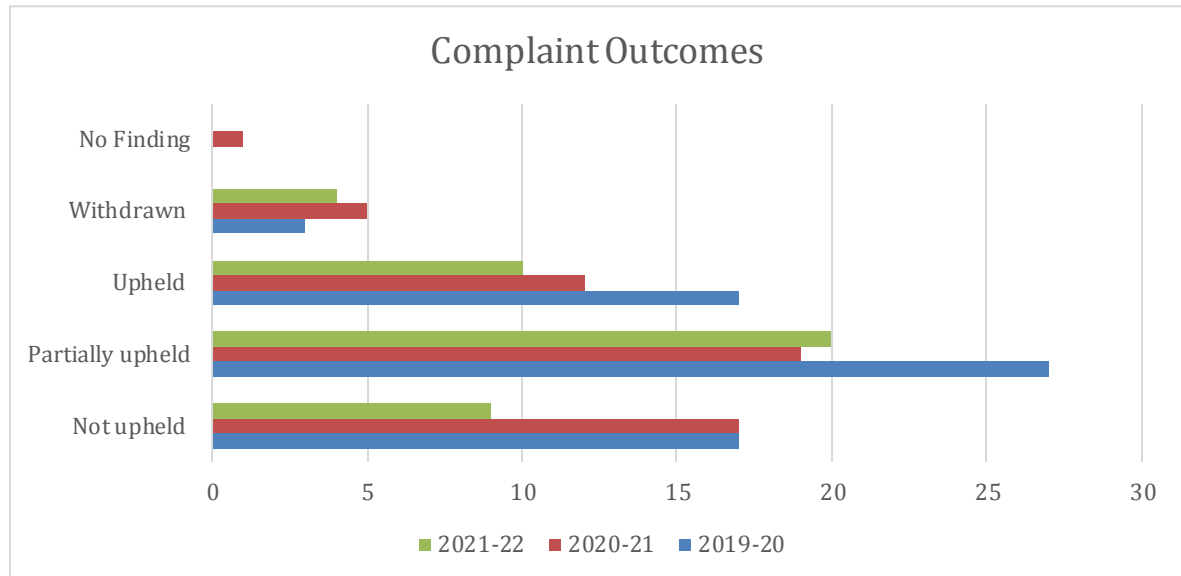
As with previous years, the most common category of complaint is Delayed / Failed Service, 29 of 43 (67%). This is in common with complaints about most council services.

The next category of any note was Staff Attitude/Conduct. This numbered 5 cases. None of these cases escalated.

For more illustration of the complaint categories refer to **4.8 Complaint themes and topics**

#### 4.4 Complaint Outcomes

In 2021-22 there was an increase in the proportion of complaints recorded as upheld and partially upheld - a total of 70% - with 23% being upheld and 47% being partially upheld. This is a significant increase from a figure of 57% in 2020/21, however with a declining number of complaints the % being upheld will inevitably increase, the outcomes are shown in the graph below:

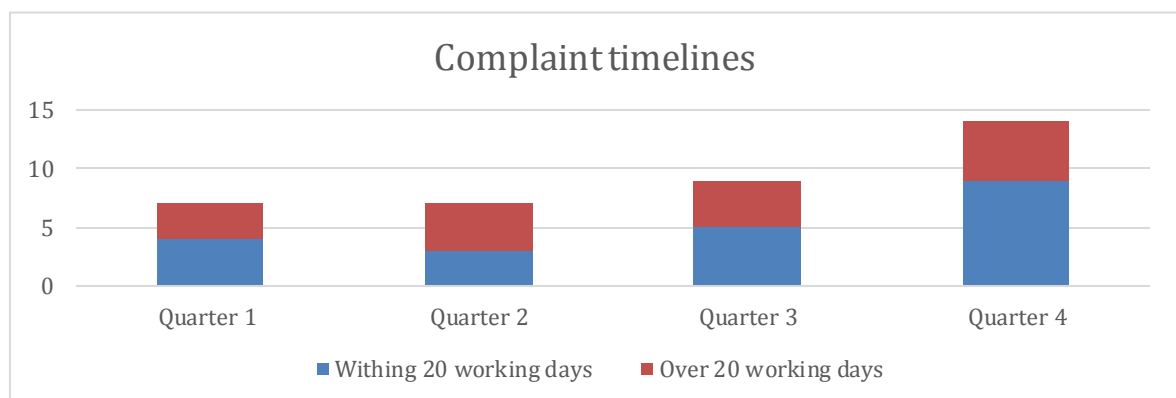


The Local Government and Social Care Ombudsman (LGSCO) published their 2021-22 annual report into complaints from the Adult Social Care sector in October 2022.

They reported that the percentage of complaints they upheld about Adult Social Care nationally was 70%, which has been at a similar level over the last 3 years.

Partially upheld complaints are where any part of the complaint is upheld, even if only a small percentage of the complaint is upheld as it is important to identify when errors occur and apologise as appropriate and establish where improvements are needed.

#### 4.5 Complaints Responded to within 20 working days



Overall, 61% of complaints answered in the year were completed within 20 working days.

The ASC Statutory complaint regulations do not specify a timescale for the first response to a complaint. The regulations confirm that councils must finalise complaints about Adult Social Care within six months of receipt. In Peterborough the service has set a standard timescale of 20

working days for a first response to an ASC complaint to highlight the importance of prioritising responses to complaints.

This has increasingly been difficult to meet where complaints are complex and involve joint responses from external partners.

Delayed responses are often due to the need to investigate across more than one team, or organisation. For example, if the complaint concerns an independent provider or involves a health element, then a response must be sought from elsewhere to feed into the overall response.

Therefore, a decision has now been made to increase the timescale for responses to 28 working days which will bring greater consistency with local NHS partners who often have input into these complaints.

#### 4.6 Escalated Complaints

Escalated complaints are recorded if a complainant states that they are dissatisfied with their first response to the complaint. Escalated complaints involve a further review, and a senior manager sends the final response to the complainant along with LGSCO referral rights.

This year 7 cases escalated which is approximately 16% of cases.

A summary of the outcomes of these cases is included as **Appendix A**

#### 4.7 Local Government Social Care Ombudsman (LGSCO) Complaints

There were 3 complaints considered in 2021-22 by the LGSCO about Peterborough's ASC service but only 1 complaint was investigated which was upheld with the following conclusion

*{Concerns over the standard of care provided to an elderly relative in their home by a care provider commissioned by the council. Failure of the council to monitor and review the issue promptly. Some instances were found where the standard of care was poor. Council was slow to resolve this with the care provider. Apology given and Compensation for the distress caused to the complainant was awarded}*

The LGSCO did not find merit in investigating the other 2 cases.

#### 4.8 Themes and Topics from Complaints.

The two highest categories of complaint were Delayed/Failed Service (67%) & Staff Conduct (11.6%)

##### Delayed/Failed Service complaints

Long Term Team	<ul style="list-style-type: none"> <li>• Delays in arranging respite care</li> <li>• Delays in communication from social workers</li> </ul>
Contracts/ Providers	<ul style="list-style-type: none"> <li>• Care not being delivered to specification</li> <li>• Delays in communicating changes in care providers</li> <li>• Delays in progressing supported living accommodation</li> </ul>
0-25 team	<ul style="list-style-type: none"> <li>• Delays in arranging specialist support for young people with disabilities</li> </ul>
Adult Early Help	<ul style="list-style-type: none"> <li>• Delays in assessments</li> </ul>
Occupational Therapy	<ul style="list-style-type: none"> <li>• Delays in arranging adaptations in the home</li> </ul>

## Staff Conduct Complaints

Adult Early Help	Unhappy assessment carried out in workplace/in public
Reablement	Service user dissatisfied with workers attitude whilst on home visit
Occupational Therapy	Unhappy with insensitive comments on telephone call
Contracts/Care Provider	Accusation that the care worker was argumentative with service users partner whilst in their home.

### 4.9 Learning from Complaints and Action Taken as a Result of Complaints in 2021-22

The department is committed to learning from complaints and to continuously improving its processes to reduce the issues that can lead to complaints.

*Where a complaint is upheld actions taken include apology and putting things right.*

#### Examples of actions taken in relation to upheld or partially upheld complaints

- Apology for carer not wearing appropriate uniform.
- Apology for mistake made with sling. Communication given to care staff to ensure cold water not used again for personal care.
- Reassessment completed due to failure to adequately consider parents views on their child's care and support needs in the original assessment.
- Apology for lack of clear explanation about ineligibility for a disabled facilities grant
- Apology for inaccuracies.
- Change of social worker

*A service improvement is where the complaint leads to a change in process or an improvement to working practices.*

#### Examples of service improvements from complaints:

- Care Agency confirmed they would implement more rigorous induction training with their staff
- Contracts team to revise their 'hand back' policy which details the steps taken when there is a change of care companies
- Implementing a manual timesheet process at the request of a service user rather than the phone app that the company usually uses
- Reablement service specification circulated to staff in both reablement and Adult Early Help to ensure both are clear on the service parameters including when customers self-refer as well as when professionals refer.
- Review of external literature on reablement service to include examples of when reablement service is appropriate
- Care Agency agreed to retrain staff on manual handling

## 5. CONSULTATION

- 5.1 The complaints and compliments process is proactively promoted by workers in Adults and Safeguarding a way for service users and carers to feedback on their experience of their contact with the Council.

## 6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 No direct impact other than changes which might be introduced as the result of learning from



complaints.

## **7. REASON FOR THE RECOMMENDATION**

7.1 There is an expectation that an annual review of complaints be made publicly available each year.

## **8. ALTERNATIVE OPTIONS CONSIDERED**

8.1 Not applicable.

## **9. IMPLICATIONS**

### **Financial Implications**

9.1 Not applicable.

### **Legal Implications**

9.2 Complaints received by Peterborough City Council Adults and Safeguarding are managed under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

### **Equalities Implications**

9.3 Not applicable.

### **Rural Implications**

9.4 Not applicable.

### **Carbon Impact Assessment**

9.5 Not applicable.

## **10. BACKGROUND DOCUMENTS**

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

10.1 Local Government and Social Care Ombudsman published their Annual Review of Adult Social Care Complaints. You can see the report here <https://www.lgo.org.uk/information-centre/reports/annual-review-reports/adult-social-care-reviews>

## **11. APPENDICES**

Appendix A – Complaint Escalation Outcomes 2021-22

11.1 None.

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Appendix A - ASC Escalated Complaints Outcomes 2021-22

Dept/Service	Description	First Outcome	Formal Action taken	Service Improvements	Escalation Outcome	Action taken following Escalation	Further Service Improvements
Financial Assessment	Alleging conflicting information regarding financial assistance which has led to a large bill that complainant cannot repay.	Not held			Partially upheld	Apology for hurt and offence caused. Requested further information and will undertake a full re-assessment.	
Adult Early Help Team	Unhappy that a request to the Adult Early Help Team to add personal care to the care plan was not actioned and when queried they advised that the original request could not be evidenced.	Partially upheld	Apology for confusion		Partially upheld	Need to be very clear about who is handling all enquiries and how these are progressing.	
Care and Repair	Unhappy that they are being told they are not eligible for a Disabled Facility Grant.	Partially upheld	Apology that they were not provided with clearer information.		Not upheld		
0-25 Team	Unhappy with the delays in receiving Speech and Language therapy.	Partially Upheld	Apology	Reminder to staff about timely communication	Partially upheld	Apology	1.Implement process where person who referral is for is advised when therapy is agreed and placed on waitlist etc 2.Regular viewing of waitlists.
Contracts & Care Providers	Unhappy with care company handling of complaints about their staff and safeguarding officers handling of their call.	Partially upheld	Apology carer not wearing full and proper uniform.		Partially upheld	Acknowledged that a customer should not feel intimidated and confirmed that broken goods were replaced. Advised to make complaints direct to agency.	
Reablement	Unhappy that Reablement refused personal care assistance following hospital discharge.	Partially upheld			Upheld	Apology original complaint was not understood. Compensation paid for failure to provide assessment of need.	Reablement Specification reminded to appropriate staff and public information about the service enhanced
Contracts & Care Providers	Unhappy with care provided by Care Agency and changes to hours.	Partially upheld	Care provider has confirmed no alteration to care timings without family's agreement.		Partially Upheld	Change of Provider at Customers request.	

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<b>ADULTS AND HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 8</b>
<b>14 MARCH 2023</b>	<b>PUBLIC REPORT</b>

Report of:	Debbie McQuade – Service Director, Adults and Safeguarding	
Cabinet Member(s) responsible:	Councillor Howard, Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Guy Fairbairn, Commissioning Manager	Tel. 07827 985965

**MENTAL HEALTH SECTION 75 PARTNERSHIP AGREEMENT: ANNUAL REPORT**

<b>RECOMMENDATIONS</b>	
<b>FROM:</b> Debbie McQuade – Service Director, Adults and Safeguarding	<b>Deadline date:</b> N/A
<p>It is recommended that Adults and Health Scrutiny Committee endorses the report as a full account of service and financial performance, activity, and outcomes under the Section 75 Partnership Agreement.</p>	

**1. ORIGIN OF REPORT**

1.1 This report presents an update on the discharge of responsibilities for social care mental health delegated to Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) through the Mental Health Section 75 Partnership Agreement for 2022-23.

**2. PURPOSE AND REASON FOR REPORT**

2.1 This report updates the Committee on service and financial performance, activity and outcomes under the Mental Health (MH) Section 75 Partnership Agreement within the current year (2022-23).

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

2.3 The mental health social care services delivered under the duties delegated to CPFT through the Mental Health Section 75 Partnership Agreement support delivery of the Council's 'Our City Priorities (2022) corporate priority promise on Prevention, Independence, and Resilience: "We will support and care for our residents with long term care and support needs". The services delivered through the Section 75 Partnership Agreement provide good quality, specialist assessment, treatment and support for adults living with mental health difficulties in Peterborough.

In particular it supports achievement of the following priority outcomes:

- Long term care and support when needed is personalised and keeps people connected to their communities
- Ensuring transitions between health and social care services work well
- Find ways to create job opportunities for our most productive generation, then create an environment of hope and a vision and plan that inspires the young to do more and to do more locally

### 3. TIMESCALES

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

4.1 Peterborough City Council (PCC) has delegated the delivery of social care mental health services and specified statutory duties for people with mental health needs aged 18 years and over to the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) through a Partnership Agreement under Section 75 of the National Health Service Act 2006.

The intention is to enable delivery of health and social care functions within a mental health trust so that service users and carers receive the best possible service addressing both clinical and social needs without the need for them to re-tell their story or receive multiple assessments.

The current Section 75 Agreement for Mental Health is managed through the Section 75 Governance Board which oversees and monitors performance against the agreement and annual work plan. Commissioners have reviewed the existing agreement and an updated version will be implemented from April 2023.

This report covers the following areas:

- Financial investment and performance
- Service performance, activity and outcomes
- Quality and Feedback
- Impact of Coronavirus
- Future Priorities

#### 4.2 Annual Investment 2022/23 & 2023/24

The investment in the Section 75 Agreement for Mental Health for 2022/23 was a total of £1,393,829.

Funding for 2022/23 is anticipated to continue at the same level. However, it is anticipated that a business case will be developed for additional investment in employment related support services in 2023/24.

#### 4.3 Key Performance Indicators

As of December 2022, CPFT performance against reported key performance indicators was as follows;

##### **ASCOF 1F: (Employment)**

The proportion of adults in contact with secondary mental health services in paid employment

**Target** 12.5%

**PCC:** 9.4% continued reduction below target

##### **ASCOF 1H: (Accommodation)**

The proportion of adults in contact with secondary mental health services living independently with or without support

**Target 75%**

**PCC: 81.2% (Year End: 80.7%)**

The Council's Business Intelligence service has continued to work closely with Mental Health Commissioners and CPFT Operational Leads to develop and implement a new reporting framework based on data recorded in the Mosaic case management system. This has given mental health managers access to a range of self-service performance and management information reports to support operational decision-making and performance monitoring. This has continued to evolve during 2022 allowed the social work managers and Section 75 Board greater insight into performance. This will continue to develop during 2023.

#### 4.4 Staffing

Vacancy levels for Mental Health Social Workers and staffing under the Section 75 Agreement have continued to be challenging. To address this the service has explored and implemented alternative ways to reconfigure some posts and teams in order to both attract new employees and better align resources within teams. Despite this, vacancies have continued during the year.

The total number of vacancies under the Section 75 Agreement have fluctuated during 2022/23 with a change of Social Work Manager in January '23. The current vacancies include support staff, and two Social Worker posts. CPFT are continuing to make every effort to fill these posts with the recruitment of social workers being a local and national challenge.

#### Care Packages and Financial Performance Summary

##### 4.5.0

The unique number of individuals accessing Adult Mental Health and Older People Mental Health services during Quarter 1 to 3 of 2022/23 is detailed below, showing an increase in both areas:

Adult Mental Health	Start	Q1	Q2	Q3	Movement
Direct Payments	34	30	31	36	2
Homecare	29	31	32	35	6
Nursing	1	1	1	0	-1
	7	7	7	10	3
Supported Living	7	6	6	5	-2
	<b>78</b>	<b>75</b>	<b>77</b>	<b>86</b>	<b>8</b>

Older People Mental Health	Start	Q1	Q2	Q3	Movement
Direct Payments	2	2	3	2	0
Homecare	21	20	18	17	-4
Nursing	3	3	4	13	10
Residential	4	5	5	12	8
Short Stay / Respite	0	0	0	1	1
Supported Living	0	0	0	1	1
	<b>30</b>	<b>30</b>	<b>30</b>	<b>46</b>	<b>16</b>

##### 4.5.1 Detailed Financial Breakdown 2022/23

Overall there has been an increase in financial commitment for both Adults and Older people during the first three quarters of £596k:

<b>Financial Performance 22/23</b>	<b>Start</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Movement</b>
Adult Mental Health - £000	<b>920</b>	<b>1,079</b>	<b>1,175</b>	<b>1,267</b>	<b>346</b>
Older People Mental Health - £000	<b>480</b>	<b>504</b>	<b>542</b>	<b>730</b>	<b>250</b>

## **Adult Mental Health**

To date there has been an overall movement of £346k in 2022/23. The movement is being driven by increases in Direct Payments, Homecare and Residential.

<b>Adult Mental Health - £000</b>	<b>Start</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Movement</b>
Direct Payments	450	410	544	595	145
Homecare	174	620	626	630	456
Nursing	54	54	54	37	-17
Residential	357	386	379	453	96
Supported Living	112	103	103	101	-11
	<b>1,146</b>	<b>1,572</b>	<b>1,705</b>	<b>1,816</b>	<b>669</b>
Client Income	-49	-41	-43	-43	6
Health/ Other Income	-177	-452	-487	-506	-329
	<b>-226</b>	<b>-493</b>	<b>-530</b>	<b>-549</b>	<b>-323</b>
	<b>920</b>	<b>1,079</b>	<b>1,175</b>	<b>1,267</b>	<b>346</b>

### **4.5.2 Older People Mental Health**

To date for Older People Mental Health there has been an overall movement of £250k. This is being driven by increases in Nursing and Residential care.

<b>Older People Mental Health - £000</b>	<b>Start</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Movement</b>
Direct Payments	153	152	157	153	1
Homecare	293	293	297	281	-12
Nursing	135	135	168	340	205
Residential	144	185	185	289	145
Short Stay/ Respite	0	0	11	29	29
Supported Living	0	0	0	3	3
	<b>725</b>	<b>766</b>	<b>817</b>	<b>1,096</b>	<b>371</b>
Client Income	-89	-89	-91	-126	-37
Health/ Other Income	-156	-173	-184	-240	-84
	<b>-245</b>	<b>-262</b>	<b>-275</b>	<b>-366</b>	<b>-122</b>
	<b>480</b>	<b>504</b>	<b>542</b>	<b>730</b>	<b>250</b>

### **4.6 Impact of Covid-19**

The PCC Adult Social Care Social Work services based within CPFT under the S75 Partnership Agreement continued to maintain full operational activity throughout the COVID-19 pandemic and as we have moved into a post-covid environment, working practices have continued to evolve and work in a hybrid way both remotely and face to face.

In order to support and ensure the effective and safe operation of the Social Work services in PCC, the programme of daily staff monitoring and reporting implemented during the pandemic has continued. This arrangement enables all services to operate, including the Approved Mental Health Professional (AMHP) service; during 2022/2023 this has continued to be supported by



Locum AMHP staff funded by CPFT.

#### 4.6 Annual Work Plan 2022/23

The S75 Partnership Agreement includes an Annual Work Plan to ensure the ongoing improvement in outcomes for people with mental health issues and their families/ carers, the discharge of delegated responsibilities and the effective use of the Council's investment.

Key activity during the 2022/2023 period includes:

- The day-time Approved Mental Health Professionals (AMHP) service: Staff within this service are responsible for coordinating assessments of individuals and also admission to hospital for anyone who is sectioned. A total of 13 AMHP candidates (across both PCC & CCC areas) have been supported to commence professional training. This cohort includes colleagues from the Local Authorities Social Care Services, and health care professionals. Access to both full-time and part-time courses has been arranged in order to most effectively support both the operational service and staff members, however it remains an ongoing challenge to deliver this service. There was a 'Stop the Line' intervention in late 2022 that has resulted in a number of changes and focus from senior leadership in both Councils.
- Safeguarding Adults: Responsibility for the receipt and triage of Safeguarding Adults concerns transferred fully to the combined PCC & CCC Multi Agency Safeguarding Hub (MASH) from September 2021. A Quality Assurance Tool has been developed for use by CPFT "Think Family" Safeguarding Service for use in making enquiries regarding suspected abuse and piloted last year. Ongoing arrangements are in place for continued communication and support between the PCC & CCC MASH & CPFT "Think Family" service with ongoing development of Learning & Development modules covering Safeguarding being delivered, building on the previous trial of these.
- EXEMPLAR: the primary care early implementer pilot is now part of the ICB's recurrent funding with continued activity that aligns to the "Prevent, Reduce, Delay" principles; making community connections and support to access local resources. The Exemplar project has two PCC employed Social Workers. These posts are aligned to the North & South areas of the city and has now been adopted as mainstream activity within the current service.
- Mental Health Act (1983 and subsequent revisions) Section 117: Section 117 makes provision for appropriate after care to be provided for people who have been detained in hospital under sections of the Mental health Act. To ensure that there is consistent, regular and robust application of the locally agreed Joint Commissioning Tool (JCT), work has continued with PCC/CCC colleagues throughout 2022/2023 to support the clear and consistent decision making and approval of health and social care costs. This has also included the development and agreement of a "Brokerage Workflow" and additional funding from the Section 75 funds to pay for 1 x FTE Mental Health Brokerage position to support both PCC & CCC. This further enables a more consistent approach to identifying care and support to meet the needs of individuals and enables the Council to maintain a robust oversight of high-cost packages. These priorities have continued through to 2022/2023 and will remain a focus in 2023/24.

#### 4.7 Quality and Feedback

Mental Health services are committed to enabling people to have control over their lives and illness, to work in a strength-based approach to enable people, utilising the philosophy and the model of recovery. The co-location and close partnership working between social work and health care services provides a holistic response for the people of Peterborough and their carers to enable people to live healthy and independent lives.

Included below are short examples of the positive Social Work that has been achieved throughout 2022/23 These are testaments to the professionalism and dedication of the Social Work services based within CPFT as part of the S75 Partnership Agreement.

**PCC Social Worker: received from the supporter of a person who uses Mental Health Social Work services.** *"I would also like to take this opportunity to express my thanks to you for all your efforts on behalf of A over the years. It has been very reassuring to know that you managed to forge a good relationship with her and have always done your best for her. Not*

easy I know !! From my personal point of view this reassurance has been very important . To know that I could rely on your knowledge, professionalism and good humour at all times has been paramount to A's quality of life, and the easing of my worries for her.”

**PCC Social Work Team: received from a Student Social Worker following a professional placement with the team.** *“I hope you are well. I just wanted to email to say a massive thank you for giving me the opportunity to work with this lovely team for my placement. I will be leaving in a few days. I just wanted to have an opportunity to say on how well this team has supported me whilst on placement. I really appreciate the effort that the guys have all put into supporting me to complete my placement. I have really appreciated the time that everyone has given me and support to accomplish this placement ..... this team have truly inspired me. This placement has really given me food for thought for my future now. Once again thank you for the great opportunities”*

**PCC Social Worker/AMHP: received from a Consultant Psychiatrist.** *“ You may have heard that I'm moving on to another trust. I wanted to take this opportunity to say how much I've valued working with you. Your sensible, level-headed approach to tricky social care/AMHP situations has been a blessing to be able to have over the years I've worked with you. I find you one of the most caring and compassionate practitioners I've come across during my career thus far, and your ability to discuss challenging situations and challenge practice firmly, but decisively where it falls below standard, whilst remaining non-confrontational impresses me, it is a real skill! Keep doing what you're doing! I will miss working with you and seeking advice from you as I feel I've benefitted so much from your expertise during the last few years.”*

**PCC Social Worker: received from a family member of a person who used Mental Health Social Work services.** *I would like to take this opportunity to thank you (and .... ) for all your efforts, frankness and kindness during the last 5 months or so of my father's life. I know in better days my father would have been very appreciative and would have enjoyed your company. Please keep up the good work - it is appreciated more than you know.*

There have been two formal complaints received regarding either the Adults or Older Peoples Social Work services during the 2022/2023 period to date:

Service	Date	Nature of complaint
Adults	28/10/2022	Delay in completing a Care Act Assessment. Family and individual have moved out of area. Investigation remains ongoing regarding social work practice
Older People	17/08/2022	Level of social work support provided. Social Worker cancelled. Complaint ended.

#### 4.8 Priorities for 2023/24

There are a number of priorities which will form part of the ongoing development of the functions performed by the Section 75 Agreement and will aim to ensure the arrangement continues to effectively deliver the delegated duties for Peterborough City Council:

- Review the operational delivery model in relation to unqualified staff, including peer support workers. Expected Outcome: Care Act requirements and responsibilities are understood by practitioners and met on a consistent basis
- The AMHP service: Create a workforce strategy framework that meets key requirements. Expected Outcome: The AMHP service is operational with appropriately qualified staff, and promotes sustainability
- Streamlined and responsive brokerage processes. Expected Outcome: The Local Authority Brokerage Team provides effective support to Mental Health Social Work Services to achieve best practice care and support provision that meets identified need.

- Review the Business Support and Administration service for Mental Health Social Work. Expected Outcome: Responsive and effective administrative support to Mental Health Social Work Teams across Cambridgeshire County and Peterborough City Council areas.

There remains a strong focus on the delivery of the Annual Workplan priorities alongside the delegated functions within the Section 75 Agreement. Any risks associated with delivering against these priorities are managed as part of the governance process to ensure that mitigations are put in place and escalated where appropriate.

#### **4.9 Integrated Care Systems (ICS)**

From July 2022 Clinical Commissioning Groups (CCG's) have moved over to Integrated Care Systems (ICS) overseen by an Integrated Care Board (ICB), which has created new partnership arrangements between organisations that meet health and care needs across an area.

The structures of the new ICS is still evolving, with new internal structures still developing. From April 2023, these should be in place so that further work can continue joint working and putting in place updated agreements etc.

### **5. CONSULTATION**

5.1 None required

### **6. ANTICIPATED OUTCOMES OR IMPACT**

6.1 Endorsement of the report will validate financial and service activity and performance 2022/23 and demonstrate the Committee's support for continued delegation of the Council's responsibilities for mental health as established under the Mental Health Section 75 Partnership Agreement in 2014 and in line with revised activity, performance and financial targets.

### **7. REASON FOR THE RECOMMENDATION**

7.1 This report delivers the account of activity, outcomes and performance required under the Mental Health Section 75 Partnership Agreement and seeks endorsement to continue with the delegation of responsibilities to the Cambridgeshire and Peterborough NHS Foundation Trust.

### **8. ALTERNATIVE OPTIONS CONSIDERED**

8.1 The option of bringing the Mental Health Social Work service back into the Council was considered. However, the delegation of responsibilities to the Trust contributes to a more seamless experience and improved outcomes for people who require specialist mental health care and support. In addition, there would be significant implications and therefore disruption for staff and service users in the short term if there were to be a change.

### **9. IMPLICATIONS**

#### **Financial Implications**

9.1 Total investment in the Mental Health Section 75 Partnership Agreement was £1,393,829 for 2022/23. This figure will remain unchanged for 2023/24.

#### **Legal Implications**

9.2 There are no legal implications arising from the activity and decisions set out in the report.

#### **Equalities Implications**

- 9.3 No significant implications arising from the report. However, CPFT always strives to ensure dignity and respect in all its interactions and interventions with service users and the public and to address discrimination and to respect the diversity of individuals whatever their origin or beliefs.

#### **Rural Implications**

- 9.4 No significant implications arising from the report.

#### **Carbon Impact Assessment**

- 9.5 This is an update report covering delivery of the Mental Health Section 75 Delivery 2022/23

### **10. BACKGROUND DOCUMENTS**

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

- 10.1 None

### **11. APPENDICES**

- 11.1 None

<b>Adults and Health Scrutiny Committee</b>	<b>AGENDA ITEM No. 8</b>
<b>14 March 2023</b>	<b>PUBLIC REPORT</b>

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**

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

**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?	<b>NO</b>	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 24 February 2023.

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: 24 FEBRUARY 2023

**PART 1 – FORWARD PLAN OF KEY DECISIONS**

<b>KEY DECISIONS FROM 27 MARCH 2023</b>								
<i>KEY DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS REPORT AUTHORS</i>	<i>DIRECTORATE</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</i>
<b>Children’s Social Care and Early Help IT System Procurement 2023 – KEY/27MAR23/01</b> To seek approval for the award of the contract of the current IT solution used for Children’s Social Care and Early Help, LiquidLogic.	<b>Councillor Lynne Ayres, Cabinet Member for Children’s Services and Education, Skills and the University</b>	April 2023	Children and Education Scrutiny Committee	N/A	N/A	Chris Stromberg, Head of Business & Digital Systems, Tel:07876578093, Email:chris.stromberg@cambridgeshire.gov.uk	<b>Corporate Services</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published
<b>Disposal of Land and Buildings - KEY/27MAR23/02</b> Disposal of Land and Buildings	<b>Councillor Andy Coles, Cabinet Member for Finance and Corporate Governance</b>	31 March 2023	Growth, Resources, And Communities Scrutiny Committee	East Ward	Relevant internal and external stakeholders	Felicity Paddick Email: felicity.paddick@peterborough.gov.uk	<b>Corporate Services</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published
<b>Acquisition of City Centre Building - KEY/27MAR23/03</b> Acquisition of City Centre Building	<b>Councillor Andy Coles, Cabinet Member for Finance and Corporate Governance</b>	March 2023	Growth, Resources, And Communities Scrutiny Committee	Fletton & Stanground	Relevant internal and external stakeholders	Felicity Paddick Email: felicity.paddick@peterborough.gov.uk	<b>Corporate Services</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published



**PREVIOUSLY ADVERTISED KEY DECISIONS**

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DIRECTORATE</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</b>
<p><b>1. Peterborough City Council Housing Related Support Procurement / Commissioning - KEY/24MAY21/02 –</b> To Procure / Commission Peterborough City Council Housing Related Support Services. Service redesign and change form annual Grant Agreements to longer term contracts.</p>	<p><b>Cabinet</b></p>	<p><b>July 2023</b></p>	<p>Growth, Resources and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Soft market testing is underway. A Housing Related Support Commissioning Strategy has been agreed and has received all the relevant approvals</p>	<p>Sean Evans, Head of Service Housing Needs, Email: sean.evans@peterborough.gov.uk</p>	<p><b>Place and Economy</b></p>	<p>To be submitted, Housing Related Support Commissioning Strategy for Cambridgeshire &amp; Peterborough 2020 - 2022. Procurement / Commissioning information.</p>
<p><b>2. Clare Lodge and agency resource - KEY/28MAR2022/02 -</b> Relating to the supply of temporary agency requirements at Clare Lodge</p>	<p><b>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University</b></p>	<p><b>13 March 2023</b></p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Legal, Procurement, Service area, Clare Lodge, agency providers</p>	<p>Steve McFaden, Business, Strategy &amp; Infrastructure Manager Clare Lodge, 01733 253246</p>	<p><b>People Services</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>3. Award of Insurance Contract - KEY/1AUG22/02 -</b> 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>	<p><b>Cabinet</b></p>	<p><b>13 March 2023</b></p>	<p>Growth, Resources, And Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Consultation internal (Procurement), external (insurance broker advisors).</p>	<p>Steve Crabtree. Chief Internal Auditor. Tel: 01733 384557. Email: steve.crabtree@peterborough.gov.uk</p>	<p><b>Corporate Services</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.  The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>
<p><b>4. Charging residents and developers for replacement bins – KEY/21NOV22/01 -</b> 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><b>Councillor Nigel Simons, Cabinet Member For Waste Street Scene And The Environment</b></p>	<p><b>February 2023</b></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><b>Place and Economy</b></p>	<p>A CMDN.</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
5. <b>Refugee Resettlement Befriender Contract Award – KEY/21NOV22/02</b> 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.	<b>Councillor Steve Allen, Deputy Leader and Cabinet Member for Communication, Culture and Communities</b>	<b>February 2023</b>	Growth, Resources and Communities Scrutiny Committee	All Wards	Soft market testing with potential suppliers has taken place	Ian Phillips Head of Communities and Partnerships Integration Email: <a href="mailto:ian.phillips@pete.rborough.gov.uk">ian.phillips@pete.rborough.gov.uk</a>	<b>Place and Economy</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
6. <b>Disposal of Ground Rent at Hereward Cross – KEY/05DEC22/01</b> - Disposal of ground rent at Hereward Cross	<b>Councillor Andy Coles, Cabinet Member for Finance and Corporate Governance</b>	<b>February 2023</b>	Growth, Resources, And Communities Scrutiny Committee	Central Ward	Part of the approved disposal programme	Felicity Paddick, Manager - Estates and Valuation Email: <a href="mailto:felicity.paddick@nps.co.uk">felicity.paddick@nps.co.uk</a> Tel: 07801 910971	<b>Corporate Services</b>	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).
7. <b>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</b> - 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.	<b>Councillor Marco Cereste, Climate Change, Planning, Housing and Transport</b>	<b>February 2023</b>	Adults and Health Scrutiny Committee	All Wards	Soft Market Testing and Contractor Engagement Event	Sharon Malia - Housing Programmes Manager – Email: <a href="mailto:sharon.malia@pete.rborough.gov.uk">sharon.malia@pete.rborough.gov.uk</a> Tel: 07920 160632	<b>People Services</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS REPORT AUTHORS</b>	<b>DIRECTORATE</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</b>
<p>8. <b>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</b> - 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>	<p><b>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University</b></p>	<p><b>13 March 2023</b></p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Will be undertaken as part of the work on Family hubs and developing the new service specification</p>	<p>Jyoti Atri, Director of Public Health, Email Jyoti.Atri@cambridgeshire.gov.uk</p>	<p><b>Public Health</b></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. <b>Education Systems Contract Award – KEY/19DEC22/01</b> Procuring a cloud-based system for Education which will provide a single view of service user details to improve service delivery.</p>	<p><b>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University</b></p>	<p><b>March 2023</b></p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Procurement, Finance, Legal, Service area</p>	<p>Lucy Sweatman, Education Programme Manager, 07548342557</p>	<p><b>People Services</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>10. <b>Child Weight Management Procurement – KEY/16JAN23/03</b> 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>	<p><b>Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health</b></p>	<p><b>February 2023</b></p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>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.</p>	<p>Imogen Gray. Senior Public Health Manager. <a href="mailto:imogen.gray@cambridgeshire.gov.uk">imogen.gray@cambridgeshire.gov.uk</a></p>	<p><b>Public Health</b></p>	<p>CMDN</p>
<p>11. <b>Termination of the Council's Agency Worker Contract – KEY/31JAN2023/01</b> - Termination of the Council's agency worker contract with OPUS</p>	<p><b>Councillor Andy Coles, Cabinet Member for Finance and Corporate Governance</b></p>	<p><b>February 2023</b></p>	<p>Growth, Resources, And Communities Scrutiny Committee</p>	<p>N/A</p>	<p>Relevant internal and external stakeholders</p>	<p>Mandy Pullen Assistant Director HR and Development Email: <a href="mailto:mandy.pullen@peterborough.gov.uk">mandy.pullen@peterborough.gov.uk</a> Tel: 01733 863628 Mobile: 07920 160379</p>	<p><b>Corporate Services</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>12. <b>Approval for additional external public health funding to be allocated to the Integrated Sexual and Reproductive Health Services as part of the ongoing Section 75 - KEY/31JAN23/04</b> - Central funding has been allocated to meet the increases in NHS Agenda for Change staff salaries who are employed in commissioned sexual health services. It is mandatory this is given to our commissioned NHS providers.</p>	<p><b>Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health</b></p>	<p><b>February 2023</b></p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>N/A</p>	<p>Joseph Keegan, Commissioning Team Manager for Substance Misuse and Sexual and Reproductive Health, Tel: 07795302393, Email: joseph.keegan@cambridgeshire.gov.uk</p>	<p><b>Public Health</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>13. <b>Extension of the contract for the Adults and Children Integrated Drug and Alcohol Treatment Service with Change Grow Live (CGL) for a an additional 2 years with an end date of the 31st of March 2026 - KEY/31JAN23/05</b> - The current contract ends on the 31st of March 2024. However, because of multiple grant additions that go beyond this end date an extension is required to ensure that the additional funding is fully evaluated.</p>	<p><b>Cabinet</b></p>	<p><b>13 March 2023</b></p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>A detailed needs assessment has just been completed and involved extensive consultation.</p>	<p>Joseph Keegan, Commissioning Team Manager for Substance Misuse and Sexual and Reproductive Health, 07795302393, Email: joseph.keegan@cambridgeshire.gov.uk</p>	<p><b>Public Health</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>14. <b>Peterborough City College Day Opportunities and Supported Employment Extension – KEY/13FEB23/01</b> Cabinet are requested to approve an extension of the funding for the Day Opportunities and Supported Employment Services delivered by Peterborough City College, from 01st April 2023 to 31st March 2025</p>	<p><b>Cabinet</b></p>	<p><b>13 March 2023</b></p>	<p>Adults and Health Scrutiny Committee</p>	<p>West</p>	<p>N/A</p>	<p>Claire Cluer, Commissioning Manager, Email:claire.cluer@cambridgeshire.gov.uk</p>	<p><b>People Services</b></p>	<p>Peterborough City College Day Opportunities and Supported Employment Extension Paper</p>
<p>15. <b>PCC's Homecare Spend through CCC's DPS – KEY/13FEB23/02</b> Approval for Spending PCC's homecare budget through Cambridgeshire County Council's Dynamic Purchasing System (DPS) for Home and Communities Support Services for Homecare Contracts.</p>	<p><b>Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health</b></p>	<p><b>March 2023</b></p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Discussion with internal stakeholders, including Commissioning, Contracts, Brokerage, Legal and Procurement were undertaken to propose this solution.</p>	<p>Luke Smith, Commissioning Officer, luke.smith@peterborough.gov.uk, 07554148545</p>	<p><b>People Services</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>16. <b>Household Support Fund – Round 4 – KEY/13FEB23/04</b> To decide on the overall approach to the delivery of the Household Support Fund extension including the spend proportions and areas of focus and delegation of authority.</p>	<p><b>Councillor Steve Allen, Deputy Leader and Cabinet Member for Communication, Culture and Communities</b></p>	<p><b>March 2023</b></p>	<p>Growth, Resources and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>No further consultation required other than CLT, Scrutiny, CPF and Cabinet approvals</p>	<p>Adrian Chapman, Executive Director Place and Economy</p>	<p><b>Place and Economy</b></p>	<p>If available at the time of publish, will include the Government's Guidance</p>
<p>17. <b>City Centre Public Space Protection Order – KEY/13FEB23/05</b> Decision request concerning the extension of the existing City Centre Public Space Protection Order for a further 3 years following consultation with statutory consultees, councillors, key interested parties and the public.</p>	<p><b>Councillor Steve Allen, Deputy Leader and Cabinet Member for Communication, Culture and Communities</b></p>	<p><b>April 2023</b></p>	<p>Growth, Resources and Communities Scrutiny Committee</p>	<p>Central</p>	<p>Statutory consultees, ward councillors and key interested parties will be directly consulted and there will be a public consultation available on the council's website with paper copies available upon request</p>	<p>Laura Kelsey, Community Safety Neighbourhood Manager</p>	<p><b>Place and Economy</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>18. <b>Adult Social Care Market Sustainability Plan - KEY/27FEB23/01</b> - approval of PCC Adult Social Care Market Sustainability Plan</p>	<p><b>Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health</b></p>	<p><b>13 March 2023</b></p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>N/A</p>	<p>Joanne Melvin, Strategic Lead ASC Commissioning. joanne.melvin@peterborough.gov.uk</p>	<p><b>People Services</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>19. <b>Procurement of a Framework Agreement for the Provision of Specialist De-cluttering and Deep Cleaning Services - KEY/27FEB23/02</b> - Procurement of a Framework Agreement for the Provision of Specialist De-cluttering and Deep Cleaning Services from 1 April 2023 for 2 years and 8 months years until December 2025 (to align this Framework with another Framework) with an option to extend for a further year to December 2026 and a separate option to extend for a further year until December 2027. The annual contract amount is £150,000 and will total £750,000 over the 5 years.</p>	<p><b>Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health</b></p>	<p><b>1 March 2023</b></p>	<p>Adults and Health Scrutiny Committee</p>	<p>N/A</p>	<p>Soft Market Testing, Engagement Events and contract published via Pro Contract</p>	<p>Sharon Malia - Housing Programmes Manager 07920 160632 sharon.malia@peterborough.gov.uk</p>	<p><b>People Services</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>20. <b>Approval for contract to be awarded to Milestone to deliver construction of Eastern Industries Access Improvement Scheme - KEY/27FEB23/03</b> - The Council is to receive funding from the Cambridgeshire and Peterborough Combined Authority (CPCA) to deliver construction of the Eastern Industries Access Improvement Scheme. The total amount to be funded is £6,665,696. Approval is required for contract to be awarded to Milestone to undertake delivery of the improvement scheme.</p>	<p><b>Cabinet</b></p>	<p><b>13 March 2023</b></p>	<p>Climate Change And Environment Scrutiny Committee</p>	<p>East Ward</p>	<p>Consultation was undertaken with relevant stakeholders (councillors, residents, cycle forum, etc.) during design of the scheme.</p>	<p>Lewis Banks, Transport &amp; Environment Manager, Tel: 01733 317465, Email: lewis.banks@peterborough.gov.uk</p>	<p><b>Place and Economy</b></p>	<p>Meeting minutes confirming award. <a href="https://cambridgeshirepeterboroughcagov.cmis.uk.com/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/2119/Committee/63/SelectedTab/Documents/Default.aspx">https://cambridgeshirepeterboroughcagov.cmis.uk.com/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/2119/Committee/63/SelectedTab/Documents/Default.aspx</a></p>

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<p>21. <b>Approval for contract to be awarded to Milestone to deliver construction of A1260 Nene Parkway Junction 3 Improvement Scheme - KEY/27FEB23/04</b> - The Council is to receive funding from the Cambridgeshire and Peterborough Combined Authority (CPCA) to deliver construction of the A1260 Nene Parkway Junction 3 Improvement Scheme. The total amount to be funded is £9,291,880. Approval is required for contract to be awarded to Milestone to undertake delivery of the improvement scheme.</p>	Cabinet	13 March 2023	Climate Change And Environment Scrutiny Committee	Orton Longueville	Consultation was undertaken with relevant stakeholders (councillors, residents, cycle forum, etc.) during design of the scheme.	Lewis Banks, Transport & Environment Manager, Tel: 01733 317465, Email: lewis.banks@peterborough.gov.uk	Place and Economy	'Meeting minutes confirming award. <a href="https://cambridgeshirepeterboroughcagov.cmis.uk.com/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/2119/Committee/63/SelectedTab/Documents/Default.aspx">https://cambridgeshirepeterboroughcagov.cmis.uk.com/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/2119/Committee/63/SelectedTab/Documents/Default.aspx</a>
<p>22. <b>Better Care Fund - KEY/27FEB23/05</b> - Better Care Fund section 75 for 2022/23 - deed of variation to be approved.</p>	Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health	April 2023	Adults and Health Scrutiny Committee	All Wards	Relevant internal and external stakeholders	Caroline Townsend, Head of Commissioning, Programmes and Partnerships, 07976832188 caroline.townsend@peterborough.gov.uk	People Services	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<p>23. <b>Award of contract direct to Milestone Infrastructure Services for three major highways schemes - KEY/27FEB23/06</b> - Decision required to approve direct award of works directly to Milestone Infrastructure Services, Peterborough's Highways partner, utilising the current Term Service Contract for the following projects; subject to budget approval. * Safety barrier replacement * APV Baker footbridge * Highway surface replacement/treatment for damage caused by extreme weather</p>	Councillor Marco Cereste, Climate Change, Planning, Housing and Transport	31 March 2023	Growth, Resources, And Communities Scrutiny Committee	N/A	Appropriate consultation will be undertaken as within delivery of the projects.	Amy Petrie, Principal Programme and Project Officer, Email: amy.petrie@peterborough.gov.uk Tel: 01733 452272	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<p>24. <b>The 2023/2024 Local Transport Plan Annual Programme of Works - KEY/27FEB23/07</b> - Approval required for the annual Local Transport Plan capital programme of works.</p>	Councillor Marco Cereste, Climate Change, Planning, Housing and Transport	31 March 2023	Growth, Resources, And Communities Scrutiny Committee	All Wards	Appropriate level consultation will take place for the individual projects as the works are delivered.	Amy Petrie, Principal Programme and Project Officer, Email: amy.petrie@peterborough.gov.uk Tel: 01733 452272	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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25. <b>PCC/CCC Delegation Agreement for jointly procured Floating Support service - KEY/27FEB23/08</b> - Approval of Delegation Arrangements to allow CCC to implement and manage this contract on behalf of PCC	<b>Councillor Howard, Cabinet Member for Adult Social Care, Health &amp; Public Health</b>	<b>February 2023</b>	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, <a href="mailto:lisa.sparks@cambridgeshire.gov.uk">lisa.sparks@cambridgeshire.gov.uk</a>	<b>Public Health</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
26. <b>Delegation to Cambridgeshire County Council re. recommission of the Healthy Schools Support Service – KEY/13MAR23/01</b> "The Public Health Directorate are seeking to continue provision of the Healthy Schools Support Service for a further 19-month period, from 1st September 2023 - 31st March 2025. The service has been successfully operating across Peterborough and Cambridgeshire since 2018 at an annual value of £148,520 to Cambridgeshire and £58,680 to Peterborough. This new contract period will be used to provide officers sufficient time to review effectiveness, understand the evidence base and better evaluate the impact of current provision to inform future commissioning intentions. The total cost to PCC for this period will be £92,276.66."	<b>Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health</b>	<b>March 2023</b>	Adults and Health Scrutiny Committee	All Wards	A comprehensive consultation will be undertaken with service users, partners and key stakeholders as part of the required work needed to inform future commissioning intentions	Amy Hall, Children's Public Health Commissioning Manager, <a href="mailto:amy.hall@peterborough.gov.uk">amy.hall@peterborough.gov.uk</a>	<b>Public Health</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.



**PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE**

<b>DECISIONS TO BE TAKEN IN PRIVATE</b>								
<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DIRECTORATE</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</b>
<b>None.</b>								

**PREVIOUSLY ADVERTISED DECISIONS TO BE TAKEN IN PRIVATE**

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DIRECTORATE</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</b>
1. <b>Peterborough Limited Subsidiary Structure</b> - Approval is sort to create a subsidiary organisation to Peterborough Limited to aid the efficient and effective future delivery of services.	<b>Cabinet</b>	<b>13 March 2023</b>	Growth, Resources, And Communities Scrutiny Committee	N/A	N/A	Kitran Eastman Managing Director - Peterborough Ltd Email: <a href="mailto:Kitran.Eastman@peterboroughlimited.co.uk">Kitran.Eastman@peterboroughlimited.co.uk</a>	<b>Place and Economy</b>	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).
2. <b>Procurement of Infrastructure Services – KEY/31JAN2023/06</b> - To approve the expenditure for the procurement of critical infrastructure services that are required to support the day to day operation of the Council's IT systems and services.	<b>Councillor Andy Coles, Cabinet Member for Finance and Corporate Governance</b>	<b>13 March 2023</b>	<b>Growth, Resources, And Communities Scrutiny Committee</b>	N/A	N/A	Julian Patmore, Head of Operational Services, Tel: 07980 895 010, Email: <a href="mailto:julian.patmore@peterborough.gov.uk">julian.patmore@peterborough.gov.uk</a>	<b>Corporate Services</b>	CMDN, Contract (which will be exempt) & Business Case  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. <b>Peterborough Limited Update</b> – an update on the in-year company finances	<b>Shareholder Cabinet</b>	<b>March 2023</b>	Growth, Resources and Communities Scrutiny Committee	N/A	N/A	Kitran Eastman Managing Director - Peterborough Ltd Email: <a href="mailto:Kitran.Eastman@peterboroughlimited.co.uk">Kitran.Eastman@peterboroughlimited.co.uk</a>	<b>Place and Economy</b>	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).
4. <b>Amendment of the term of the £15m loan facility with Propiteer Hotels Ltd and its subsidiary Fletton Quays Hotels Ltd – KEY/13MAR23/02</b> - Approval to the extension of the loan facility	<b>Cabinet</b>	<b>13 March 2023</b>	Growth, Resources and Communities Scrutiny Committee	Fletton and Stanground	Internal and external stakeholders	<a href="mailto:Simon.Lewis@peterborough.gov.uk">Simon.Lewis, Service Director Commercial Property &amp; Asset Management</a>	<b>Corporate services</b>	The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of a particular person (including the authority holding that information)
5. <b>Disposal of Hereward Cross Freehold – KEY/13MAR23/03</b> Sale of PCC freehold interest following the disposal of long leasehold interest by leaseholder	<b>Cabinet</b>	<b>13 March 2023</b>	Growth, Resources and Communities Scrutiny Committee	Central	The disposal will go through CLT and CPF	<a href="mailto:Felicity.Paddick@peterborough.gov.uk">Felicity Paddick - felicity.paddick@peterborough.gov.uk</a>	<b>Corporate Services</b>	Exempt annex with specific financial information and Heads of Terms.  The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of a particular person (including the authority holding that information)

**PART 3 – NOTIFICATION OF NON-KEY DECISIONS**

<b>DECISIONS FROM 27 MARCH 2022</b>								
<b>DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DIRECTORATE</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</b>
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. <b>Approval of the leasehold disposal of a brownfield site to a care provider –</b> 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><b>Councillor Cereste, Cabinet Member for Climate Change, Planning, Housing and Transport</b></p>	<p><b>February 2023</b></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: <a href="mailto:felicity.paddick@nps.co.uk">felicity.paddick@nps.co.uk</a></p>	<p><b>Corporate Services</b></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. <b>Approval of the Peterborough Sufficiency Strategy</b> 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><b>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University</b></p>	<p><b>February 2023</b></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>Elaine Redding, Email: <a href="mailto:elaine.redding@peterborough.gov.uk">elaine.redding@peterborough.gov.uk</a></p>	<p><b>Peoples Services</b></p>	<p>Scrutiny Report</p>
<p>3. <b>Werrington Fields and Ken Stimpson Secondary School -</b> 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><b>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University</b></p>	<p><b>February 2023</b></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: <a href="mailto:jonathan.lewis@peterborough.gov.uk">jonathan.lewis@peterborough.gov.uk</a></p>	<p><b>Peoples Services</b></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. <b>Approval to enter into a Section 75 Partnership Agreement with Cambridgeshire and Peterborough NHS Foundation Trust</b> 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><b>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University</b></p>	<p><b>February 2023</b></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 <a href="mailto:helen.andrews@cambridgeshire.gov.uk">helen.andrews@cambridgeshire.gov.uk</a></p>	<p><b>People Services</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

<b>DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DIRECTORATE</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</b>
<b>5. Approval and Endorsement of a new countywide Infant Feeding Strategy</b> - 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.	<b>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University</b>	<b>February 2023</b>	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, <a href="mailto:amy.hall@peterborough.gov.uk">amy.hall@peterborough.gov.uk</a> , 07583040529	<b>Public Health</b>	Paper and Strategy to be submitted closer to the Cabinet meeting
<b>6. Approval of Delegation Agreement for Floating Support Service</b> - Requesting approval to delegate authority to CCC to enable them to deliver a new jointly commissioned Floating Support service on behalf of PCC.	<b>Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health</b>	<b>February 2023</b>	Adults and Health Scrutiny Committee	All Wards	Feedback gathered from existing customers, service staff and external stakeholders/partners.	Lisa Sparks - Senior Commissioner - <a href="mailto:lisa.sparks@cambridgeshire.gov.uk">lisa.sparks@cambridgeshire.gov.uk</a> - 07900163590	<b>Public Health</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>7. Approval to award a grant for a Mental Health Supported Living service.</b> - 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.	<b>Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health</b>	<b>February 2023</b>	Adults and Health Scrutiny Committee	All Wards	Consultation not required as seeking no change to existing service	Lisa Sparks - Senior Commissioner - <a href="mailto:lisa.sparks@cambridgeshire.gov.uk">lisa.sparks@cambridgeshire.gov.uk</a> - 07900163590	<b>Public Health</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>8. Acquisition of 4 Royce Road, Peterborough</b> - Acquisition of industrial premises at 4 Royce Road adjacent to PCC owned land	<b>Councillor Andy Coles, Cabinet Member for Finance and Corporate Governance</b>	<b>February 2023</b>	Growth, Resources, And Communities Scrutiny Committee	East Ward	N/A	Felicity Paddick, Manager - Estates and Valuation Email: <a href="mailto:felicity.paddick@nps.co.uk">felicity.paddick@nps.co.uk</a> Tel: 07801 910971	<b>Corporate Services</b>	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).

<b>DECISION REQUIRED</b>		<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DIRECTORATE</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</b>
<b>9.</b>	<b>Operating Model City College - Review of the Operating Model of City College</b>	<b>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University</b>	<b>March 2023</b>	Children and Education Scrutiny Committee	All Wards	None	Jonathan Lewis, Service Director: Education. Tel: 01223 507165. Email: jonathan.lewis@cambridgeshire.gov.uk	<b>People Services</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

**PART 4 – NOTIFICATION OF KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES**

<b>DECISION TAKEN</b>	<b>DECISION MAKER</b>	<b>DATE DECISION TAKEN</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DIRECTORATE</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</b>
<p><b>Award Of Contract For The Construction Of A New Temporary Surface Car Park Supporting The Regional Pool And The University Of Peterborough Project</b></p> <p>The Cabinet Member is recommended to:</p> <ol style="list-style-type: none"> <li>1. Authorise the award of contract to Coulson &amp; Son Limited for the sum of £801k relating to the construction of a new temporary surface car park at Bishops Road, Peterborough and additional costs up to a total value of £1,008,000 associated with the delivery of this project.</li> <li>2. Authorise the Director of Law and Governance or delegated officers to enter into any legal documentation on behalf of the Council in relation to this matter;</li> <li>3. Approve utilisation of agreed funding to commission the chosen contractor for the project.</li> </ol>	<p><b>Deputy Leader And Cabinet Member For Communication, Culture And Communities</b></p>	<p><b>Still in consideration stage</b></p>	<p>Growth, Resources and Communities Scrutiny Committee</p>	<p>Central</p>	<p>None</p>	<p>Charlotte Palmer Email: <a href="mailto:charlotte.palmer@peterborough.gov.uk">charlotte.palmer@peterborough.gov.uk</a> Tel: 01733 453538</p>	<p><b>Place and Economy</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

## 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](mailto: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](http://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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