

ADULTS AND HEALTH SCRUTINY COMMITTEE

TUESDAY 7 NOVEMBER 2023

7.00 PM

Bourges/Viersen Room - Town Hall

Contact: Madia Afzal, Democratic Services Officer, at

Madia.afzal@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 19 September 2023 **3 - 10**

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

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

5. Forward Plan of Executive Decisions **11 - 28**

6. 6a - Petition - Junk Food Advertisement **29 - 36**

6b - Petition - Junk Food Advertisement - Petitioner Report **37 - 40**

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7. Cambridgeshire and Peterborough Integrated Care System (ICS) Winter Plan 2023/24	45 - 90
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12. Date of Next Meeting	

Tuesday, 16 January 2024 – Adults and Health Scrutiny Committee.

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: Qayyum (Chair), A Shaheed (Vice Chair), Khan, G Casey, B Rush, Bi, Skibsted, Mahmood, Rangzeb and Stevenson, Bi

Substitutes: Councillors: Bond, Sabir, Asif, Barkham and Jones

Non-Statutory Co-opted Members:

Parish Councillor Neil Boyce, Independent Co-opted Member (non-voting) Parish Councillor Mark Ormston (substitute), Independent Co-opted Member (non-voting) Chris De Wilde, Independent Co-opted Member (non-voting) Sandie Burns MBE Independent Co-opted Member (non-voting)

Further information about this meeting can be obtained from Madia Afzal on telephone 01733 452509 or by email – madia.afzal@peterborough.gov.uk

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING
HELD AT 7.00PM, ON
TUESDAY, 19 SEPTEMBER 2023
BOURGES/VIERSEN ROOM, TOWN HALL, PETERBOROUGH**

Committee Members Present: Qayyum (Chair), Shaheed (Vice-Chair), Bi, Casey, S Farooq, Mahmood, Rangzeb, Rush, Skibsted, Asif, Stevenson and Co-opted Members Parish Councillor Neil Boyce and Sandie Burns.

Also in attendance: Eva Woods, Youth Council Representative and Youth MP for Peterborough and Mohammed Akhtar, Youth Council Representative

Officers Present: Jyoti Atri, Director of Public Health
Stephen Taylor, Executive Director of Adult Services
Val Thomas, Deputy Director Public Health
Simon Howard, Programme Director for Outcomes – Strategic Commissioning ICB
Wendy Crosson-Smith, Adult Social Care Workforce Strategy Lead
Oliver Hayward, Assistant Director Commissioning and Commercial Operations
Charlotte Cameron, Senior Democratic Services Officer

11. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Khan and Councillor Asif was in attendance as substitute.

Apologies were also received from Independent Co-opted Member Chris De Wilde.

12. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

There were no declarations received.

13. MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING HELD ON 11 JULY 2023

The minutes of the Adults and Health Scrutiny Committee meeting held on 11 July 2023 were agreed as a true and accurate record.

14. CALL IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISION

There were no call-ins received.

15. 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.

There were no comments or questions raised.

AGREED ACTIONS

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

16. CANCER PATHWAY, DELAYED TREATMENT, AND IMPACT ON MORTALITY

The Adults and Health Scrutiny Committee received a report in relation to the Cancer Pathway, Delayed Treatment, and Impact on Mortality.

This reported was deferred after the Officers were unable to attend.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to defer this report.

17. PREVENTION IN PRIMARY CARE

The Adults and Health Scrutiny Committee received a report in relation to the prevention activities undertaken by Primary Care.

The Deputy Director of Public Health accompanied by the Programme Director for Outcomes – Strategic Commissioning Integrated Care Board (ICB) introduced the report and highlighted key points including:

- Members were advised that the report set out a high-level view of prevention in Primary Care.
- The areas of focus and key priorities were detailed.
- Reference was made to the additional prevention work that was underway.

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

- Members raised concerns around the long-term impact of shielding on those with existing chronic conditions and pre-pandemic levels of health.
- The Committee were advised that a holistic approach was sought and that the service area was keen to identify and stratify risks around the population.
- In terms of the support for shielded people, it was advised that the service area would consider any support that was required.
- With Community Pharmacies set to increase levels of service, clarification on funding was sought. Members were advised that work in respect of funding was still underway. However, the strategic commissioning function was looking into the effects of the economic decisions that were being made.
- It was noted that rising costs of living and other factors were driving areas of scrutiny.

- Clarification on 4.5 of the report was sought. Members were advised that health equalities modelling was used to identify the wide-ranging economic disparities between Cambridgeshire and Peterborough.
- With regards to life expectancy, Members queried whether any comparative research had been conducted on the new towns. The Officer could not refer the Committee to any specific research. However, it was advised that new towns such as Luton ranked closely to Peterborough in terms of deprivation and experienced health outcomes.
- It was noted that significant work was required to improve the health outcomes of the most deprived areas.
- Members continued to query the work surrounding research and the positive implications on members of the public. It was noted that the service area was looking to focus on specific areas to make a significant and lasting impact.
- It was hoped that research would change the outcomes people were experiencing as well as having a positive impact on a range of health conditions.
- In terms of new towns, it was reiterated research had not been conducted. However, it was noted that poorer people had been displaced from London to new towns which had led to the health outcomes these towns were experiencing.
- It was noted that the Health and Wellbeing Strategy used different techniques to encourage change. Members were advised that the NHS was looking into behavioural science and that research had been commissioned to understand the motivations around positive health choices.
- In terms of behavioural science, the Committee were advised that the service area sought to gather motivations and alleviate some of the barriers as opposed to telling people what to do.
- The different elements to prevention in Primary Care were noted and Members were advised that the NHS had changed its approach to focus on prevention in greater detail.
- It was noted that secondary prevention placed Primary Care in a very powerful position.
- It was advised that early identification and management sought to prevent health conditions from progressing and the importance of developing prevention in all aspects was detailed.
- With £200,000 being allocated to increase prevention activities, clarification was sought on the success of the programme and the parameters used to determine success. The Committee were advised that funding was being used in collaboration with Primary Care and the ICB to strengthen early identification of signs of obesity.
- In terms of success and how it would be monitored, Members were advised that there were multiple data systems within Primary Care such as Eclipse which provided access to a variety of information as well as stratifying data across the service area.
- Members were further advised that Primary Care services could choose from a holistic, practice or patient level approach when determining and validating improvements.
- Clarification on life expectancy was sought, with one Member querying the data in respect to females. The Member was assured that life expectancy for women in Peterborough was positive. However, it was noted that healthy life expectancy for females was shorter and a potential cause for concern.
- Further clarification on life expectancy was sought, with one Member querying the support in respect to menopause - a critical turning point during a woman's life.
- In response, it was advised that cardiovascular diseases were the drivers of poor health. Thus, the service area sought to prioritise these diseases.

- Clarification on the impact of cardiovascular diseases on women was requested. The Officer was unable to provide a conclusive response to the Member's query.
- Furthermore, it was noted that the service area was working to support people with existing health conditions and examining the taboo surrounding menopause.
- Reference was made to the Kings Fund report which detailed the opportunities and engagement at a local level. It was noted that the ICB had adopted a local level approach to health issues and that local advocates were in place in place for health matters.
- It was acknowledged that Peterborough and Cambridgeshire were comprised of many people and the importance of local level engagement was noted by the Officer.
- Clarification on the enhancement of the quality of information and the proposals to incorporate the voluntary sector was sought. The engagements with the voluntary sector were detailed as well as the funding which had been provided. Reference was also made to the forthcoming projects and the importance of local organisations was recognised.
- Members queried the data in respect to tobacco, smoking and life expectancy and the implications of the funding not being made available to Peterborough given its detrimental impact. It was noted that it was difficult to restart Stop Smoking in Primary Care due to the pressures the service area was experiencing, and the funding issues for Peterborough were detailed.
- It was acknowledged that funding issues ought to be addressed.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to note the following:

1. The national and local strategic direction for prevention in the NHS.
2. The role of primary care in prevention

18. UPDATE ON SOCIAL CARE WORKFORCE

The Adults and Health Scrutiny Committee received a report in relation to the Adult Social Care (ASC) Provider Workforce Support Plan.

The purpose of the report was to ensure the Committee received regular and consistent updates on the progress of the programme.

The ASC Workforce Strategy Lead accompanied by the Assistant Director Commissioning and Commercial Operations introduced the report and highlighted key points including:

- Nationally, regionally, locally an increasing demand for care was noted due to an ageing population.
- It was noted that staff turnover amongst care workers was at a 37% high in Peterborough.
- It was noted that staff vacancies within the care sector were at a 12.6% high in Peterborough.
- Following research, training skills and quality of members were identified as the key local issues which encouraged staff turnover and prevented people from applying for care sector roles.
- The Workforce Support Plan under the three work streams was noted.
- It was noted that the provider was in the process of acquiring the care portal. It was hoped that this would record training and offer care workers incentives for further training. Members were advised that the launch would take place in November.

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

- Members thanked Officers for the report.
- It was noted that low pay, long shifts, and travel between clients prevented people from applying for roles and deterred them from remaining within the sector despite the excellent training programme.
- Pay issues were noted as the greatest challenge. Members were assured that the service area was committed to a fair rate of pay and the work over the course of the last 12 months and forthcoming year including the clear plan to reward an uplift was detailed.
- Concerns were raised around the current going rate of £12.60 under the direct payment scheme. The Committee's concerns were acknowledged, and Members were assured that their grievances would be taken up with the relevant organisations.
- Furthermore, it was noted that direct payments were based on individual requirements and not on the availability of resources.
- Clarification on grant funding was sought. Members were advised that the £143,000, allocated to Peterborough City Council would cover two specific areas – the care academy and the number of carers in each area. Thus, it would directly benefit carers by encouraging them to train.
- With a growing number of people requiring support services, clarification on the recruitment of the additional 7,755 care workers was sought. The Committee were advised that they were likely to fall short of this figure and the detrimental impact to vulnerable groups of people was acknowledged. Furthermore, the importance of grants and funding in meeting these demands was highlighted.
- Members were assured that the money would be used to attract the required number of care workers.
- Members were advised that work was being undertaken to reduce the number of people reliant on care services.
- The short-term nature of the funding was noted as well as the importance of attaining the right balance - investing in the future, fulfilling the needs of carers, and securing the financial needs of the council.
- With people living longer, the importance of artificial intelligence and technology was emphasised. Members were advised that service area was looking into new technology enabled care services to support people to live independent and fulfilling lives in the comfort of their homes.
- Officers were applauded for their excellent work and efforts in respect of the improvements in social care.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to review and comment on the progress, next steps and outcomes of the Adult Social Care Provider Workforce Support Plan 2023-2028.

19. JOINT HEALTH AND WELLBEING (HWB)/ INTEGRATED CARE PARTNERSHIP (ICP) STRATEGY – PRIORITY ENVIRONMENT FOR HEALTHY LIVING – OBESITY UPDATE REPORT

The Adults and Health Scrutiny Committee received a report in relation to Joint Health and Wellbeing (HWB)/ Integrated Care Partnership (ICP) Strategy Priority Environments for Healthy Living – Obesity.

The purpose of the report was to ensure that members are fully informed of the progress made against the strategy.

The Deputy Director of Public Health - Cambridgeshire County Council introduced the report and highlighted key points including:

- The three elements of the report – briefing note, presentation slides and Excel spreadsheet were detailed.
- The importance of environment and health strategies in tackling obesity was noted.
- Members were updated on the initial work of the strategy which focused on research and fact finding especially with respect to environmental factors.
- Reference was made to the food surveys which had been conducted in schools to gain a better understanding of eating habits and the collaborative work with planning authorities was detailed. Members were advised that the service area was looking to further develop Active Travel given its positive impact.
- The Committee were advised that the ICB had been commissioned to support with the delivery of key priorities and that work in respect of child weight management services had been undertaken.
- Members were updated on the forthcoming Summit in January 2024. It was hoped that this would shape next steps and enable authorities to further develop key priorities.

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

- Clarification on the different weight management provisions for young people was sought. It was advised that the service area faced many challenges, especially surrounding the needs of this age group. It was hoped that the commissioned pilot interventions would help the service area to gain a better understanding of young people's needs.
- In response to the question on Active Travel, Members were referred to the 2007 Foresight report which highlighted the importance of cycling and the significance of facilitating active travel by putting effective provisions in place.
- The collaborative work with Licensing Committee was noted and future collaborations with partner organisations were deemed to be essential in driving change and tackling obesity.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to consider the progress that has been made in addressing the HWB/ICP Priority Environments for Health Living – Obesity and make comments as it sees fit for future service delivery.

20. MONITORING SCRUTINY RECOMMENDATIONS REPORT

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

- Some Members of the Committee disagreed with the recommendation to use vaping as a method for smoking cessation due to the limited data on its impact.
- The Chair referred the Committee to her recent meeting with the Director and Deputy Director for Public Health regarding this item and discussions surrounding the incentives for Primary Care practices were detailed and Members were advised that documentation on vaping had been provided.
- It was confirmed that questions in respect to support for patients were raised and discussions focused on the reasoning for implementing vaping into the smoking cessation programme.

- Members were advised that the information had been shared with the wider Committee to facilitate discussions and the decision-making process.

The following recommendation was made by Councillor Mahmood and seconded by Councillor Skibsted, that the Committee recommended to remove vaping as part of the smoking cessation programme. A vote was taken on the recommendations from Councillor Mahmood and with 10 voting for, 1 voting against and no abstentions, the recommendations was **AGREED**.

AGREED ACTIONS

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

RECOMMENDATION

The Adults and Health Scrutiny Committee considered the report and **RECOMMENDED** to remove vaping as part of the smoking cessation programme.

21. WORK PROGRAMME 2023/2024

The Senior Democratic Services Officer introduced the report which looked at the work programme for the municipal year 2023-2024 to determine the Committees priorities. Members were invited to make comments and suggestions.

Members asked for Officers to provide a briefing note on the parking charges at Peterborough City Hospital.

Members also asked for the planned Midwifery Report to include information on the availability of nitrous oxide.

AGREED ACTIONS

The Adults and Health Scrutiny Committee considered the Work Programme for 2023/2024 and **RESOLVED** to note the report.

22. DATE OF NEXT MEETING

The date of the next meeting was noted as being the 7 November 2023.

CHAIR

Meeting started at 7.00pm and ended at 8.22pm.

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ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
7 NOVEMBER 2023	PUBLIC REPORT

Report of:	Adesuwa Omoregie, Interim Director for Legal and Governance (Monitoring Officer)		
Cabinet Member(s) responsible:	Councillor Coles, Cabinet Member for Legal, Finance and Corporate Services		
Contact Officer(s):	Madia Afzal, Democratic Services Officer	Tel. 01733 4525509	

FORWARD PLAN OF EXECUTIVE DECISIONS

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

1. ORIGIN OF REPORT

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

2. PURPOSE AND REASON FOR REPORT

- 2.1 This is a regular report to the Adults and Health Scrutiny Committee outlining the content of the Forward Plan of Executive Decisions.
- 2.2 This report is for the Adults and Health Scrutiny Committee to consider under its Terms of Reference No. Part 3, Section 4 - Overview and Scrutiny Functions, paragraph 3.3:

The Scrutiny Committees will:

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

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

3. TIMESCALES

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

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

the Cabinet or individual Cabinet Member(s) can take and any new key decisions to be taken after **20 November 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

Financial Implications

9.1 N/A

Legal Implications

9.2 N/A

10. BACKGROUND DOCUMENTS

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

10.1 None

11. APPENDICES

11.1 Appendix 1 – Forward Plan of Executive Decisions

PETERBOROUGH CITY COUNCIL'S FORWARD PLAN OF EXECUTIVE DECISIONS

PUBLISHED: 20 OCTOBER 2023

PART 1 – FORWARD PLAN OF KEY DECISIONS

KEY DECISIONS FROM 20 NOVEMBER 2023								
<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>
Education IT System Award – KEY/20NOV23/01 To approve the award of the new IT system for Education Services.	Councillor Jackie Allen, Cabinet Member for Children’s Services and Education	November 2023	Children and Education Scrutiny Committee	N/A	N/A	Chris Stromberg Chris.stromberg@cambridgeshire.gov.uk	Corporate Services	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

PREVIOUSLY ADVERTISED KEY DECISIONS

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
<p>1. Charging residents and developers for replacement bins – KEY/21NOV22/01 - Currently all replacement household bins are replaced for free, if implemented, if you lose your bin or damage, it you will be required to pay for a replacement.</p>	<p>Councillor Nigel Simons, Cabinet Member for Infrastructure, Environment and Climate</p>	<p>Published for Consideration</p>	<p>Climate Change and Environment Scrutiny Committee</p>	<p>All Wards</p>	<p>Via the budget setting last financial year and FSWG</p>	<p>James Collingridge, Assistant Director of Operations, 01733 864736, james.collingridge@peterborough.gov.uk</p>	<p>Place and Economy</p>	<p>A CMDN.</p>
<p>2. PCC/CCC Delegation Agreement for jointly procured Floating Support service - KEY/27FEB23/08 - Approval of Delegation Arrangements to allow CCC to implement and manage this contract on behalf of PCC.</p>	<p>Cllr Hussain, Cabinet Member for Adults and Public Health</p>	<p>October 2023</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Feedback sought from existing customers, staff and external partners/stakeholders prior to commencing re-procurement</p>	<p>Lisa Sparks, Senior Commissioner (ASC Commissioning), 07900163590, lisa.sparks@cambridgeshire.gov.uk</p>	<p>Adults</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>3. Delegation to Cambridgeshire County Council re. recommission of the Healthy Schools Support Service – KEY/13MAR23/01 "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."</p>	<p>Cllr Hussain, Cabinet Member for Adults and Public Health</p>	<p>October 2023</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>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</p>	<p>Amy Hall, Children's Public Health Commissioning Manager, amy.hall@peterborough.gov.uk</p>	<p>Public Health</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>4. Delegated partnership agreement for procuring independent advocacy services for children/young people across Cambridgeshire and Peterborough – KEY/24APR23/02 To enter into a Delegation Agreement (DA) with Cambridgeshire County Council for the provision of Independent Advocacy Services for children.</p>	<p>Councillor Jackie Allen, Cabinet Member for Children's Services and Education</p>	<p>November 2023</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>N/A</p>	<p>Zoe Redfern-Nichols, Senior Commissioning Manager, Zoe.Redfern-Nichols@peterborough.gov.uk</p>	<p>Children and Young People's Service</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>5. Contract Award for Peterborough Adult Advocacy Service – KEY/8MAY23/01 To award the Contract for the Peterborough Adult Advocacy Service starting in October 2023 and running for 3 years with an option to extend for 1 year.</p>	<p>Cabinet</p>	<p>13 November 2023</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>N/A</p>	<p>Zoe Redfern-Nichols, Senior Commissioning Manager, Zoe.Redfern-Nichols@peterborough.gov.uk</p>	<p>Adults</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
6. PCC SEND and AP expenditure – KEY/3JUL23/01 Approvement to authorise the future expected spend through Cambridgeshire County Council's Children's External Placements Dynamic Purchasing System (PDPS) until 31st March 2024 with providers for Alternative Education Provision – SEND and AP and Inclusion Team.	Councillor Jackie Allen, Cabinet Member for Children's Services and Education	October 2023	Children and Education Scrutiny Committee	All Wards	N/A	Anna Wahlandt - anna.wahlandt@cambridgeshire.gov.uk 07881 426870	Children and Young People's Service	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
7. Draft Housing Strategy – KEY/3JUL23/04 Approval of draft Housing Strategy to commence public consultation	Cabinet	December 2023	Growth, Resources, And Communities Scrutiny Committee	All Wards	Internal consultation with key service stakeholders to inform development of the draft strategy. Public consultation with key external stakeholders and residents for 6 weeks once the draft is approved for consultation	Anne Keogh Housing Strategy and implementation Manager anne.keogh1@peterborough.gov.uk 07983343076	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
8. Post-16 Framework for Alternative Education and Training – KEY/17JUL23/01 - Agreement for the Post-16 Framework for Alternative Education and Training to be able to call off this Framework which is Cambridgeshire led.	Councillor Lynne Ayres, Cabinet Member Skills, Further and Higher Education including the University	October 2023	Children and Education Scrutiny Committee	All wards	Family Voice, Young People representation groups (Access Champions), representatives of seldom heard groups	David Rhodes, Commissioning Manager, Email: david.rhodes@peterborough.gov.uk	Children and Young People's Service	Paper from Children and Young People's Committee in Cambridgeshire
9. Medgen Nursing Services Limited - KEY/17JUL23/02 - Approval for spend on a young person's placement for nine months.	Councillor Jackie Allen, Cabinet Member for Children's Services and Education	October 2023	Children and Education Scrutiny Committee	CENTRAL WARD	No other consultation sought.	Ros Anderson, ART Support Officer, Email: ros.anderson@cambridgeshire.gov.uk Tel: 01733 863986	Children and Young People's Services	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
10. To award a contract to Milestone Infrastructure to undertake construction of active travel improvements on Thorpe Wood – KEY/31JUL23/02 "The Cambridgeshire and Peterborough Combined Authority have successfully been awarded a total of £3,896,59 Active Travel England as part of Active Travel Funding 4. Peterborough has been allocated a total of £2,986,590 of which £2,000,000 is for the construction of Thorpe Wood Cycleway Phase 3"	Cabinet	13 November 2023	Climate Change and Environment Scrutiny Committee	West	Consultation on detailed designs will be undertaken in Autumn 2023	Lewis Banks, Transport and Environment Team Manager, lewis.banks@peterborough.gov.uk	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
<p>11. Peterborough Community Short Breaks for Children with Disabilities – KEY/28AUG23/03 Community Short Breaks Offer for children/young people with disabilities and/or complex needs in Peterborough from April 2024</p>	Cabinet	18 December 2023	Children and Education Scrutiny Committee	All Wards	Consultation with parent carers has been completed in the form of a questionnaire distributed on social media. A questionnaire was also shared with professionals within the 0-25 Disability Social Care Team. A soft market testing exercise was done as market engagement.	Issy Thomson - Senior Children's Commissioning Officer - isobel.thomson@peterborough.gov.uk	Children and Young People's Service	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<p>12. Extra Care Housing Tender in Peterborough – KEY/28AUG23/04 Approval to award the contract for three Extra Care Housing schemes in Peterborough; Friary Court, The Pavilions and The Spinney. The current contract is due to end 31 January 2024. Agreement is being sought to award all three services for a total of 5 years at a cost of £1,510,003 per annum, with a total contract value of £7,550,015.</p>	Cllr Hussain, Cabinet Member for Adults and Public Health	November 2023	Growth, Resources, And Communities Scrutiny Committee	All Wards	Limited due to timescales as existing provider gave notice to end contract, needing service in place by January 2024.	Ruth Miller, Senior Commissioner, ruth.miller@camb.ridgeshire.gov.uk	Adults	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<p>13. Peterborough Integrated Renewable Infrastructure (PIRI) - commercialisation options – KEY/28AUG23/06 To review the commercialisation routes for delivery of the PIRI project and determine the Council's preferred option to be developed further as part of the production of the Full Business Case.</p>	Cabinet	Published for call in	Climate Change and Environment Scrutiny Committee	East	Engagement has taken place with key project stakeholders and further consultation will take place in due course.	Charlotte Palmer 07920160728	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<p>14. Children/Young People Home & Community Support Pseudo Dynamic Purchasing System and Block Contracts – KEY/28AUG23/07 Approval to award for a Children/Young People Home & Community Support Pseudo Dynamic Purchasing System and 3x block contracts.</p>	Cabinet	13 November 2023	Children and Education Scrutiny Committee	All Wards	Consultation and engagement in form of questionnaires and focus groups with parent carers and 0-25 professionals. Soft Market Testing for market engagement. Full tender exercise.	Issy Thomson, Senior Commissioning Officer, isobel.thomson@peterborough.gov.uk	Children and Young People's Service	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
<p>15. Local Cycling and Walking Infrastructure Plan (LCWIP) - KEY/11SEPT2023/01 - Consider the final report of the Cycling and Walking Task and Finish Group and whether to endorse the recommendations contained within it as well as the recommendations of the Climate Change and Environment Scrutiny Committee.</p>	Cabinet	13 November 2023	Climate Change and Environment Scrutiny Committee	ALL	Public consultation will occur after Cabinet with usual stakeholders	Lewis Banks, Transport & Environment Manager, Tel: 01733 317465, Email: lewis.banks@peterborough.gov.uk	Place & Economy	https://democracy.peterborough.gov.uk/ieListDocuments.aspx?Cid=749&Mid=4743&Ver=4
<p>16. SHAP (Single Homeless Accommodation Programme) - KEY/25SEP23/03 Purchase of 25 units of self-contained accommodation to increase the supply of high-quality accommodation with accompanying support to address gaps in homelessness pathway provision for rough sleepers and those at risk of rough sleeping.</p>	Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing and Communities	October 2023	Growth, Resources, And Communities Scrutiny Committee	All Wards	N/A	Sarah Scase - Housing Operations Manager - sarah.scase@peterborough.gov.uk	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<p>17. Approval to extend day opportunities services for learning disabilities – KEY/25SEP23/04 Cabinet is being asked to approve an eight and a half month extension for day opportunity services for people with learning disabilities in Peterborough. The extension will be from 31st March 2024 to 15th December. The cost is £1,220,893</p>	Cabinet	13 November 2023	Adults and Health Scrutiny Committee	All Wards	Soft market testing and forums	Ruth Miller Senior Commissioning Manager 07484 520821 ruth.miller@peterborough.gov.uk and Harriet Rowe Commissioning Manager harriet.rowe@peterborough.gov.uk	Adults	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<p>18. Joining the National Parking Platform – KEY/9OCT2023/01 - Peterborough City Council currently offers parking payments via electronic means (phone call, text message or smart phone app) with a sole supplier agreement with PayByPhone.</p> <p>This means any customers wishing to pay in this way must use PayByPhone. This sole supplier agreement will expire 1st Dec 2023 and the intention of this decision is to join a national trial backed by the DfT called the National Parking Platform. This is an open market model where any supplier approved to be on the platform can be used by customers to pay for parking in Peterborough City Council controlled areas. This offers benefits to the end users who have a broader choice, but also cost savings and operational advantages to the council. Part of this decision will see the convenience fee for using these services passed to the end user, whereas it is currently absorbed by the council. End users will be able to choose which payment supplier they wish to use based on their individual convenience fees and/or app features and usability.</p>	Councillor Nigel Simons, Cabinet Member for Infrastructure, Environment and Climate Change	31 October 2023	Growth, Resources, And Communities Scrutiny Committee	All Wards	Relevant internal and external stakeholders	Adam Payton, Operations Manager City Centre, adam.payton@peterborough.gov.uk	Place and Economy	National Parking Platform standard documents

PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE

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

PREVIOUSLY ADVERTISED DECISIONS TO BE TAKEN IN PRIVATE

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
1. Locality Asset Review – KEY/3JUL23/02 Review of all Locality Assets	Cabinet	13 November 2023	Growth, Resources and Communities Scrutiny Committee	All Wards	CLT and CPF	Felicity Paddick, Head of Estates, 07801 910971, felicity.paddick@peterborough.gov.uk	Corporate Services	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. Wellington Street & Dickens Street Car Parks Disposal – KEY/31JUL23/04 Car park disposals	Cabinet	Published for call in.	Growth, Resources, And Communities Scrutiny Committee	East	Any further consultation will be planned and proceed if decision is agreed by Cabinet.	Nick Carter, Service Director Growth & Regeneration, 07950 854161, nick.carter@peterborough.gov.uk	Place and Economy	The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).
3. Write-off of irrecoverable debts in excess of £10,000 (Biannual process) KEY/31JUL23/05 To authorise the write-off of irrecoverable debts in excess of £10,000 shown as outstanding in respect of Non-Domestic (Business) Rates, Council Tax, Accounts Receivable (sundry debt) accounts and Housing Benefit overpayments.	Cabinet	18 December 2023	Growth, Resources, And Communities Scrutiny Committee	N/A	N/A	Chris Yates, Acting Head of Finance for Corporate Services, chris.yates@peterborough.gov.uk	Corporate Services	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. Disposal of part of Peterborough City Council rural estate – KEY/23OCT23/01	Councillor Coles, Cabinet Member for Legal, Finance and Corporate Services	November 2023	Growth, Resources, And Communities Scrutiny Committee	Newborough	CLT and CPF	Chris Pike, Principal Estates Manager, 07973929285, chris.pike@peterborough.gov.uk	Corporate Services	The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

DECISIONS FROM OCTOBER 2023								
<i>DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DIRECTORATE</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</i>
None.								

PREVIOUSLY ADVERTISED DECISIONS

DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
<p>1. Approval of the Peterborough Sufficiency Strategy Every top tier local authority is required to publish a sufficiency strategy. This must set out how we seek to avoid children coming into care through the provision of family support services, and identify steps that we are taking to ensure that we have sufficient placements for children in care in our area, so that as many children and young people in care can live locally, provided that this is in their best interests.</p>	<p>Councillor Jackie Allen, Cabinet Member for Children's Services and Education</p>	<p>October 2023</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>John Gregg John.gregg@peterborough.gov.uk</p>	<p>Children and Young People's Service</p>	<p>Scrutiny Report</p>
<p>2. Werrington Fields and Ken Stimpson Secondary School - Following a public meeting held on 20 September 2021 at Ken Stimpson School, a decision needs to be taken on whether or not to proceed with plans to erect a fence to enclose part of the school's playing fields. The area is currently open access to the public. The school has not been using the area for over two years due to concerns over the safeguarding risk to the young people attending the school.</p>	<p>Councillor Jackie Allen, Cabinet Member for Children's Services and Education</p>	<p>December 2023</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>Chris Baird Chris.baird@peterborough.gov.uk</p>	<p>Children and Young People's Service</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>3. Approval to enter into a Section 75 Partnership Agreement with Cambridgeshire and Peterborough NHS Foundation Trust This agreement will ensure the provision of CPFT mental health specialist working with mental health practitioners who are part of multiagency Family Safeguarding teams working as part of children's social care safeguarding teams.</p>	<p>Councillor Jackie Allen, Cabinet Member for Children's Services and Education</p>	<p>October 2023</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Helen Andrews, Children's Commissioning Manager helen.andrews@cambridgeshire.gov.uk</p>	<p>Children and Young People's Service</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>4. Approval and Endorsement of a new countywide Infant Feeding Strategy - Decision sought to approve and endorse a countywide Infant Feeding Strategy developed collaboratively between Public Health and the Cambridgeshire & Peterborough Clinical Commissioning Group (CCG). This decision includes approval of overall strategy and underpinned action plans required to implement this.</p>	<p>Councillor Jackie Allen, Cabinet Member for Children's Services and Education</p>	<p>October 2023</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>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.</p>	<p>Amy Hall, Children's Public Health Commissioning Manager, amy.hall@peterborough.gov.uk , 07583040529</p>	<p>Public Health</p>	<p>Paper and Strategy to be submitted closer to the Cabinet meeting</p>

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>5. Approval to award a grant for a Mental Health Supported Living service. - Approval to award a grant for revenue funding to Eastlands Mental Health Supported Living Services, for a period of 1 year period, from April 2023.</p>	<p>Cllr Hussain, Cabinet Member for Adults and Public Health</p>	<p>October 2023</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Consultation not required as seeking no change to existing service</p>	<p>Lisa Sparks - Senior Commissioner - lisa.sparks@cambridgeshire.gov.uk - 07900163590</p>	<p>Public Health</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

PART 4 – NOTIFICATION OF KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES

<i>DECISION TAKEN</i>	<i>DECISION MAKER</i>	<i>DATE DECISION TAKEN</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DIRECTORATE</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</i>
None.								

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 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 most 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 Dan Kalley, Democratic and Constitutional Services Manager, Legal and Governance Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388038), e-mail to daniel.kalley@peterborough.gov.uk or by telephone on 01733 296334.

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

DIRECTORATE RESPONSIBILITIES

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

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

Financial and Resources

Internal Audit, Insurance and Investigations

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

Communications

Commercial & Property

Registration and Bereavement Services

Commercial & Property

Delivery and Transformation

Health & Safety

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

Digital, Data Analytics, Risk & IT Services

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

Performance and Information (Performance Management, Systems Support Team)

CHILDREN AND YOUNG PEOPLE'S SERVICE Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

Children's Services (Children's Social Care Operations, Children's Social Care Quality Assurance, Child Health, Clare Lodge (Operations), Access to Resources)

Education, (Special Educational Needs and Inclusion, School Improvement, City College Peterborough, Pupil Referral Units, Schools Infrastructure, Early Years and Quality Improvement)

ADULTS 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, Safeguarding Boards – Adults and Children's)

Business Management and Commercial Operations (Commissioning)

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 Housing and Communities
Councillor Hussian	Cabinet Member for Adults and Public Health
Councillor Jackie Allen	Cabinet Member for Children's Services and Education
Councillor Ayres	Cabinet Member for Skills, Further and Higher Education including the University
Councillor Simons	Cabinet Member for Infrastructure, Environment and Climate Change
Councillor Coles	Cabinet Member for Legal, Finance and Corporate Governance
Councillor Cereste	Cabinet Member for Growth and Regeneration

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)

Adults and Health Scrutiny Committee	AGENDA ITEM No. 6a
7 November 2023	PUBLIC REPORT

Report of:	Jyoti Atri, Director of Public Health	
Cabinet Member(s) responsible:	Cllr Ishfaq Hussain - Cabinet Member for Adult Services and Public Health	
Contact Officer(s):	Paul Stokes, Senior Strategic Public Health Manager and Iain Green, Team Manager for Public Health	Tel. 01223 703257/07484 519466

PETITION – JUNK FOOD ADVERTISEMENT

RECOMMENDATIONS	
FROM: Director of Public Health	Deadline date: N/A
<p>It is recommended that Adults and Health Scrutiny Committee:</p> <ul style="list-style-type: none"> Acknowledges the petition ‘End Junk Food Advertisements in Peterborough’ at part c of this agenda item, which sought to petition the council to restrict the advertisement of food high in fat, salt and sugar in advertising spaces owned by the council or on council owned land. Consider the evidence presented in this report and should they conclude the petition warrants further action, recommend officers investigate the options and implications of restricting the advertisement of HFSS food on Council owned land and property with a view to taking an options paper to Cabinet for consideration. 	

1. ORIGIN OF REPORT

- 1.1 This report has been requested by Adults and Health Scrutiny Committee following a petition the council has received on banning High Fat, Salt and Sugar (HFSS) advertising in advertising spaces owned by the council or on council owned land.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to inform and support member discussions on the petition the council has received from Peterborough Youth Council. The petition requests the council to restrict the advertisement of HFSS in advertising spaces owned by the council or on council owned land: [ePetition – End Junk Food Advertisements in Peterborough | Peterborough City Council](#)
- 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

- 2.3 Poor health outcomes are associated with Children in Care. Junk advertising promotes unhealthy diets and may exacerbate inequalities for children in care.

3. **TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	NO
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4. **BACKGROUND AND KEY ISSUES**

4.1 **Petition Details**

The following [petition](#) was received by the council from Peterborough Youth Council:

We the undersigned petition the council to restrict the advertisement of food high in fat, salt and sugar in advertising spaces owned by the council or on council owned land.

The ePetition ran from 19/06/2023 to 22/07/2023 and was signed by 68 people.

4.2 **HFSS advertising**

The promotion of potentially unhealthy food and beverage products is now widely recognised in Europe as a significant risk factor for child obesity and for the development of diet-related noncommunicable diseases (1). Evidence shows that fast-food marketing, including repeat exposure to outdoor advertising, encourages increased consumption of fast-food, particularly by children (2), in turn driving up the number of people who are overweight and obese (3).

The power of advertising on children and young people has been shown by 'Bite Back 2030', the organisation referenced by the youth council in their petition. A fake fast-food brand was created, and teenagers were manipulated into choosing this food in a restaurant through advertising alone, [video](#).

A recent study in Bristol (4) found that younger people and those living in more deprived areas reported seeing more unhealthy product advertisements, particularly for unhealthy food and drinks. Therefore, a policy that specifically restricts such advertisements has the potential to reduce health inequalities.

Advertising policies in other areas

- 4.3 In 2019, Transport for London (TfL) removed advertising of HFSS food and drink from all their public transport networks. The ban was associated with a reduction in average household weekly purchases by 1001 kcal (6.7%). In an average household, this equates to reductions in purchased energy of 385 kcal per person per week. Household sugar consumption also fell by 80.7g (10.5%) a week; more than twice the amount achieved by the introduction of the soft drinks levy.

In the three years following implementation, the advertising ban alone was estimated to have prevented 94,867 cases of obesity and is predicted to add 16,394 quality-adjusted life years and save £218 million in health and social care costs over the lifetime of the current population, largely due to impacts felt by those experiencing socioeconomic deprivation (5).

There are now 8 local authorities across the UK who have signed off their own advertising ban, including [Luton](#) and [Barnsley](#). It has been reported by) that 100 additional local authorities are now considering implementing their own Healthier Food Advertising Policies..

HFSS policy implementation and classification

Sustain has supported local authorities with implementing advertising policies. They have created a toolkit [Healthier Food Advertising Policy Toolkit](#) which explains how to introduce a policy.

4.4 The [Nutrient Profiling Model](#) (NPM) is used to identify food and non-alcoholic drinks that are high in fat, salt or sugar. It is widely used, including by Ofcom since April 2007 and is subject to rigorous scientific scrutiny, extensive consultation and review.

Financial implications

In the first year after the advertising restrictions were introduced in February 2019, the TfL advertising ban saw no loss of advertising revenue, which increased by £2.3million by March 2020 (6). There are no data available for financial implications of advertising bans in other local authorities yet.

4.5

The local setting

Rates of overweight and obesity data in Peterborough

22% of Peterborough reception age children measured as overweight (inc. obesity). 41.2% of Peterborough Year 6 children measured as overweight (inc. obesity). This is statistically significantly worse than the England average for this indicator. For Peterborough wards there appears to be increased correlation between deprivation and the 'very overweight' category compared to the 'overweight' category. This correlation is stronger for Year 6 pupils.

4.6

4.6.1

Figure 1: NCMP Data for Cambridgeshire and Peterborough from the 2021/22 academic year

4.6.2

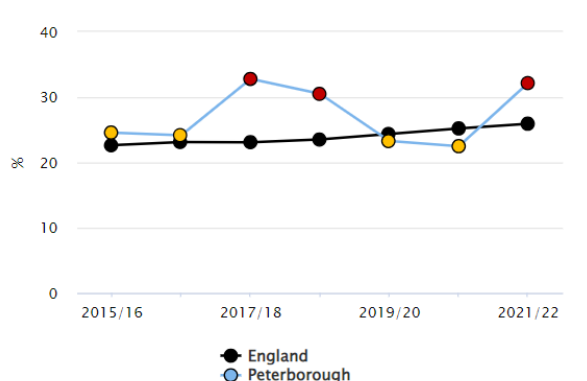
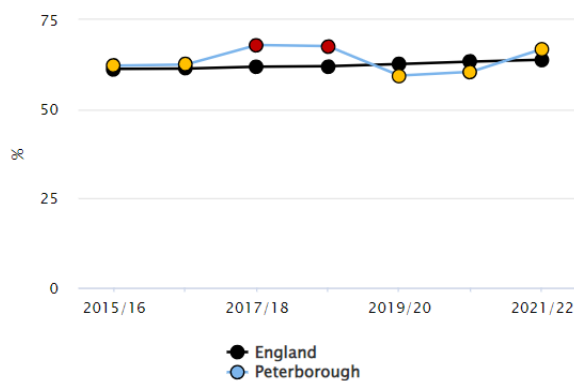
Area	Reception (%)					Year 6 (%)				
	Underweight	Healthy Weight	Overweight	Obesity	Severe Obesity	Underweight	Healthy Weight	Overweight	Obesity	Severe Obesity
Peterborough	1.5	76.6	11.4	10.5	2.6	2.1	56.7	15.2	26.0	7.1
England	1.2	76.5	12.1	10.1	2.9	1.5	60.8	14.3	23.4	5.8

Source: National Child Measurement Programme, NHS Digital. National dataset. Pupils from the Peterborough local authority schools submission, based on the child's residential postcode.

Data Key	
Green	Indicates that the area is statistically significantly better than the national average
Amber	Indicates that the area is relatively comparable to the national average
Red	Indicates that the area is statistically significantly worse than the national average

The graphs below show the trend in adult overweight and obesity levels in Peterborough, compared with the national average. This demonstrates the mixed picture across Cambridgeshire and Peterborough and highlights the areas with greatest need. Overall, both overweight and obesity levels are in line with or above the national rates.

4.6.3



Legend for both graphs: ● Better 95% ● Similar ● Worse 95% ○ Not applicable

Figure 2. Percentage of adults (aged 18+) who are overweight Figure 3. Percentage of adults (aged 18+) who are obese

classified as overweight or obese

classified as obese

Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)

Billboard advertising in Peterborough

4.7

Two samples were taken by the members of the Public Health team of the billboard adverts on Bridge Street, Peterborough, in September and October 2023. Figure 1 shows that of the 27 adverts seen in September, 56% were for HFSS food or drinks. 11% of adverts fell within the health and wellbeing category (Great Eastern Run and Vivacity), however there were no adverts for non-HFSS foods or drinks. A similar situation was also observed in October, with 46% of adverts being for HFSS foods or drinks and no adverts for healthy options.

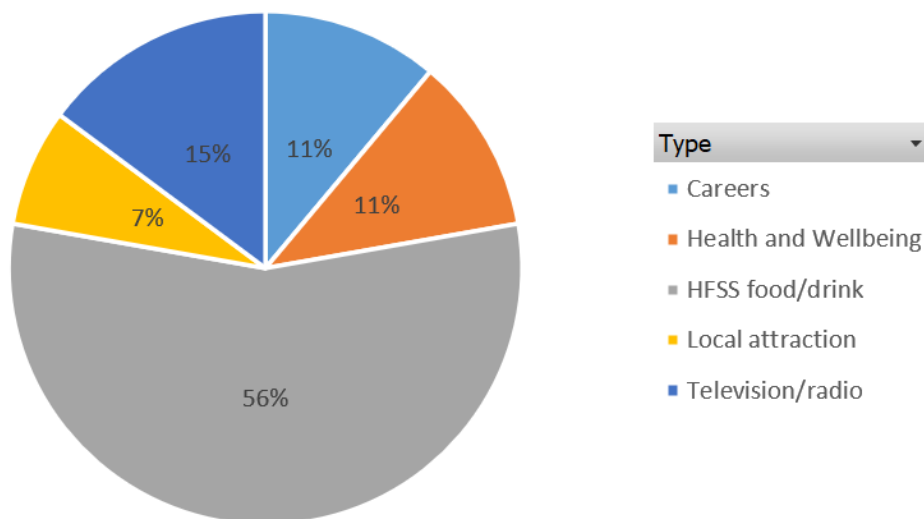


Figure 1. Type and proportions of billboard adverts seen in central Peterborough on 25/09/23

4.8

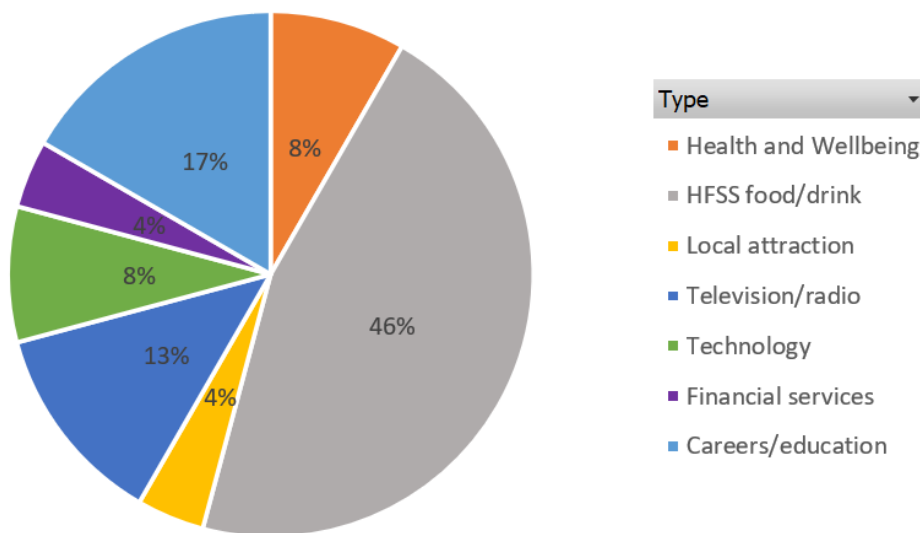


Figure 2. Type and proportions of billboard adverts seen in central Peterborough on 18/10/23

Summary

Within the local authority and as a wider system, we are working to create an environment where the healthy choice is the first choice. A restriction on HFSS products in council-owned property would support the Joint Health and Wellbeing/Integrated Care Partnership strategy priority 'create an environment to give people the opportunity to be as healthy as they can be' which is focusing upon the prevention of obesity.

5. CORPORATE PRIORITIES

5.1 1. *The Economy & Inclusive Growth*

- *Environment*

EQIA summary: If a HFSS advertising policy were to be implemented by the Council, there would be a neutral and potentially positive impact on carbon emissions. If a policy were to be implemented that resulted in decreased consumption of HFSS foods, carbon emissions could potentially be reduced in the city.

- *Homes and Workplaces*
- *Jobs and Money*

2. *Our Places & Communities*

- *Places and Safety (including any rural implications)*
- *Lives and Work*
- *Health and Wellbeing*

An advertising policy would support the Joint HWB strategy priority 'create an environment to give people the opportunity to be as healthy as they can be' and the Public Health commissioned weight management services.

3. *Prevention, Independence & Resilience*

- *Educations and Skills for All*
- *Adults*
- *Children*

Rates of people who are overweight and obese are high in children in Peterborough. An advertising policy would support the Joint HWB strategy priority 'create an environment to give people the opportunity to be as healthy as they can be' and the Public Health commissioned weight management services.

4. *Sustainable Future City Council*

- *How we Work*
- *How we Serve*
- *How we Enable*

Further information on the council's priorities can be found here - [Link to Corporate Strategy and Priorities Webpage](#)

6. **CONSULTATION**

6.1 The petition was signed by 68 people and provides some views on the petition.

6.2 Additional consultation could be conducted with parents through children's services, community groups, weight management service users, and schools.

7. **ANTICIPATED OUTCOMES OR IMPACT**

7.1 If a HFSS food and drink advertising ban were to be implemented, it would decrease the exposure of the Peterborough population to unhealthy food and drink advertisements. Evidence suggests that reduced exposure to HFSS advertising reduces purchase and consumption of these products. Therefore, we would expect this to have a positive impact on health outcomes.

8. **REASON FOR THE RECOMMENDATION**

- 8.1
- Evidence shows that the promotion of unhealthy food and beverage products is a significant risk factor for child obesity and for the development of diet-related noncommunicable diseases.
 - Younger people and those living in more deprived areas are more likely to be exposed to unhealthy food and drink advertisements. Therefore, a policy that specifically restricts such advertisements has the potential to reduce health inequalities.

- A policy restricting HFSS products would support the Joint Health and Wellbeing/Integrated Care Partnership strategy priority '*create an environment to give people the opportunity to be as healthy as they can be*' which is focusing upon the prevention of obesity.

9. ALTERNATIVE OPTIONS CONSIDERED

9.1 No alternative options have been considered.

10. IMPLICATIONS

10.1 Financial Implications

Financial implications for the council are unclear. Although TfL showed no reduction in advertising revenue after introducing a ban on advertising HFSS. There are no data available for financial implications of advertising bans in other local authorities yet.

Legal Implications

10.2 Other local authorities have introduced advertising policies that ban advertising HFSS with no known legal implications.

Equalities Implications

10.3 A policy that specifically restricts HFSS advertisements has the potential to reduce health inequalities, as younger people and those living in more deprived areas are more likely to be exposed to unhealthy adverts.

11. BACKGROUND DOCUMENTS

11.1 References

(1) [Marketing of foods high in fat, salt and sugar to children: update 2012–2013 \(who.int\)](#)

(2) Abi-Rafeh, R. et al. (2021) What is the likely impact of advertising restrictions on obesity? Economics Observatory

(3) Smith, R. et al. (2019) Food Marketing Influences Children's Attitudes, Preferences and Consumption: A Systematic Critical Review. *Nutrients* 11(4):875

(4) Scott, L.J., Nobles, J., Sillero-Rejon, C. et al. (2023) Advertisement of unhealthy commodities in Bristol and South Gloucestershire and rationale for a new advertisement policy. *BMC Public Health* 23, 1078 <https://doi.org/10.1186/s12889-023-15995-z>

(5) Yau, A. et al. (2022) Changes in household food and drink purchases following restrictions on the advertisement of high fat, salt, and sugar products across the Transport for London network: A controlled interrupted time series analysis. *PLoS Med.*;19(2): e1003915. doi: 10.1371/journal.pmed.1003915. PMID: 35176022; PMCID: PMC8853584.

(5) Thomas, C. et al. (2022) The health, cost and equity impacts of restrictions on the advertisement of high fat, salt and sugar products across the transport for London network: a health economic modelling study. *International Journal of Behavioural Nutrition and Physical Activity* 19:93

(6) [Advertising Report - 2018/19 and 2019/20 \(tfl.gov.uk\)](#)

12. APPENDICES

12.1 None.

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Item 6b. Petitioner Report

Introduction:

The Community Food Champions campaign sprang from [Bite Back 2030](#), a national youth-led campaign against food injustice. In November 2022, Peterborough Youth Council pitched a campaign to reduce the presence of junk food advertising in Peterborough to a panel, who agreed to fund the project.

It was decided in June 2023 that the team would submit a petition asking Peterborough City Council to restrict the advertisement of foods High in Fats, Salts and Sugars on their own land and advertising space, in acknowledgement of the fact that whilst the council in its own words “has no history in advertising food high in fat, salt and sugar and does not intend to start doing so”, there is no legal policy preventing this from occurring in the future.

For this reason, the Youth Council have requested the petition be brought to scrutiny, and a policy to securely prevent this be proposed.

Why limit junk food?

Reducing obesity is a key national and local public health priority¹, with the link between junk food consumption and various poor health outcomes including some cancers being clearly demonstrated.² Peterborough’s largely low-income population is especially vulnerable to poorer health caused by obesity³ and this is having a direct impact on our young people.

Why advertising?

With 60% of adults in Peterborough classed as overweight or obese and understanding the consequences of this on long-term health outcomes, the Youth Council seeks to empower residents to make healthier choices about food. Evidence demonstrates the impact of excessive advertisement on the decisions consumers make⁴ and research conducted as

¹ [Health-and-wellbeing-integrated-care-strategy \(peterborough.gov.uk\)](#) Page 15: Targets to reduce childhood obesity.

² https://news.cancerresearchuk.org/2022/12/15/junk-food-marketing-restrictions-so-near-and-yet-not-quite/?_adal_sd=find.cancerresearchuk.org.1521040010557&_adal_ca=social%3DGoogle%26me%3Dorganic%26ca%3D%28not%2520set%29%26co%3D%28not%2520set%29%26ke%3D%28not%2520set%29.1521040010557&_adal_cw=1520515318456.1521040010557&_adal_id=ac35c2c3-252c-4477-93df-732ef06c1d48.1512405729.94.1521040003.1520961264.556e88a3-b248-4831-8653-47a7db2d0592.1521040010557&_ga=2.17484089.1249157482.1520853638-1999066222.1518452308

³ [Recent origin and evolution of obesity-income correlation across the United States | Humanities and Social Sciences Communications \(nature.com\)](#)

⁴ [Assessing the impact of online junk food advertising on teenagers | Nesta](#)

part of the project demonstrates the vulnerability of young people to these marketing techniques:

A significant proportion of advertising space consists of bus stops, with young people being one of the primary user groups of the bus service

Low prices are a key selling point of these ads, which particularly attract young people who are more likely to have access to low incomes

With TfL's 2019 ban on HFSS food advertisement leading to a significant reduction in obesity rates⁵, it is clear tackling junk food advertising to the Council's full capacity will have a positive impact on the health outcomes of all Peterborough's residents, and on those of our young people specifically too.

Consultation so far:

The campaign has seen governance throughout by the wider Peterborough Youth Council, made up of representatives from schools in the city, who have consistently highlighted the negative impact of junk food advertising and the lack of visibility for healthier alternatives on young communities.

In March 2023, a meeting was held with stakeholders including Flourish, Cambridge City Councillors, leaders in education, Peterborough's Director of Public Health and the Peterborough City Council Environmental Health team to scrutinise the idea of launching a youth-led campaign against such advertisements.

It became apparent in this forum that working to restrict advertisers through the Council's powers would likely be more effective than working collaboratively with them, and that local authorities across the nation have enjoyed success in similar campaigns, including Barnsley, Bristol, several London boroughs and Cambridge.

Under the guidance of Bite Back 2030, a Freedom of Information Request made in early 2023 revealed the advertising space the Council owns and the Council's ability to regulate what is advertised on these.

⁵ [Changes in household food and drink purchases following restrictions on the advertisement of high fat, salt, and sugar products across the Transport for London network: A controlled interrupted time series analysis | PLOS Medicine](#)

With the petition acting as evidence that residents across the city support this campaign, it has also enjoyed political support, acknowledged by Cllr Wayne Fitzgerald as part of the 'Ask the Leader' series.

Response to criticism:

The primary query raised by political stakeholders has related to the impact this change could have on the Council's income. In the case of Transport for London's ban, despite forecast losses of up to £35 million before implementation, a negative impact was not observed.⁶

The proposed policy for Peterborough would still enable the council to take advertising revenues from major food and drinks companies., however they would simply need to swap out their unhealthy foods and drinks for healthier ones in the advertising copy. In the case of TfL, this has been seen to be the case, with companies switching to advertising healthier foods and drinks to comply with the policy.

Furthermore, officers' response to the petition highlights that such products are not currently being advertised in council spaces, suggesting no dependence on income from this avenue.

The petitioners are mindful that although Peterborough City Council's response to the petition makes clear that it "has no history in advertising food high in fat, salt and sugar and does not intend to start doing so".

However, we question why, given there appears to be no financial implications and significant will from a public health perspective to securing this commitment in policy, the Council would oppose this move.

Petitioners' recommendation to the Adults and Health Scrutiny Committee :

The petitioners, Peterborough Youth Council, therefore request that a policy be approved to restrict the advertisement of such products on council-owned land and spaces, to include roundabout sponsorships, lamppost banners and third-party managed digital boards.

⁶ [Transport for London declares junk food ad ban a success as revenues announced | Sustain \(sustainweb.org\)](#)

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Item 6c.

Original Petition: End Junk Food Advertisements in Peterborough

We the undersigned petition the council to restrict the advertisement of food high in fat, salt and sugar in advertising spaces owned by the council or on council owned land.

Who chooses what you eat? Is it you, or the corporations who advertise to you?

Our campaign team, composed of Peterborough Youth Council members, seeks to end the rampant advertising of junk food in Peterborough. Some of us encounter 3-4 junk food adverts in 30-minute walks to school.

It makes us feel powerless that young people are constantly bombarded with junk food ads and left to deal with the consequences of obesity and poor mental health on our own. 1 in 10 children in Peterborough are obese by the age of 5.

Inspired by other campaigns including TfL's 2019 HFSS advertising ban and BiteBack 2030's "Bombarded by junk food: Our story" collection, we seek to restrict junk food advertising in the city, increase the visibility of healthier options provided by local businesses and inspiring others to advocate for change.

About Peterborough Youth Council (PYC):

We are a city-wide youth voice group that campaigns on issues important to young people and helps Peterborough City Council and local organisations to ensure young people have a say on decisions that affect them. We are made up of young people aged 11 – 19 from across Peterborough. There are two Youth Council members from each secondary school or college in Peterborough as well as extra membership spaces.

This ePetition ran from 19/06/2023 to 22/07/2023 and has now finished.

68 people signed this ePetition.

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Item 6d.

Officer Response to petition:

Dear Ms Woods,

Please see the below service area response for your petition that has been jointly prepared by the Public Health and Communication teams.

"We thank Peterborough Youth Council for submitting the petition which asks the council to restrict the advertisement of food high in fat, salt and sugar on advertising spaces owned by the council or on council owned land.

First of all, we would like to explain which advertising sites we currently have control over and those we currently do not:

- Roundabout sponsorship - advertising sites are owned by the council and management of this advertising is about to be transferred to an external provider. Whilst the management of this advertising sat with the council, we have never advertised food high in fat, salt and sugar.
- Lamppost banner advertising - these adverts are on council-owned lampposts and they are managed by a third party. The council does not currently have a policy in place to stop the company selling advertising to companies promoting food high in fat, salt and sugar. There was an example recently where Bay Media had a request to advertise from Burger King and they would only accept the advert copy as long as it didn't contain a high fat, salt or sugar product in the copy.
- JC Decaux advertising boards. The wider network of boards is owned and managed by JC Decaux. The council is able to use a number of these boards to place its own advertisements but it has never chosen to advertise food high in fat, salt and sugar. The council does not currently have a policy in place to stop the company selling advertising to such companies.
- Bus shelter advertising - a company called Clear Channel owns and manages the bus shelters and all the advertising boards attached to them. The council does not currently have a policy in place to stop the company selling advertising to companies promoting food high in fat, salt and sugar.
- BT digital boards - we are aware that there are a number of digital advertising boards in the city but we do not have any involvement in what is advertised on those board.

In addition, the council sells advertising in its annual Council Tax booklet which is delivered to every home in the city. We have not advertised brands in the past which are high in fat, salt and sugar.

In summary, when the council has access to advertising space, even for its own use or to sell to third parties, it has no history in advertising food high in fat, salt and sugar and does not intend to start doing so. In addition, the council does not currently have a policy in place to stop the company selling advertising to companies promoting food high in fat, salt and sugar.

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

Report of:	Cambridgeshire and Peterborough Integrated Care Board
Contact Officer(s):	Stacie Coburn, Executive Director of Performance and Assurance

Cambridgeshire and Peterborough Integrated Care System (ICS) Winter Plan 2023/24

RECOMMENDATIONS
<p>The Committee is recommended to:</p> <p>a) Note the progress in developing the ICS 2023/24 winter plan. b) Note the residual risk areas and proposed next steps for continued development of mitigation.</p>

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee by the Integrated Care Board.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to

(a) to obtain views on a proposed development or review of a strategy, plan or policy.

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

3. Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

3.1 The Cambridgeshire and Peterborough Integrated Care System (ICS) approach to winter planning has been based on three areas highlighted as making a difference in 2022/23 that resulted in strong operational grip, system responsiveness, and improved performance. These are:

Planning and processes:

Building ahead of winter clear objectives based on evidence of need and establishing system relationships, values, behaviours, and accountabilities.

System coordination and continuous learning:

Learning approaches to support decision-making and robust governance processes in place to include monitoring of performance and spend, and clear and transparent decision-making processes.

Targeted and collective interventions:

Coordinated intervention and investment of Capacity and Demand Funding.

3.2 The 2023/24 winter plan is based on the existing ICS wide unplanned care improvement plan and investment priorities for Urgent and Emergency Care (UEC), agreed at the beginning of this financial year as part of the development of the 2023/24 Operational Plan. This is in recognition that whilst winter may require some additional preparedness for seasonal surges in demand, we remain assured that the existing agreed priorities will deliver expected quality and access improvements for our population. The ICS plan is included in appendix one.

3.3 While the principles, outcomes and framework of the winter plan will remain fixed, there will be ongoing work to refine and adapt specific approaches, actions, and interventions over the coming months to allow flexibility to respond to new risks as they arise

4. WINTER PRIORITY AREAS

4.1 NHSE guidance on winter planning received in late July 2023 sets out the expectation for all ICS winter plans in 2023/24 to contain the following core elements:

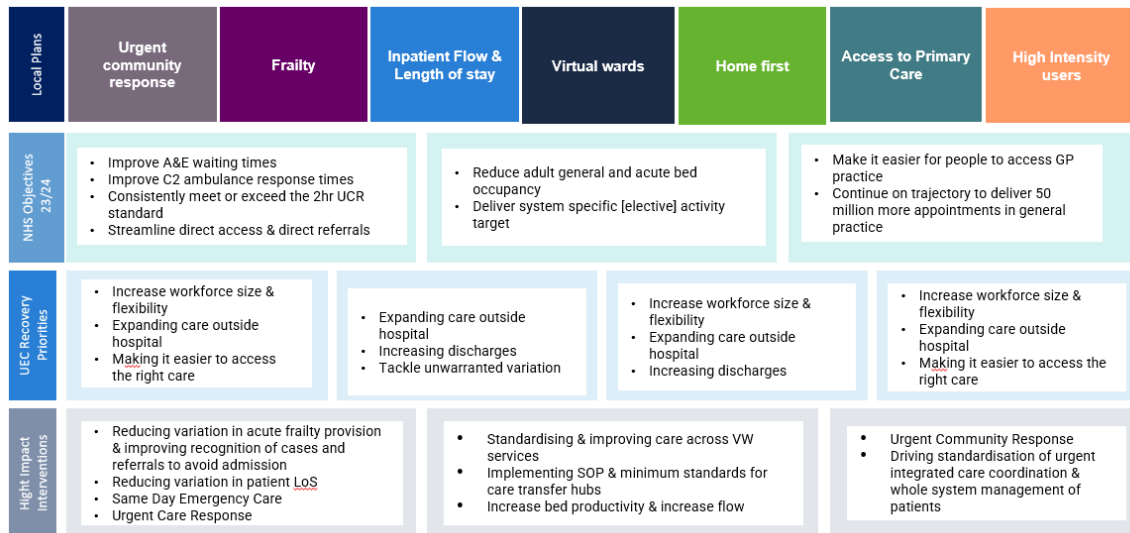
- Delivery of high impact priority interventions drawn from the national Urgent and Emergency Care (UEC) recovery plan which include
- Provision of same day emergency care (SDEC) 7 days a week.
- Provision of frailty services that support avoidance of unnecessary hospital admissions.
- Implementation of in hospital efficiencies to reduce variations in inpatient care and length of stay.
- Reducing variation in inpatient care and length of stay in community bed capacity including mental health.
- Supporting ongoing demand and capacity planning through improved use of data to improve access to intermediate care.
- Standardising and improving care across all virtual ward services.
- Providing a comprehensive urgent community response service that improves patient care in community, eases pressure on ambulance services, and avoids admission, and driving standardisation of care coordination in a single point of access for urgent community response services.
- Implementing a standard operating procedure and minimum standards for care transfer hubs supporting discharges from hospital and maximising access to community rehabilitation.
- Support roll out of acute respiratory infection hubs to provide same day urgent assessment and support system pressures.
- .
- Ensuring clear roles and responsibilities for each part of the system so that accountability for delivery is clear.

- Ensuring system level resilience to avoid systems becoming overwhelmed at times of peak demand.

4.2 It is anticipated that all interventions over winter should contribute towards the two key ambitions for UEC performance of:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24.

4.3 Following self-assessment of Cambridgeshire and Peterborough ICS' winter plan versus national requirements there is a high level of assurance that current plans meet these expectations with read across local programmes and national priorities shown in the table below:



4.4 There is one area of exception, where locally we are not expecting to meet the high impact interventions outlined in the national winter plans: Acute Respiratory Hubs (ARIs). Partners across the ICS are still in discussion as to the value of delivering this intervention as per the guidance. From our experience in 22/23, there is not clear evidence that the hubs that were established were well utilised, nor did respiratory illness present as a specific unmitigated capacity issue in our services. While there may be value in pursuing how ARIs are a vehicle for delivering more integrated respiratory care in future, this requires planning and assessment of needs across our population to determine the right models and locations of care. In the event of significant demand pressure, there is the ability to stand up surge capacity using the processes and pathways established in 22/23.

4.5 In order to effectively oversee and manage daily operational risks, the Integrated Care Board led System Coordination Centre (SCC) will continue to operate 7 days a week during winter. The Cambridgeshire and Peterborough SCC is held as an example of best practice by region, and it has proven to be a successful mechanism to oversee and support patient flow, as well as the wider system escalation frameworks in place.

5. ASSURANCE REVIEW AND RISKS

5.1 Not all risks will be fully mitigated as we head into the winter period. The current national context for the NHS is challenged, and when considering ICB responsibilities in preparedness for winter, while there is work underway in all areas, there are four key areas of risk:

- Workforce
- Mental health
- Primary care
- Elective recovery

Industrial action has not been identified as a standalone risk though it is significant in its impact across all areas.

5.2 For workforce, while there is considerable activity underway, there is a residual concern that organisations are not sufficiently able to meet demands during the winter period, not least due to industrial action and the impact of this on staff morale and availability. Sickness absence has been improving across Cambridgeshire and Peterborough, but we continue to see significant vacancy rates in some key services and utilisation of bank and agency.

5.3 While there have been changes in mental health service provision for urgent needs in the last 12 months, there is still a need for additional urgent mental health capacity to ensure that patients requiring this support are able to access the right services, as opposed to an Emergency Department. Working with Cambridgeshire and Peterborough NHS FT (CPFT), our acute providers, primary care, and voluntary and community sector organisations, we need to consider

learning from elsewhere and re-assess the opportunities we have ahead of winter to establish additional capacity to support mental health urgent demand.

- 5.4 The national primary care recovery plan sets out several expectations for systems to deliver, some ahead of and during winter to meet surge demand. Primary Care Networks (PCNs) have been developing their plans for submission at the end of August so at this present time, plans are being assessed to understand specific pressure points, risks, and potential mitigations available. There will be further development of our approach to primary care, in its broadest sense, through October and November.
- 5.5 Maintaining elective activity through winter is always challenging with UEC pressures often taking priority on inpatient capacity and increased staff absence resulting in short notice cancellations. All providers have phased their 23/24 activity plans accordingly and additional capacity is expected to come online by December, such as the opening of the new theatres at Hinchingbrooke Hospital. However, the impact of industrial action (IA) has not been considered in 23/24 plans, as per national guidance, and as experienced year to date, managing ongoing strikes is having a significant impact on overall elective delivery. Work is ongoing to model the impact of continuous periods of IA through to end March 24. Additional mitigations will need to be implemented over the coming months.
- 5.6 Ongoing discussions and preparedness work on the risk areas outlined above will continue to take place, recognising the extent to which short term interventions can positively impact on access and quality and ensuring appropriate risk oversight and escalation processes are in place to address gaps in our assurance.
- 5.7 All providers within the ICS have completed their own local surge plans, which are complimentary to the system wide winter plan. Check and challenge of individual plans took place at September's ICS unplanned care board (UCB) to assure ourselves that we collectively have the right actions, processes, and capacity in place to meet population demand.

6. BACKGROUND DOCUMENTS

- 6.1 6.1 NHSE Winter Plan 2023/24 guidance
- 6.2 6.2 Cambridgeshire and Peterborough ICS 2023/24 Winter Plan
NHSE guidance [NHS England » Winter Plan – 2023/24](#)

7. APPENDICES

- 7.1 Appendix 1 - Cambridgeshire and Peterborough ICS 2023/24 Winter Plan

Cambridgeshire and Peterborough Winter Plan 2023/24

September 2023



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8	Urgent Community Response	16	Surge & Escalation	37	Appendix 1: Performance Score Card
9	Frailty	21	Workforce	39	Appendix 2: System Risks
10	Inpatient Flow & LoS	25	Community Pharmacy & Prescribing	41	Appendix 3: Highlight Report Template



Introduction

There has been significant investment in Cambridgeshire and Peterborough services over the past year, facilitated in large by the new Capacity and Demand funding introduced in winter 22/23. The additional investment in capacity was accompanied by significant collective efforts from system partner organisations across health and social care, resulting in substantial progress and improvement in performance particularly:

- ✓ Cat 2 ambulance response times
- ✓ Average ambulance handover times
- ✓ Urgent community response
- ✓ A&E attendances
- ✓ A&E 4-hour performance
- ✓ Non-Elective admissions

UEC activity is below plan across all providers with non-elective activity below plan and below the same period in 22/23. Nevertheless, some challenges remain as a result of both historical and newly emerging risks. As of July this year, our G&A average bed occupancy is 0.3% above plan, zero day Length of Stay (LoS) is below plan at 27.6% against a 40% target, non-elective average LoS remains higher than the system ambition at 6.37 days and the number of patients in hospitals not meeting criteria to reside has seen a slight increase from the previous months.

A number of factors will undoubtedly increase the challenge faced by all system providers this winter; these include:

- Reduced staffing levels and ongoing recruitment challenges
- Impact of sustained periods of Industrial Action on activity and staff
- Scheduled care waiting lists and the impact of delayed and postponed care on patients
- Increases in population, particularly the ageing population
- Opportunities yet to fully realise offered by better integration across acute and community services



Looking back: Learning from last winter

What worked well?



Planning and processes

- Building shared vision and objectives
- Evidence base and data driven
- Relationships, values and behaviours



System coordination and continuous learning

- Clear and transparent decision-making processes
- Robust shared governance to engender peer accountability
- Flexibility and learning approaches – PDSA methodology



Targeted and collective interventions

- System first, person centered outcomes
- Coordinated interventions across pathways
- Bold decisions to drive integration

Last winter three areas were highlighted as critical to making a difference on the level of operational “grip” and responsiveness demonstrated during the winter months, even when confronted with new challenges posed by consecutive periods of Industrial Action and their impact on system providers, alongside the anticipated seasonal surges in demand for health and care services.

Of particular importance were our approach to system prioritisation and simplification of key objectives; the establishment of processes that allowed for ongoing coordination of delivery, monitoring of impact and continuous learning; and the commitment from system Executive leaders to adopt open and transparent decision making in agreeing priorities for investment, whilst balancing risk across the system.

Based on the success of this approach, the same processes were applied to the later selection and approval of investment of any additional funding for 23/24 to continue to support successful winter projects from April 23 onwards.

Our winter plan for 23/24 is based on the unplanned care and primary care investment priorities and improvement plans agreed at the beginning of this financial year. This is in recognition that whilst winter may require some additional preparedness to support our collective response to seasonal surges in demand, we must also remain focused in delivering the 23/24 priorities agreed across the system to improve quality of care for our population.



Priority Areas

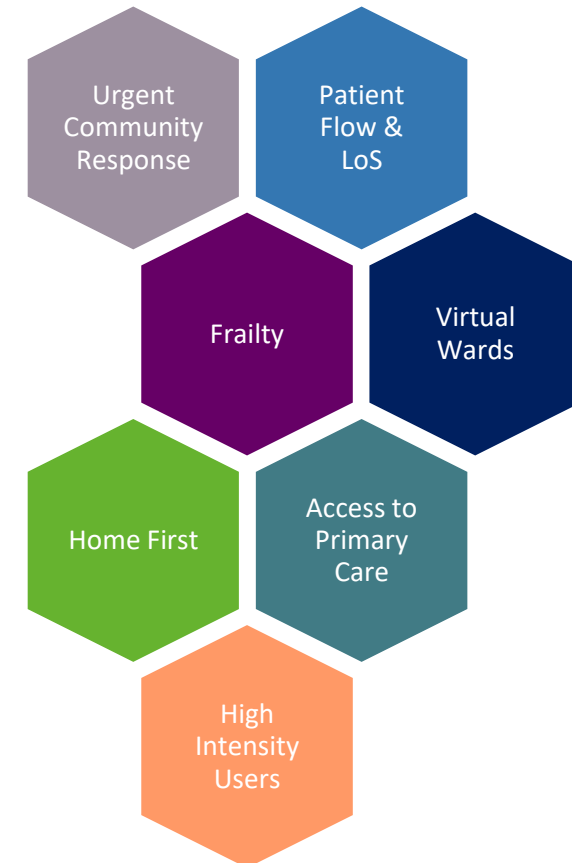
Our seven priority areas have been selected in order to:

- ❑ Implement bespoke local action plans focused on improving UEC performance (and/or sustaining improvements already achieved), and alleviating seasonal winter pressures
- ❑ Deliver against national and regional expectations including winter guidance as published by NHSE on 4th August 2023
- ❑ Maximise opportunities to enhance admission avoidance, patient flow and discharge from hospital and community interim care settings during the winter period
- ❑ Continue the implementation of initiatives agreed and supported in April as part of our 23/24 planning cycle

As part of the delivery of local action plans in these seven priority areas, the Cambridgeshire and Peterborough Unplanned Care Board (UCB) will:

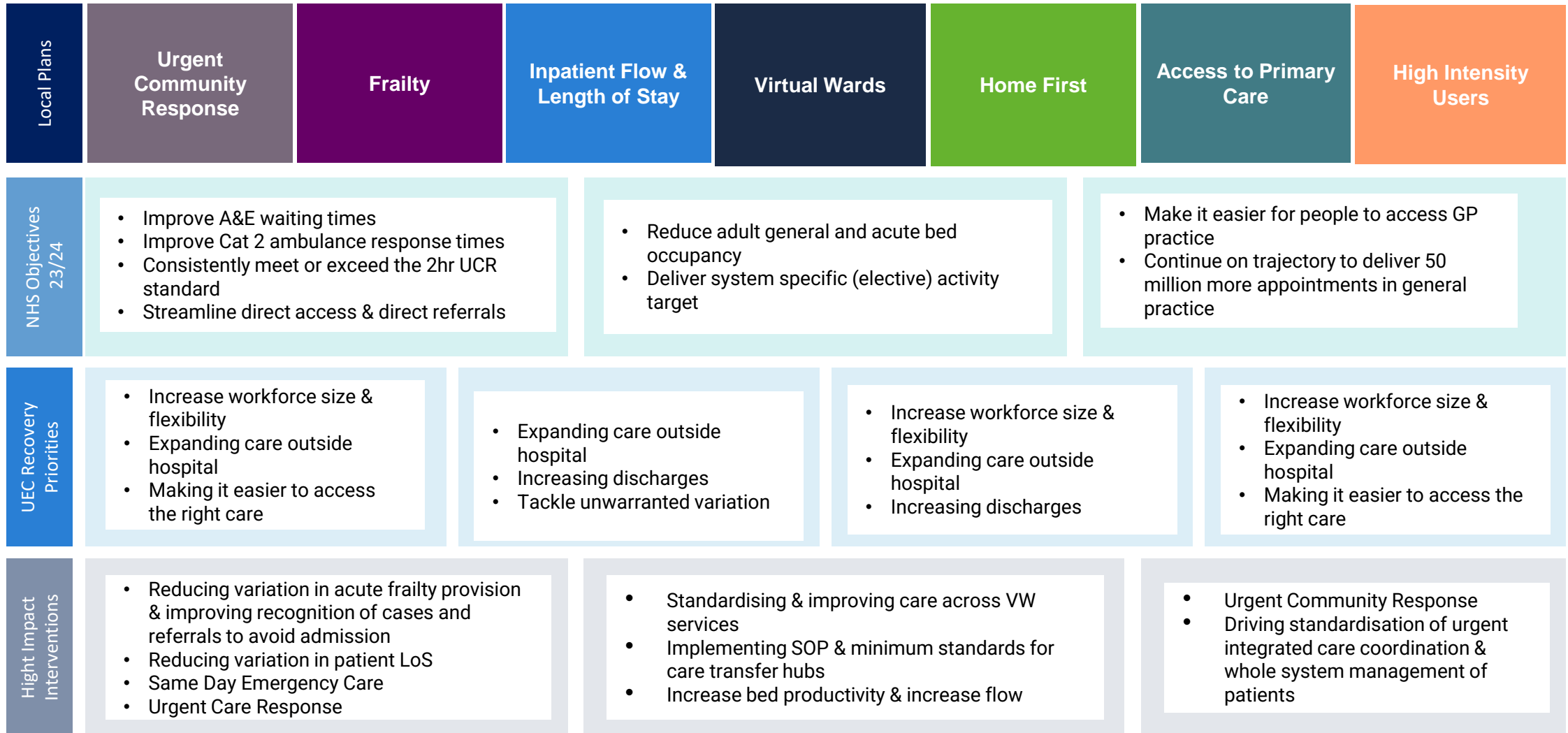
- ✓ Keep oversight on spend of capacity and demand funding so that local governance structures can develop and agree initiatives to respond rapidly to newly emerging challenges during winter
- ✓ Ensure a discrete number of key metrics are set up for each plan and updates provided to UCB meetings to oversee progress against delivery
- ✓ Ensure winter initiatives are also supporting longer term objectives as set out in the C&P Operational Plan and Joint Forward Plan respectively
- ✓ Ensure inclusive governance structures and implementation teams are in place to drive implementation, performance and responses to new operational challenges as they emerge over the winter period

Local Priority Areas for Winter





Alignment of local priorities and national objectives





Action Plans



Urgent Community Response

Exec Sponsor / SRO

Stacie Coburn/Kate Hopcraft

Programme Lead

Paula Merrell

ICS

Winter 23/24 Deliverables

	Completed By	Lead
Direct access to ambulance stack by UCR services (pilot & embed)	August 23	EEAST
Improve integration of services across UCR operating a trusted assessor model and reducing hand offs between teams	October 23	ICB
Open pathway direct referrals from 111 & care homes to CB4C service	November 23	ICB
Review of current offer against 9 UCR pathways, identify gaps and solutions for winter	November 23	ICB
Ensure direct Cb4C / SDEC pathways in advance of winter	October 23	Acutes / GPN
Evolution of current UCR offer into a clinically led Integrated Community Hub	December 23	PCNs /EEAST

Risks

1. Buy in from system partners to implement trusted assessor model
2. Activity through UCR services is not true admission avoidance
3. New referral pathways overwhelm service with non-urgent requests

Mitigations

1. Develop MOU for each organisation to sign / commit to before go live
2. Regular audits of activity and weekly monitoring of operational metrics
3. Wide communication to ensure services understand nature of UCR versus scheduled care and regular reviews of appropriateness of referrals

Ambition

To develop a comprehensive urgent community response across C&P seven days a week that enables the system to respond within the national 2hr standard

Programme Metrics

Average utilisation (as % of total capacity)	85%
2hr UCR response time	70%
Patients resulting in non-conveyance (%)	TBC

UEC metrics supported

- Delivery of 76% target A&E waiting times 4hr standard
- 2hr UCR response time (70% national target)
- Cat 2 Ambulance response time (30 min target)



Frailty

57

Exec Sponsor / SRO		Harvey McEnroe / Kate Hopcraft		Programme Lead		Sara Rodriguez- Jimenez		ICS																			
Winter 23/24 Deliverables						Risks																					
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Develop and implement integrated care pathways that deliver safe, effective, patient centred care and reduces variation in healthcare.			<table border="1"> <tr> <td>Emergency admission rate >65 falls</td> <td>reduction</td> </tr> <tr> <td>Permanent admission rate to care homes</td> <td>reduction</td> </tr> <tr> <td>Patient and carer experience of services</td> <td>improve</td> </tr> </table>			Emergency admission rate >65 falls	reduction	Permanent admission rate to care homes	reduction	Patient and carer experience of services	improve	<ul style="list-style-type: none"> • Delivery of 76% target A&E waiting times 4 hr standard • Reduction in G&A bed occupancy to 92% • Delivery of 70% target 2hr UCR response time 															
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Inpatient Flow & Length of Stay (LoS)

Exec Sponsor / SRO

Harvey McEnroe /
Stacie Coburn

Programme Lead

Paula Merrell

Acutes

Winter 23/24 Deliverables

	Completed By	Lead
Process audits at CUH, NWAFT, CPFT inpatient beds against best practice (IPS, full capacity protocols, CTA principles, SAFER / Red to Green, criteria led discharge)	Oct 23	ICB / Acutes/ CPFT
Recommendations from audits drafted into improvement plan per site	Nov 23	ICB / Acutes / CPFT
Review cardiology pathway (CUH / RPH) to identify gaps and opportunities to improve flow and LoS across C&P	Nov / Dec 23	ICB/CUH / RPH
Review dementia / delirium pathway to identify gaps and opportunities to improve flow and LoS across C&P	Nov/ Dec 23	ICB / NWAFT

Risks

1. Workforce capacity / skill in discharge planning
2. Clinical buy in into process changes
3. Assumptions on benefits realisation do not materialise as expected

Mitigations

1. Revisit “basics” of discharge planning across wards / disciplines
2. Engagement with Medical / Nursing Directors in each organisation
3. Establish steering group to oversee progress against delivery monthly

Ambition

Reduce overall length of stay (LoS) within inpatient settings focusing primarily on non elective LoS (medicine) in acutes, LoS in community non mental health inpatient beds (IPR), and LoS in pathways with variations in performance (i.e. cardiology)

Programme Metrics

Reduction in LoS	0.5 day
Daily total discharges (PO)	TBC
Discharges before midday (%)	TBC

UEC metrics supported

- Delivery of 76% target A&E waiting times 4 hr standard
- Reduction in G&A bed occupancy to 92%
- Reduction in LoS



Virtual Wards

Exec Sponsor / SRO

John Rooke

Programme Lead

Rob Murphy

ICS

Winter 23/24 Deliverables

	Completed By	Lead
Recruit further capacity at CUH, NWAFT, RPH	Dec 23	North ICP
Both hubs have a VW for frailty, heart failure and respiratory and whilst CUH can offer technology to support 24hr monitoring, that needs to be in place in the north too	Nov 23	North ICP
Rationalise IV antibiotic provision and technology solutions across provision.	March 24	North ICP
Maximum capacity (164 beds) achieved across C&P	Nov 23	North ICP
Achieve 80% occupancy of 164 beds.	Nov 23	North ICP
Working across the system, review the implementation of paediatric and MSK pathways	Mar 24	North ICP

Risks

1. Ability to recruit staff into proposed bed capacity
2. Clinical buy-in into model and confidence in the service
3. Assumptions on benefits realisation do not materialise as expected

Mitigations

1. Working with ICB workforce lead. Filling shifts from bank if necessary
2. Robust and regular communication with all clinicians regarding VW
3. Monthly reporting being led by ICB including support with evaluation

Ambition

Deliver an alternative home based care option for those who are frail, elderly or with specific conditions who become unwell and would normally be spending [longer] time in hospital.

Programme Metrics

Total VW capacity achieved	164 beds
Occupancy rate in VWs	80%
Average LoS in VWs	<7 days not including IV's

UEC metrics supported

- Delivery of 76% target A&E waiting times 4hr standard
- Reduction in G&A bed occupancy to 92%
- Reduction in LoS



Home First

60

Exec Sponsor / SRO		Heather Noble		Programme Lead		Sabina Fitton		ICS	
Winter 23/24 Deliverables					Completed By	Lead	Risks		
Implement and embed Online PTL supported by all system partners (pre-Digital solution)					October '23	LA/CPFT	<ol style="list-style-type: none"> Staff shortages - Workforce levels required to deliver timely and safe PW1-3 transfers of care Commissioned service capacity – in particular PW2 and lack of D2A 		
Implement Trusted Referrer model at CUH Trust wide					October '23	CUHFT			
Commence Trusted Referrer Pilot at NWAFT & agree roll out plan					November '23	NWAFT	Mitigations <ol style="list-style-type: none"> Daily reviews of workforce gaps to maintain service delivery with TOCH oversight and escalations Review of commissioned and available capacity (PW2 being the priority) and development of D2A model 		
Development and implementation of C&P & Out of Area Escalation Processes					October '23	North ICP			
Evaluate Triage and Assessment provisions and agree a plan to mitigate any identified gaps					October '23	LA/CPFT			
Existing private cars held under ICB to transfer to CPFT (PW1)					October '23	CPFT			
Development of the new Discharge Notification form / CPFT trial					December '23	CPFT			
Development of new process for Restart and Returns					December '23	CUHFT			
Analyse PW2 Capacity and Demand (HI beds, Spot Purchase & IPR) and agree mitigations					October '23	ICB			
Delivery of a Single Point of Access supported by VCS network					October '23	ICB			
Ambition			Programme Metrics			UEC metrics supported			
Helping people to receive the right care, in the right place, at the right time, returning home whenever possible.			Number of Discharge Ready pts on Complex PTL		No's to be agreed at Trust level	<ul style="list-style-type: none"> Delivery of 76% target A&E waiting times 4hr standard Reduction in G&A bed occupancy to 92% Reduction in LoS 			
			Number of Discharge Ready pts on Complex PTL (RAG rated as Red & Amber)						



Access to Primary Care (General Practice and Community Pharmacy)

Exec Sponsor / SRO	Nicci Briggs	Programme Lead	Dawn Jones		Primary Care												
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High Intensity Use of Services

Exec Sponsor / SRO	Louis Kamfer	Programme Lead	Jonathan Bartram	Place																								
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<p>Ambition</p> <p>Deliver a proactive and personalised approach to addressing high or increasing use of services by exploring opportunities for care and support through pathway transformation and personalised care approaches.</p>		<p>Programme Metrics</p> <table border="1"> <tbody> <tr> <td>No's identified (T1 & T2)& offered & accepted a personalised care plan</td> <td>TBC</td> </tr> <tr> <td>Decrease in AE attends and NEL admissions in the selected cohorts</td> <td>40% reduction</td> </tr> <tr> <td>Increase QoL measured by EQ5D tool (or similar) in the selected cohort</td> <td>TBC</td> </tr> </tbody> </table>		No's identified (T1 & T2)& offered & accepted a personalised care plan	TBC	Decrease in AE attends and NEL admissions in the selected cohorts	40% reduction	Increase QoL measured by EQ5D tool (or similar) in the selected cohort	TBC	<p>UEC metrics supported</p> <ul style="list-style-type: none"> • Delivery of 76% target A&E waiting times 4 hr standard • Reduction in G&A bed occupancy to 92% 																		
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Surge & Escalation



Overview



The ICS completed last winter a full review of the system escalation framework resulting in a new protocol that focuses on the proactive management of daily operational risks. This framework has underpinned the operations of the SCC to date and will continue to operate during this winter.

Demand and capacity modelling has also been completed with ECIST support to understand the bed / bed equivalent capacity the system is likely to require during winter taking into account possible reductions in LoS and other productivity gains.

Our approach to managing seasonal demand surges continues to centre around three key areas:

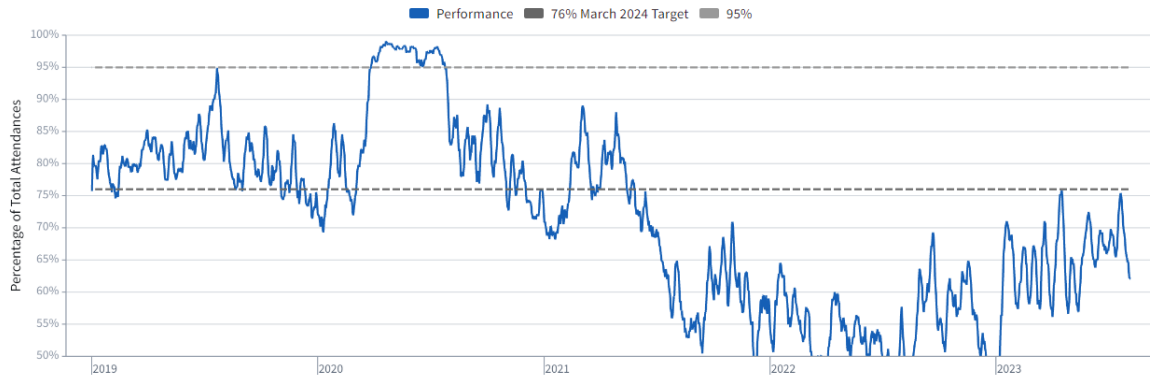
- **Surge Planning:**
 - Demand and capacity modelling carried out to ensure agreed capacity increases (beds and bed equivalents in acutes and community) meet anticipated winter pressure
 - Workforce planning for peaks in demand during winter
- **System Coordination and Escalation:**
 - Clear systemwide pathways and approach for the escalation of issues daily and development of robust contingency plans
 - A System Coordination Centre that meets the new national Minimal Viable Product standards
- **Seasonal Planning:**
 - Targeted plans for holiday periods such as Christmas and New Year to ensure continuity of key services



Anticipating Seasonal Demand Surges: Baseline Capacity



A&E Patients Seen Within 4 Hours: Percentage of Total Attendances (Rolling 7 Day Average)



We have secured significant investment in extended capacity – **2100 beds vs 2030 average in 22/23** (+20 more to come online)

We have also invested in primary and community services to keep people well in their own homes and manage demand for unplanned care services outside the hospital setting whenever clinically appropriate to do so:

- UCR
- Falls vehicle
- Wrap around care

We have invested in other alternatives to ED such as:

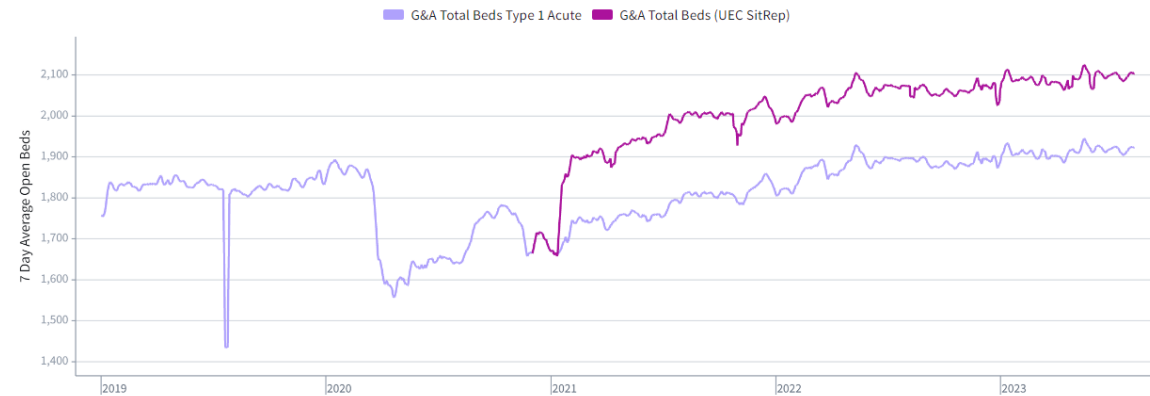
- Joint MH / police cars
- Same day emergency care
- Frailty unit

And additional investment has also been applied to discharge capacity and coordination:

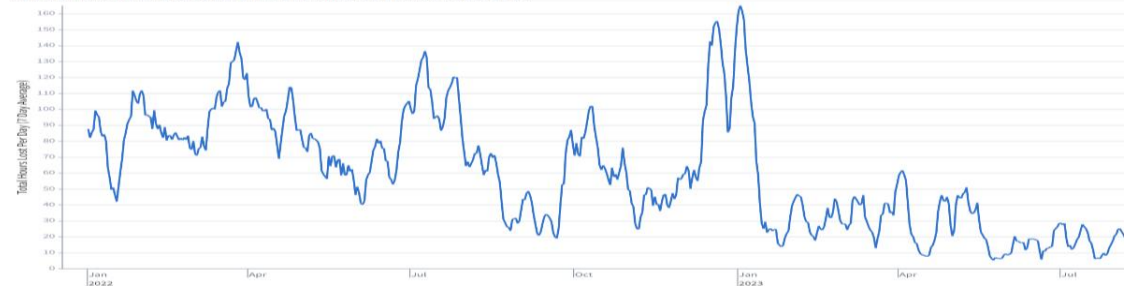
- Virtual wards
- Pathway 1 capacity
- Voluntary and community sector single point of access

65

Total Open Beds 7 Day Average



Ambulance: Hours Lost to Ambulance Handovers Per Day (7-Day Average)



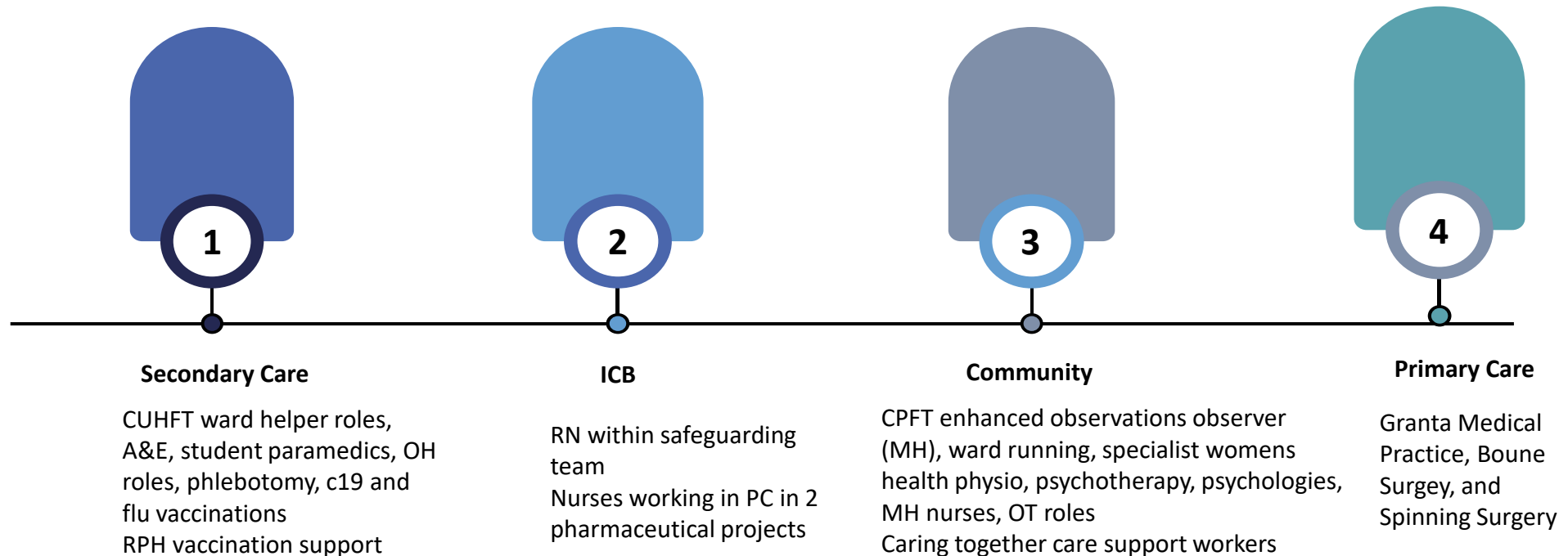


Anticipating Seasonal Demand Surges: NHS Reservists

The Reservist Programme is becoming an integral part of the temporary workforce support for C&P ICS. As part of our One Workforce and working in different ways ethos, providers will be supported to think creatively with managing surge in demand during winter and beyond. Whilst Reservists are an option within the temporary workforce arena, Reservists are not bank workers and cannot be utilised in the same manner. The key to the success of this programme is how organisations utilise Reservists in synergy with permanent and bank staff.

Our C&P target is to have 180 NHS Reservists actively engaged in deployments by March 2024 across providers.

Next phase Reservists deployment areas are:

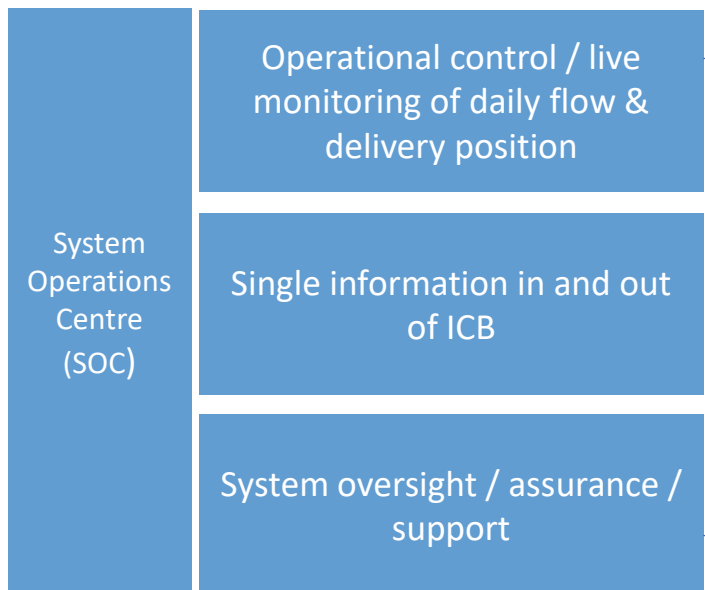




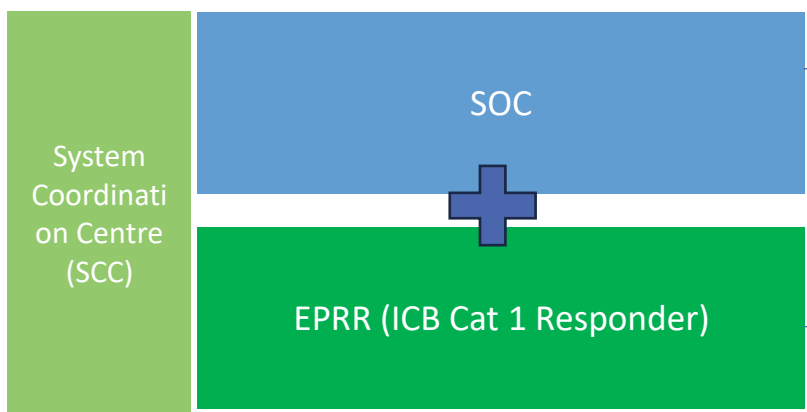
System Coordination and Escalation

67

Management of day to day business / grip and oversight of system

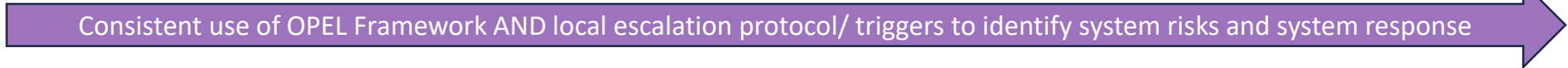


Integration of operational and EPRR escalations – including incident management (i.e. Industrial Action)



Director on call responsibility outside of core hours

Escalation to Senior champion / GOLD if/as required





Meeting the National SCC Minimum Viable Product (MVP)

	Purpose	People	Process	Place
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<p>88</p> <p>Already in place</p>	<ul style="list-style-type: none"> Continually assess clinical risk through the Operating Pressure Escalation Level (OPEL) framework whilst co-ordinating an integrated system response Devolved accountability as an Incident Command Centre (ICC) Tactical coordination of unplanned interventions including ambulance response times & safety of emergency departments Tactical coordination of planned interventions Tactical coordination of flow (via ToCH) 	<ul style="list-style-type: none"> Staff to cover operations 24/7 (linked to on call) including daily senior SCC manager during operating hours (8am to 6pm) ICB Director on call / SRO support in hours and out of hours for appropriate escalations Accountable Emergency Officer representing ICC at ICB Board supported by SRO for SCC SCC Operators Dedicated clinical leadership in hours and out of hours across system (ICB and providers) 	<ul style="list-style-type: none"> Single Point of Access mailbox to streamline communication within ICS and with NHSE Real time visibility of key data and information (Shrewd) and access to other relevant dashboards (ie EEAST and EMAS dashboards) Integration with EPRR Risk register in place and SOP for SCC SCC role and responsibilities embedded in local escalation framework 	<ul style="list-style-type: none"> Able to run a hybrid model with dedicated physical locations and ability to operate effectively remotely if/as required
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<p>In place by October 23</p>	<p>NA</p>	<p>NA</p>	<ul style="list-style-type: none"> ICS “huddles” – fortnightly operational system meetings (led by SCC) to review emerging themes behind operational pressures and actions to mitigate them SCC mandate in enacting escalation of Acute provider full capacity protocols 	<p>NA</p>
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Workforce



The Challenge

At a time of increased demand for services, our health and social care workforce has been put under considerable strain and as a result we continue to experience challenges with recruiting and retaining to key roles across the system. This places further strain on services. The impact has also been felt on the independent sector, both care home and domiciliary care provider markets, adding further pressure and limiting our collective ability to provide care packages for people with complex care needs to leave hospital. Pressure has been rising during recent months and the priorities for this winter are a mixture of those intended to mitigate against the current and forecast pressures felt across health and social care systems over winter and others that will have medium or longer-term value, achieving more sustainable services for the future. This will provide a foundation on which to further develop recovery plans into the coming year and beyond.

70

NHSE feedback from the last Operational Workforce return for Cambridge & Peterborough (CP) indicates that productivity remains a system challenge, the Office for National Statistics sub divides this into three 3 areas:

1. Lack of capacity in our system
2. Composition of staff – more staff new into roles and more experienced workforce leaving/retiring
3. Lack of leaders/managers in our system combined with ineffective work cultures



Key actions in response to workforce challenges

Leadership

- Ensure visible senior champion for health and well being working with system leadership to encourage and support employee led improvements, local initiatives on workforce, and integrate collaborative system culture
- Roll out Leadership Compact across system
- Maintain clear focus on talent management and create internal opportunities (e.g. Leading Beyond Boundaries)
- Embed continuous improvement approaches into ICS workforce strategies to keep priorities and actions under constant review

Recruitment

- Implement “Just R” passive recruitment targeted campaigns
- ARU project dedicated to recruitment, retention and education, learning and development as a multidisciplinary approach to address supply
- Pilot project with Breaking Barriers Innovation to address inequality and the NHS as an anchor organisation to draw talent from local communities
- Continue to support international recruitment providing strong onboarding and pastoral support
- Apprenticeship strategy with focus on new roles & collaborative work with Anglian Ruskin University
- Collaborative recruitment events for Health Care Support Worker roles across care, voluntary and health sectors

Retention

- Nursing workforce programme managers in place supporting the sustained investment and development of pastoral roles, promoting areas of best practice for retention of Health Care Support Workers and Newly Qualified Nurses
- Short term accommodation initiative, Homestay, rolled out following pilots including C&P
- Ensure best practice principles apply when managing clinical risk and utilising staff sharing arrangements and maximise collaborative banks
- Building of a critical mass of NHS Reservists to help demand surges
- Ensure shift rostering patterns take account of best practice on safe working and caring and provide flexibility to take account of constraints and other responsibilities staff may have
- Continue to work with HEI’s on retention plans of students within the ICS using a one system approach
- Utilise Careers Coach role and digital app to support existing international nursing workforce
- Continue implementation of Legacy Practitioner Model which includes:
 - Childrens Nursing – shared resource secondary care and VCS
 - Primary Care & Mental Health
 - AHP support combined with EEAST

Health and Well Being

- Supporting staff to stay safe from flu, covid 19, and respiratory illness through vaccination take up
- Ensuring staff have access to appropriate PPE
- Development and further expansion of Mental Health hubs in line with national guidance
- Ensure all staff have access to health and well being conversations and encourage them to access support
- Work on staff accommodation solutions

Equality, Diversity, and Inclusion

- Implementation of the Anti racism strategy
- Managers programme to develop cultural awareness and understanding
- Develop system wide networks with support & resources and develop a reciprocal mentoring programme
- Inclusive recruitment programme
- Ensure staff networks are engaged in policy development
- Promote Cultural ambassador training and update within employers

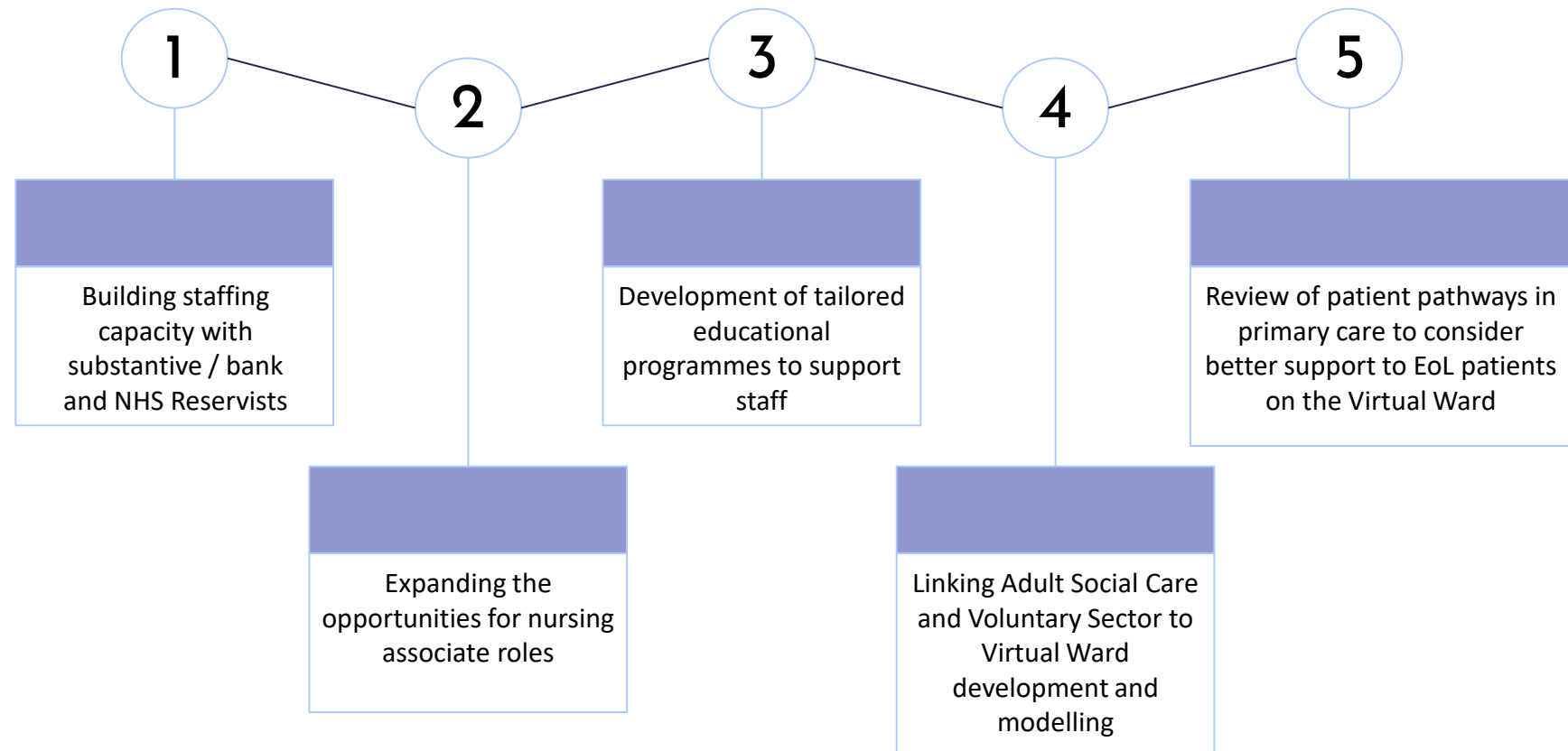


New Ways of Working Case Study: Virtual Wards

One of the critical factor for virtual wards to succeed and become a sustainable model of delivering care in the longer term, is ensuring staffing is properly planned for. There is a severe workforce and skills shortage in the NHS which impacts on the system's ability to deliver the full ambition on virtual wards.

Our staffing plan for virtual wards includes several key steps to provide both permanent and secondment-based opportunities for clinical staff (including from social, community, voluntary sector, and primary care) as shown in these five points. This will help reinforce the role of virtual wards as a permanent service which can offer real benefits to career development.

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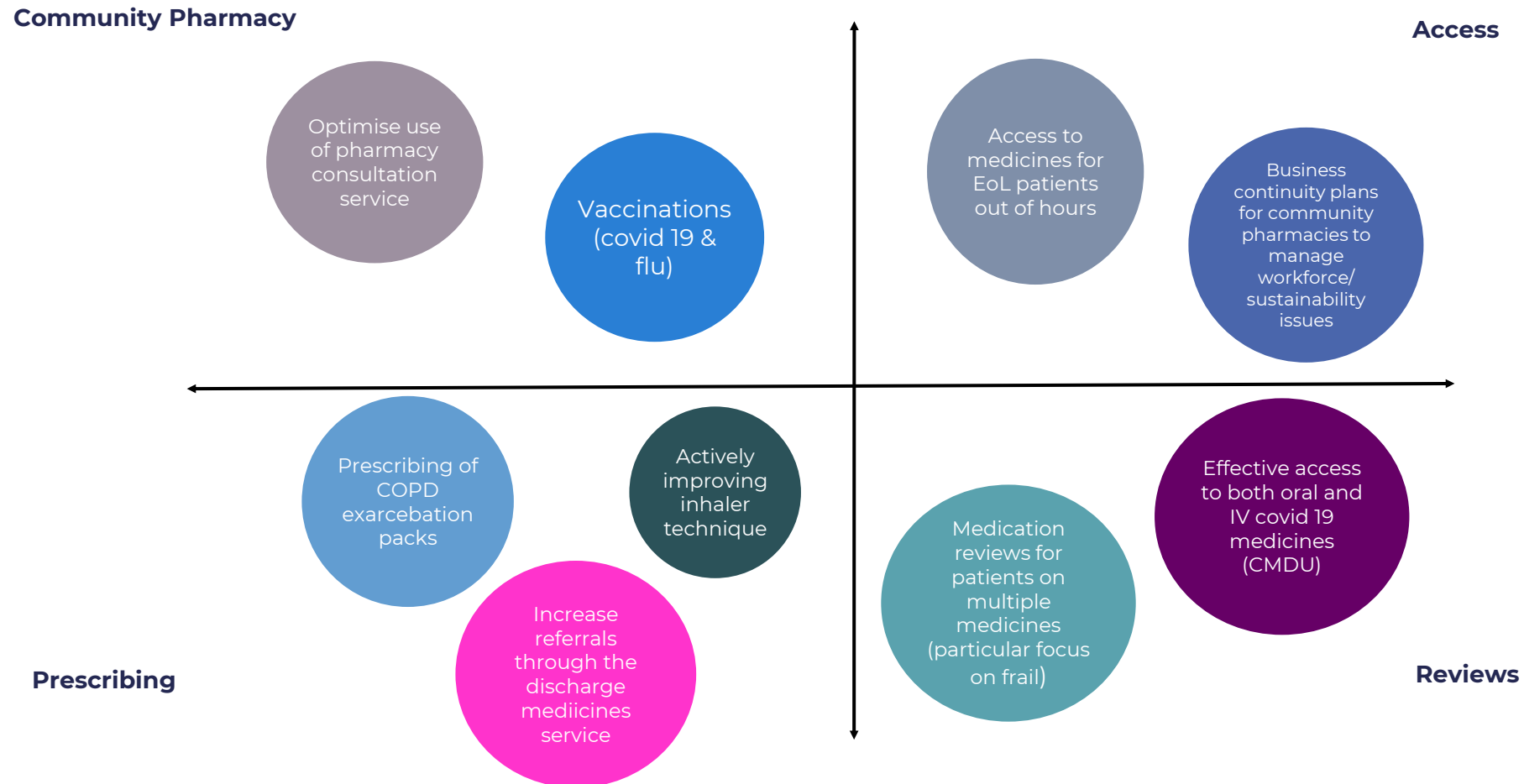
Community Pharmacy and Prescribing





Targeted interventions

There are interventions spanning across prescribing and pharmacy services where early preparation could help reduce pressure on our system during the winter months. Below are the key actions that will be implemented in C&P as they could potentially have a significant impact in supporting patients and reducing the risk of unnecessary trips to A&E or use of urgent care services.



Mental Health





Targeted interventions

Crisis Mental Health

- Meet CORE24 requirements for Hinchingsbrooke Hospital
- Reduce inappropriate out of area placements
- Reduce LoS and delayed discharges in inpatient MH beds
- Right Care, Right Person: replace referrals to police with action by the most appropriate agency

Community Mental Health

- Increase annual health check update and support for serious mental health illness cohort
- Expand GP capacity through MH primary care additional roles
- Complete review of services to highlight waiting times and prioritise long waiting list services for recovery action

Specialist Services

- Increase dementia diagnosis, extend DIADEM programme, increase MAS, increase CVSE pre/post diagnosis support
- Profiling local MH and well being needs using metrics of prevalence, risk and protective factors and care provision

Learning Disability & Autism

- Increase health check uptake in C&P and increase health action plan completion
- Review of equity of s75 agreement and service provision across C&P
- Review of accessibility of mainstream services for those with Autism only diagnosis

Planned Activity Recovery





Performance Highlights

Providers are continuing to focus on the elimination of 65 week wait breaches by the end of March 24. Good progress is being made by all providers and as a system we are below our 23/24 operational plan trajectory.

There is however a risk that the continuation of industrial action, beyond July will begin to impact on the long waiting position, as can be seen since April, the waits have been going in the wrong direction as activity is limited due to strike impact.

All three Trusts have seen a reduction in the 62-day backlog in June 2023. This has largely been driven by significant reductions in the urology backlog .

Acutes have weekly backlog trajectories in place that are monitored at the weekly escalation meetings with the Divisional Operational Manager chaired by the Deputy COO.

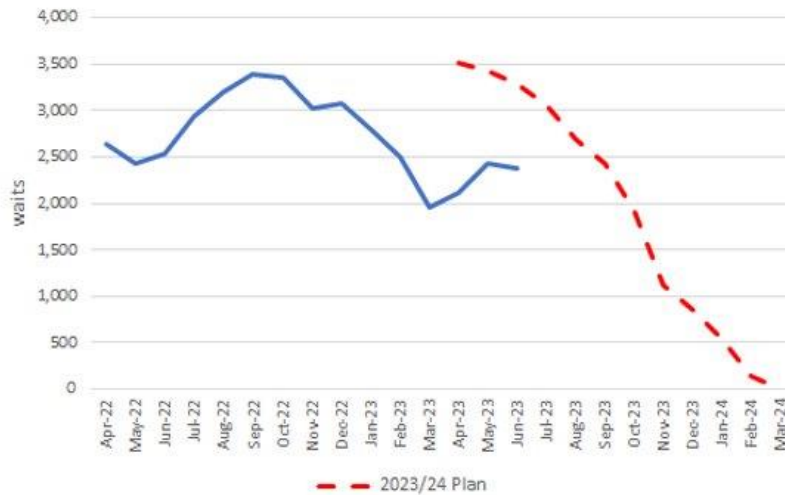
The volume of skin referrals has increased significantly at both CUHFT and NWAFT.

The 28 day FDS performance deteriorated in May 2023. The performance for CUHFT slightly improved compared to the previous month but this was offset by a much larger decrease for NWAFT from 66% to 55%.

Some teams face staffing challenges particularly at Consultant level. In addition, there has been an increase in 2WW referrals. The wait for first appointment increased to over three weeks which directly impacts the 28 day FDS.

78

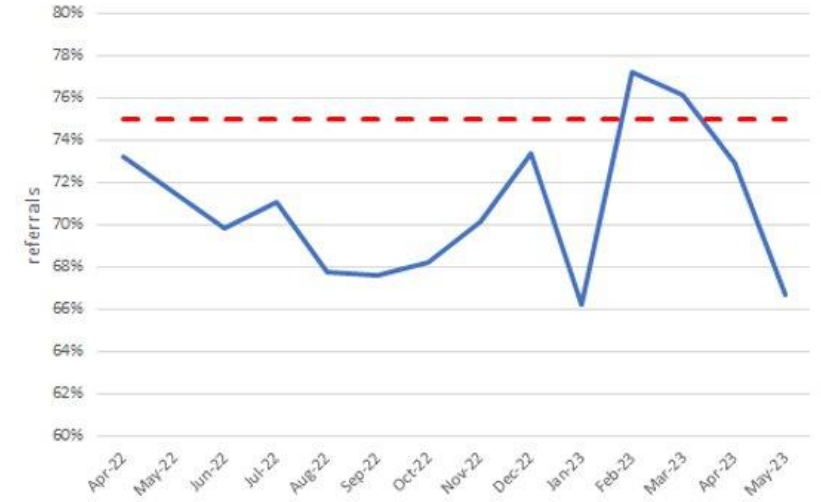
RTT 65 week waits



Cancer >62-day breaches



Cancer 2ww referral diagnostics within 28 days

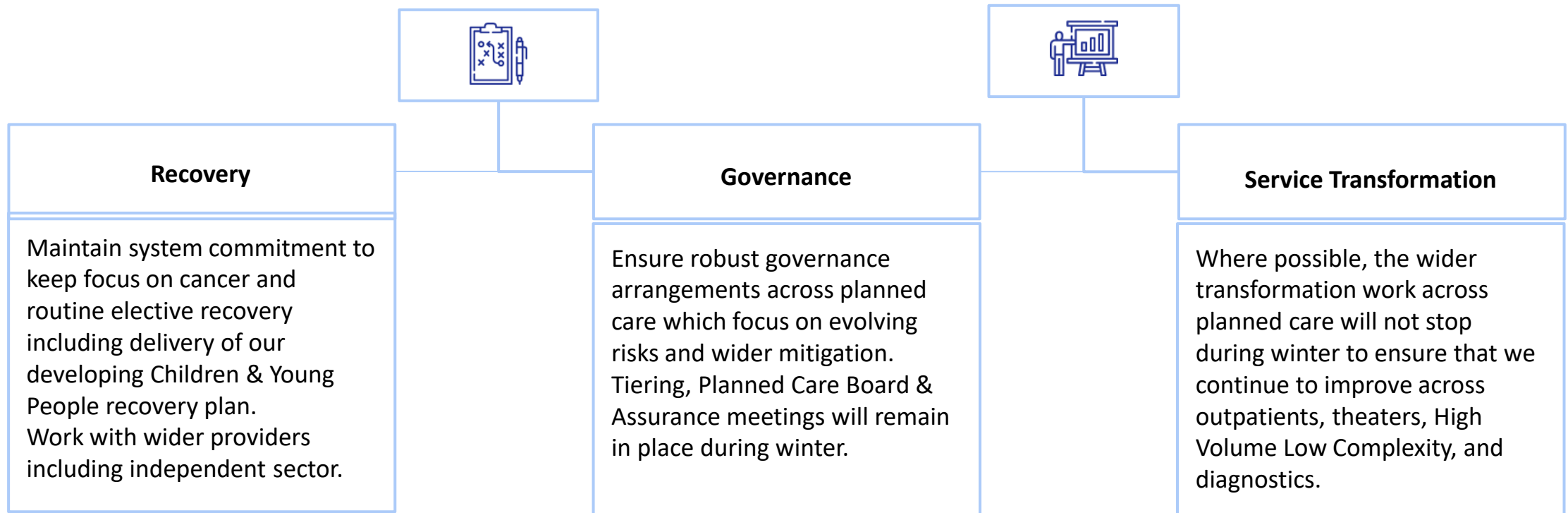




Winter Challenge

Maintaining electives through winter is always challenging with UEC pressures taking priority on inpatient capacity and increased staff absence resulting in short notice cancellations. All providers have phased their activity plans accordingly and as such, we do not expect any further changes to activity plans. However, the impact of Industrial Action (IA) has not been considered in 23/24 plans and as experienced year to date, managing ongoing strikes is having a significant impact on overall elective delivery. Work is ongoing to model the impact of continuous IAs (through to end March 24) on our overall waiting list position but even in the best-case scenario (no strikes beyond August), the ICS capacity to meet its planned waiting list number is significantly challenged. Nevertheless, system partners remain committed to sustain momentum by implementing the following:

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Communications



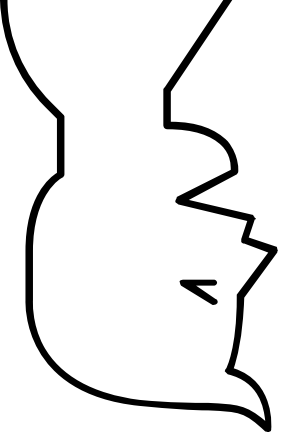


ICS communications teams help local people and communities access vital information about their health and care services, from where to get a winter vaccination to which service is the most appropriate for a given issue. The teams also protect the reputation of the ICS and ICB through reactive and proactive communications.

We have designed several proactive, targeted campaigns during winter to connect to specific audiences, encouraging them to take actions to better protect their own health and wellbeing and to ensure that people use the right service at the right time. These campaigns are data-driven, with clear evaluation mechanisms in place to consider their impact.

We will also promote significant winter projects throughout the colder months, to make local people aware of new services and initiatives that are part of the winter plan. This will help ensure that new initiatives are utilised effectively and will boost the public's confidence in local health and care services. We will also share news of these new initiatives and projects with stakeholders, including politicians, media and senior leaders within the ICS, so that they are aware of new approaches being taken to manage winter pressures.

This is a dynamic and ongoing process, coordinated by the ICB communications team with input from all system partners. Operational teams are encouraged to sustain engagement with communication teams throughout the winter to continue the promotion of projects that could help to support winter pressures and/or that we want local people to be aware of and engage with, via cpicb.comms@nhs.net



System Governance





Governance

The **ICB QFP Committee** has final sign off and decision making over systemwide investment and delivery of outcomes

ICB Quality, Finance & Performance Committee

The **Unplanned Care Board** sets the vision, oversees the UEC improvement programme, holds overall accountability for delivery, and makes decisions if/as needed to unblock issues and secure delivery

Unplanned Care Board

Home First Programme Board

Virtual Wards Programme Board

UCR Steering Group

Frailty Steering Group

Delivery Boards/ Steering Groups are responsible for:

- Ensuring programme / project goals are aligned with overall system vision and objectives
- Gather support from system partners and commitment to delivery
- Ensuring project meets its objectives, delivers expected outcomes and realises anticipated benefits
- Providing assurance and updates to Unplanned Care Board and escalating any risks as required

Appendices



Appendix 1: Performance Score Card



BALANCED SCORECARD

JUL 23

85

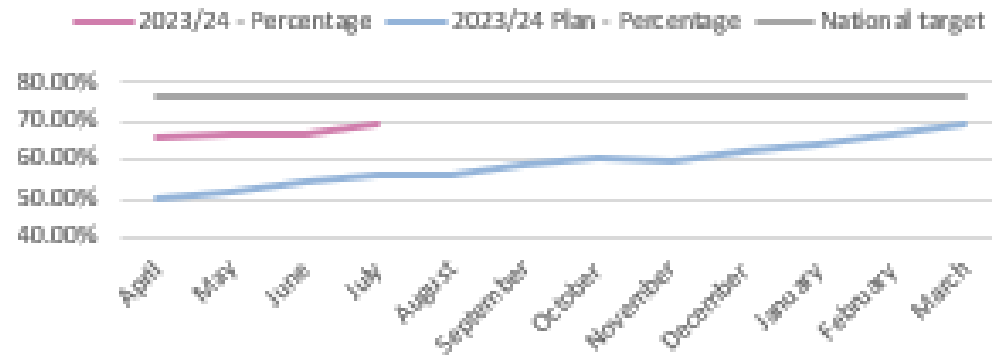
	ACTUAL	PLAN	MOM MOVEMENT	ON TRAJECTORY
C2 RESPONSE TIME	31M	30M	-3M	✓
AVERAGE HANDOVER TIME	25M	30M	-3M	✓
URGENT COMMUNITY RESPONSE <2 HOURS	83%	75%	+1%	✓
A&E ATTENDANCES	33,914	34,657	-74	✓
A&E FOUR HOUR PERFORMANCE	69.0%	68.3%	+2.4%	✓
G&A BED OCCUPANCY (23/24 AVG)	94.6%	94.3%	-0.3%	✗
ZERO DAY LENGTH OF STAY	27.6%	40%	+1.9%	✗
NON-ELECTIVE ADMISSIONS	9,112	9,272	-37	✓
NON-ELECTIVE LENGTH OF STAY (23/24 AVG)	6.37	5.80	-0.18	✗
NOT MEETING RESIDE CRITERIA (DAILY AVG)	302	258	-7	✗
VIRTUAL WARDS OCCUPANCY	76.1%	65.0%	+10.9%	✓

- ✗ C&P ICS IS ON TRAJECTORY FOR 7 OF 11 UNPLANNED CARE INDICATORS IN JULY AND COMPARED TO JUNE, IS SHOWING IMPROVEMENT ACROSS ALL 11.
- ✗ BED OCCUPANCY IS marginally ABOVE PLAN YEAR TO DATE BY 0.3% HOWEVER, THIS IS LINKED TO THE DELAY IN OPENING THE ADDITIONAL 20 BED MODULAR UNIT ON THE PCH SITE WHICH HAS NOW BEEN PUSHED BACK TO JAN 24.
- ✗ LENGTH OF STAY, BOTH <0 AND >1 DAY REMAIN ABOVE TRAJECTORY IN YEAR AND FULL YEAR FORECAST DESPITE MONTH-ON-MONTH IMPROVEMENT. LAUNCH OF LOS IMPROVEMENT PROGRAMME IN Q3 PLANNED.
- ✗ LOS FOR COMPLEX PATIENTS (PW1-3) AND LONG WAIT PATIENTS (+21 DAYS) IS REDUCING (-2.1% AND -2.6% RESPECTIVELY COMPARED TO JUN 23), HOWEVER THE NUMBER OF PATIENTS DISCHARGED ON PW0 IS AT 83% (JUN 23) WHICH IS 6% LOWER THAN BEST PRACTICE GUIDANCE AND 2% LOWER THAN EAST OF ENGLAND POSITION.
- ✗ PATIENTS NOT MEETING CRITERIA TO RESIDE IS REDUCING, DOWN FROM 379 TO 302 YEAR ON YEAR, WITH 57.4% OF DELAYS ATTRIBUTABLE TO PW1-3 AND 42.6% OF DELAYS ATTRIBUTABLE TO IN HOSPITAL PROCESSES. THE PROPORTION OF PATIENTS NMCTR BUT NOT DISCHARGED HAS ALSO FALLEN TO 35.5% IN JUN 23, COMPARED WITH 42.5% IN MAY 23 AND 47.5% IN JUN 22.

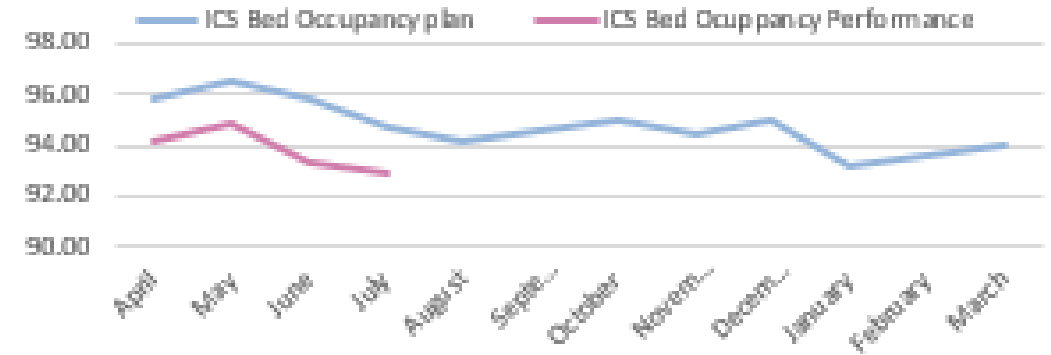


Performance versus Trajectories

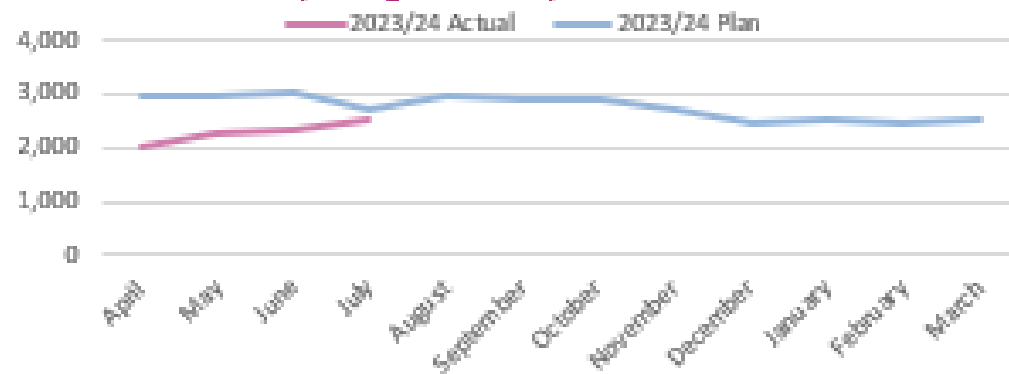
ICS A&E 4 Hour Performance v Plan



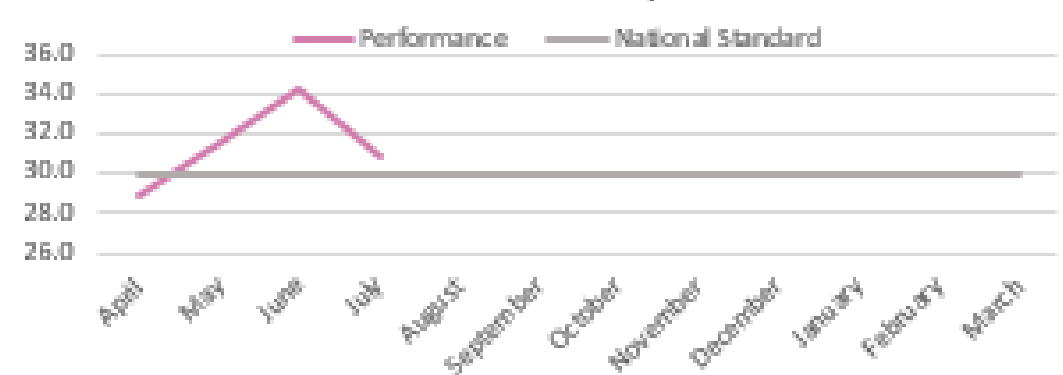
ICS Bed occupancy Performance v Plan



ICS - 0 day Length of Stay Performance v Plan



C2 mean Ambulance response time



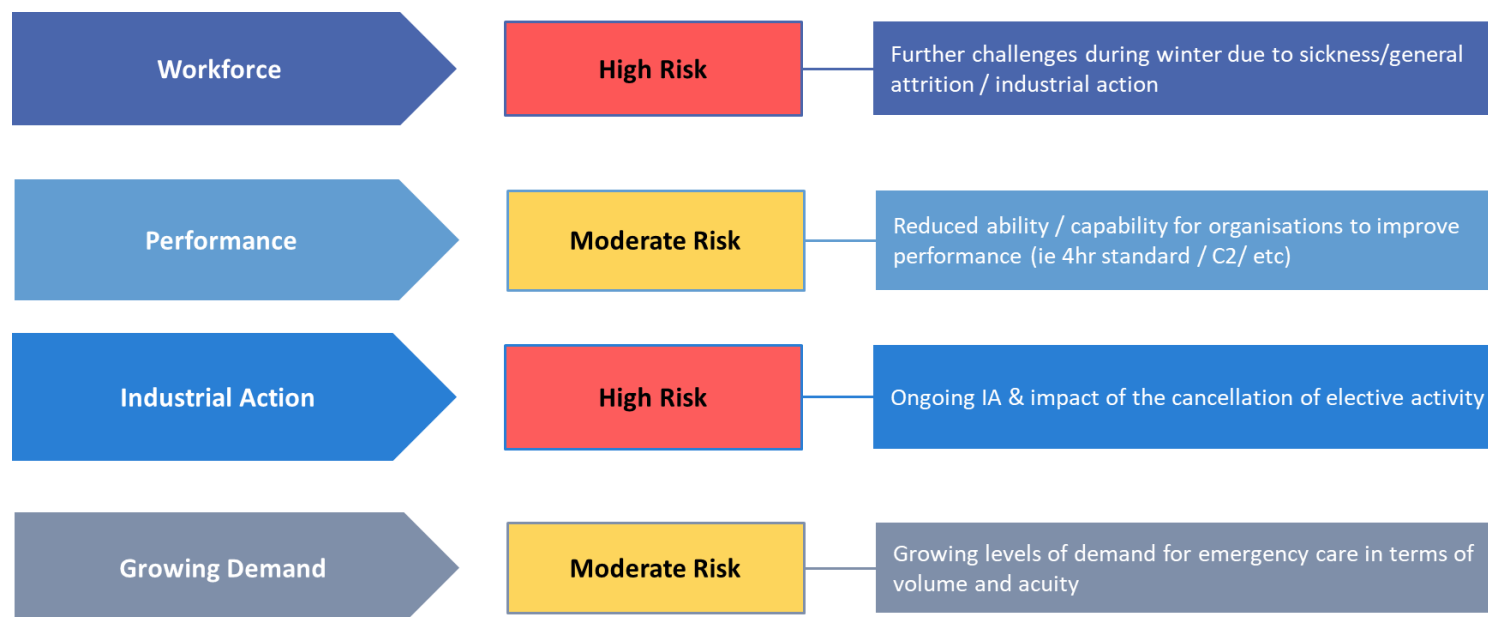


Appendix 2: System Risk

The actions in this plan set out how system partners are trying to mitigate unacceptable levels of patient risk particularly if continuing growing demand outstrips capacity under sustained pressure. Underlying this increase in risk is the challenge posed by a population whose profile is ageing and where the growth in patients with multiple comorbidities creates greater patient acuity.

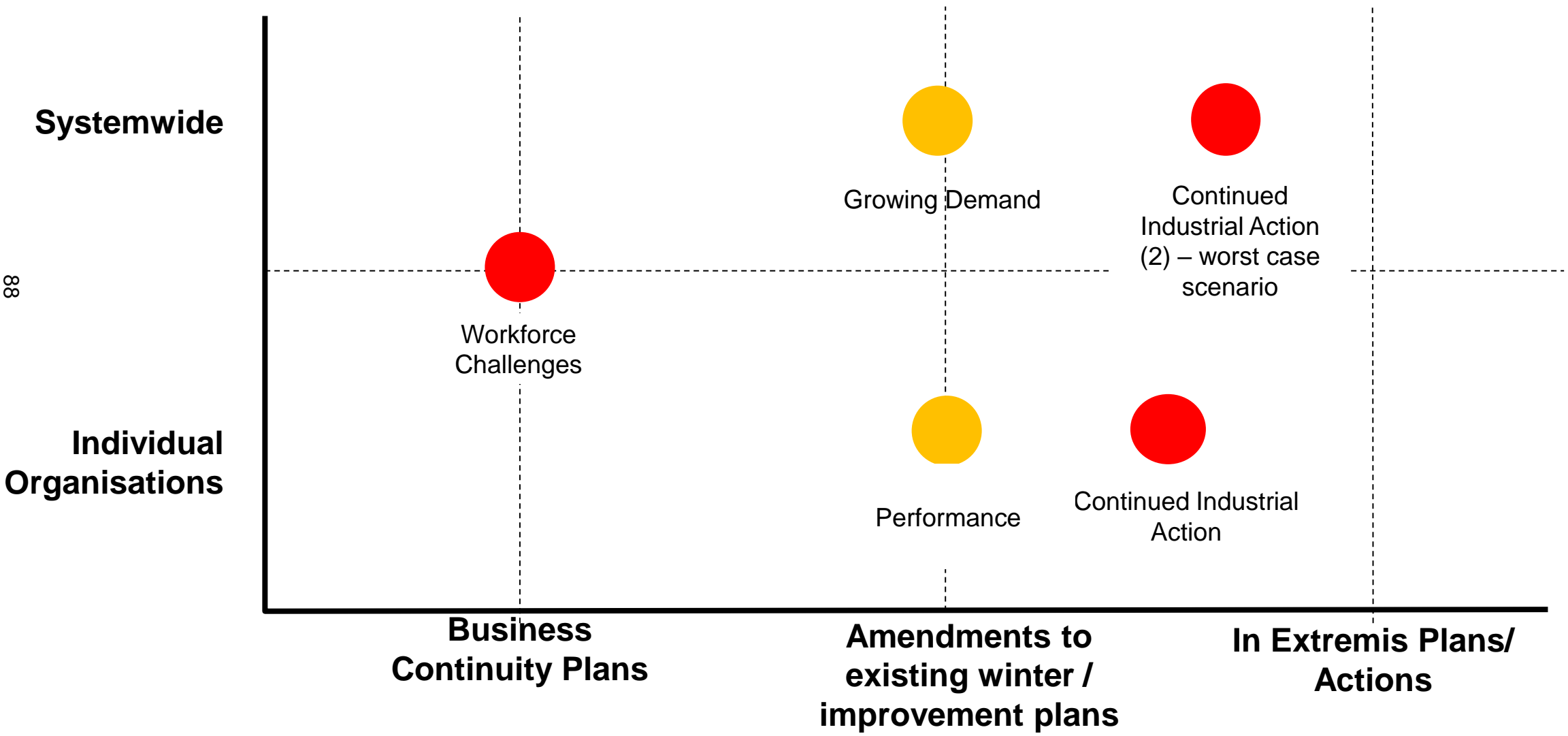
A lot of time and effort has been dedicated to improving our collective planning and anticipate challenges based on previous experiences to reduce the amount of time and resource spent on crisis management. However, notwithstanding system efforts, proactive planning, and additional investment across services to enhance our winter preparedness, there are still residual risks driven by wider factors that could, should the worst case scenario realise, have a significant impact on the ability of system partners to deliver safe and effective care.

It is worth noting that developments of lower impact in any of these residual risk areas might be addressed by individual organisations and or the system through the development and deployment of effective Business Continuity Plans, or amendments to existing delivery plans. System leaders will need to judge the severity of the challenge, and therefore the appropriate response required, exploring all avenues before resorting to in extremis actions.





System Response





Appendix 3: Monthly Highlight report EXAMPLE UCR

Period: 1 to 31st August 2023

NAME Exec SRO / SRO

NAME Programme Lead

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Area	Metric	National Target	Local Target	Performance	Trend	Comments
UCR	2hr UCR response time	70%	90%	TBC	TBC	TBC

Workstream Overall RAG

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ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No.8
7 NOVEMBER 2023	PUBLIC REPORT

Report of: Melissa Davies Director of Midwifery	Name of External Organisation: North West Anglia NHS Foundation Trust (NWAngliaFT)
Contact Officer(s):	Sheila M Murphy, sheila.murphy7@nhs.net

Midwifery Service

RECOMMENDATIONS
It is recommended that:
1. The Adults and Health Scrutiny Committee note and comment on the report.

1. ORIGIN OF REPORT

1.1 This report is submitted at the request of the Adults and Health Scrutiny Committee.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide a status report for the maternity service and midwifery workforce at NWAngliaFT.

(a) To provide an overview of the current maternity service including areas for progress and midwifery workforce

(b) To provide awareness of the Maternity Sustainability Plan which the maternity service has implemented as part of the exit from the Maternity Safety Support Programme

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 CQC Inspection

In April 2023 NWAngliaFT's maternity service was visited by the CQC, following which the inspection reports for Peterborough City Hospital (PCH) and Hinchingbrooke Hospital (HH) demonstrated an improved position to an overall rating of good.

PCH received eight 'should do' actions and HH received one 'must do' and seven 'should do' actions. All of which are contained within an action plan that is regularly monitored internally and through the Local Maternity and Neonatal System (LMNS)

4.2 Maternity Safety Support Programme (MSSP)

On the 29th of September 2023 the maternity service at NWAFT was visited by the MSSP team, regional maternity team and system colleagues to review the progress made by the service following entry onto the programme in February 2020.

Entry to the programme was triggered by the CQC inspection in 2019 and a maternity improvement advisor worked with the organisation to support identification of areas for improvement and development of actions to address these areas.

Following the visit on the 29th September 2023 the Trust was advised by the visiting teams that NWAngliaFT maternity service was in a position to exit the MSSP. This was based on the progress made by the maternity service, in addition to the review and approval of the Maternity Sustainability Plan (MSP) which is a fundamental aspect of the preparation for exit.

4.2.1 Maternity Sustainability Plan (MSP)

The maternity sustainability plan details the quality improvement work which is being progressed within the maternity service to enable sustained delivery of safe and quality maternity services. Progress with the plan is monitored monthly through the Trust's governance procedures and externally through the system improvement board, attended by LMNS and regional representatives. The plan details overarching improvement workstreams which are linked to locally developed action plans within specialities and is mapped against the 3 Year Single Delivery Plan.

4.3 Maternity Incentive Scheme (MIS)

The Maternity Incentive Scheme year 5 launched on the 31st May 2023 and progress with this is monitored monthly through the Trust's governance procedures and the LMNS.

Of the 10 safety actions, NWAngliaFT is currently on track to be compliant with eight actions. The two at risk are, number 5, midwifery workforce and the requirement to maintain supernumerary status of the labour ward co-ordinator within the defined parameters; and, number 6, the implementation and monitoring of Saving Babies Lives Care Bundle Version 3 (SBLCBv3).

The monitoring and recording requirements have increased and the expected percentage compliance to be achieved within each of the six separate pathways has been agreed with the LMNS.

4.4 Midwifery Workforce

The midwifery vacancy rate reported in September 2023 was 17.45%, which will be significantly reduced in October 2023 following recruitment of 17 WTE newly qualified midwives. The midwives will commence on their preceptorship programme which encompasses a period of supernumerary time to enable a supportive transition into practice. Whilst the vacancy rate will reduce, the midwifery skill mix will be impacted due to a reduction in overall experience within the workforce. Plans are in place to support the newly qualified midwives within clinical practice and improve retention.

4.4.1 Recruitment and Retention Plan

A recruitment and retention plan is in development currently to identify the workforce requirements for enabling service provision in the future. Elements of the developing plan are already in progress including an increase in midwifery student intake in September 2023, creation of links with other educational providers and supporting placement provision for increased routes into midwifery. International recruitment has been successful within maternity with 14 internationally educated midwives welcomed to NWAFT, of which 12 have completed their Objective Structured Clinical Examination (OSCE) and received their Nursing and Midwifery Council (NMC) pin. Hybrid working has been adapted to support midwives to maintain split postings across multiple clinical environments, both supporting development and overall service provision. Wellbeing of our staff is a priority and the staff survey action plan is aimed to address areas of development in addition to expanding the Professional Midwifery Advocate (PMA) offer with national funding received.

The six monthly midwifery workforce report has been submitted for progression to the Trust's Board.

4.5 **Entonox**

The provision of Entonox for pain relief in labour has progressed at HH to all rooms other than the Midwife Led Unit rooms, this is to enable completion of the staff testing within the environment and organise some minor repair works. The environmental exposure limits are within the anticipated range at HH.

At PCH there is currently no provision of Entonox and those who wish to access this as a form of pain relief in labour are being supported to birth at HH. Ventilation work took place in one birth room at PCH, following which environmental levels were tested which initially demonstrated readings within the anticipated range. At the last staff testing phase, when Entonox was re-introduced, the levels within the room were recorded at above the environmental limit, and Entonox was subsequently withdrawn to ensure the safety of staff.

Scavenger units have subsequently been ordered to support the re-introduction of Entonox at PCH and the expectation is that these will reduce 80% of the circulating environmental levels, to support the environmental level to be within the exposure limits. During this period, to support bridging short term inhalational pain relief options, Pentrox has been introduced for use at PCH.

5. CONSULTATION

5.1 *Not applicable*

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 To provide information to the Committee.

7. REASON FOR THE RECOMMENDATION

7.1 No specific recommendation

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 *Not relevant*

9. IMPLICATIONS

Financial Implications

None

9.1 *None*

Legal Implications

9.2 None

Equalities Implications

9.3 None

Rural Implications

9.4 None

10. BACKGROUND DOCUMENTS

None

10.1 None

11. APPENDICES

11.1 N/A

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ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 9
7 NOVEMBER 2023	PUBLIC REPORT

Report of:	Jyoti Atri, Director of Public Health	
Cabinet Member(s) responsible:	Cllr Ishfaq Hussain, Cabinet Member for Adult Services and Public Health.	
Contact Officer(s):	Val Thomas, Deputy Director of Public Health Cambridgeshire	01223 703259
	Emmeline Watkins, Deputy Director of Public Health Peterborough	01773 868678

PUBLIC HEALTH ANNUAL PERFORMANCE REPORT 22-23

RECOMMENDATIONS	
FROM: Jyoti Atri, Director of Public Health	Deadline date: 7 November 2023
<p>It is recommended that the Adults and Health Scrutiny Committee:</p> <ol style="list-style-type: none"> Notes and comment on the Portfolio Holder Annual Performance Progress for Public Health including updates on public health service performance against key performance indicators. 	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee at the request of the Adults and Health Scrutiny Committee group representatives, as part of the 2023/24 Committee's work programme

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide the Adults and Health Scrutiny Committee with an overview of the performance of Public Health in 2022/23 and key areas of progress.

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

2.3 *How do public health services link to the Children in Care Promise* – several public health services have a focus of supporting children in care to maintain a healthy lifestyle and help children in care to look after their physical and mental health (Promise6). This is especially relevant to the Healthy Child Program, substance misuse services for young people and other behaviour change services. All of our services are also committed to the other children in care promises. [Children in care - Peterborough City Council](#)

3. **TIMESCALES**

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

4.1 **Background**

This report presents performance against Key Performance Indicators (KPIs) for Public Health commissioned services for 2023/24 and any notable progress for the first six months of 2023/24, including the Performance Management Framework KPIs.

These indicators reflect our high value contracts that are primarily preventative or provide treatment e.g., Healthy Child Program, Drugs and Alcohol Treatment Service, Sexual and Reproductive Health Services and Integrated Behaviour Change services. Performance is measured by a mixture of locally set targets and national where applicable.

Key issue

Funding is a key challenge for Peterborough Public Health, with Peterborough residents receiving less per head in the public health (PH) grant than they should based on need. The total PH grant for Peterborough is currently £11.9m or £55.22 per head¹, compared to £73.12 per head for CIPFA comparators. This equates to PH grant under-funding of approximately £4m or at least one third of the value of the PH grant.

The gap between need and level of funding in Peterborough has also been clearly and independently identified in work by the Health Foundation and Institute of Fiscal Studies² as well as local analysis.

One of the main reasons for the underfunding in public health in Peterborough is the level of population growth, especially in children. Peterborough saw a population growth of 17.5% between 2011 and 2021, which is one of the fastest in the county. Peterborough has had three times the growth in children and young people compared to England; with 5-9 year olds seeing the highest growth in the county at 37% (13% for England) and 10-14 year olds seeing a 37% growth (11% for England).

Unfortunately, Peterborough still has high levels of poverty with a quarter of our children in relative poverty, leading to higher need. This level of poverty and need is not reflected in the PH grant allocation but is reflected in some of the poorer outcomes we see for children in Peterborough when compared nationally.

4.2 **Integrated Behaviour Change Services (Lifestyles)**

The Integrated Behaviour Change Services in Peterborough are provided by Everyone Health and delivered under the Healthy You branding. It is shared service with Cambridgeshire County Council through a Partnership and Delegation agreement. The service provides Tier 2 and Tier 3 adult weight management, health trainers and stop smoking services. Service delivery is a mixture of virtual and face to face delivery, providing a flexible approach which is welcomed by service users.

Tier 2 Weight Management Services

The Tier 2 Weight Management Service works towards a 30% target for the number of people who complete a 12-week course and achieve a 5% weight loss. It includes both diet and physical activity interventions.

¹ Based on 2021 census estimates for population

² [How much was spent on public services in your area in 2022-23? | Institute for Fiscal Studies \(ifs.org.uk\)](https://www.ifs.org.uk/publications/1044)

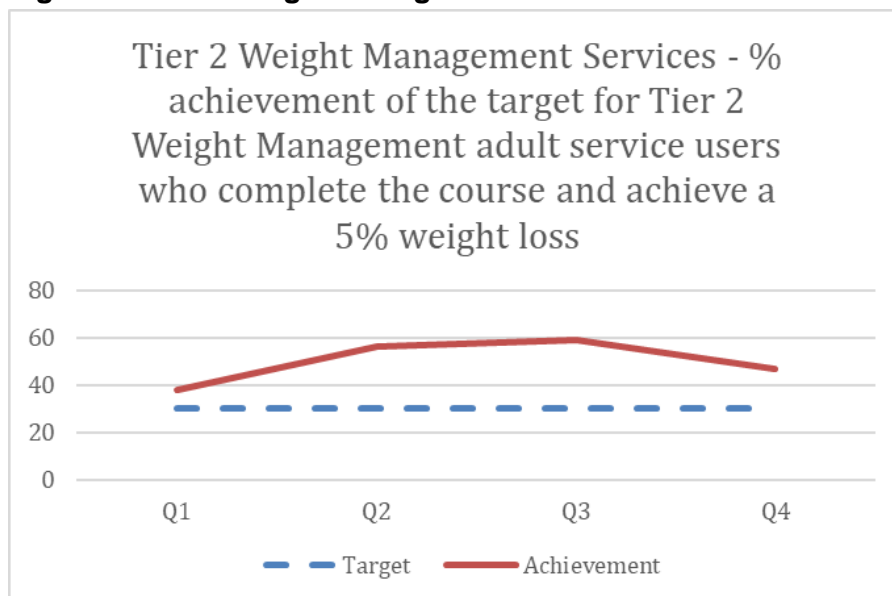
Everyone Health provides a Tier 2 service but also sub-contracts making more options available. The Tier 2 service provides three service options available to patients:

- Healthy You in-house programme (face-to-face and online).
- Slimming World
- Weight Watchers.

22/23 Performance:

The number of referrals into the Tier 2 Weight Management service has been high. It is likely this is mainly due to a scheme introduced by NHS England to financially incentivise GP practices to refer patients for weight management support. Despite the significant increase in referral numbers (2468 referrals in 22/23 against a target of 827) the service performed well, with outcomes for those completing the course well above the target. In 2022/23 45% of completers achieved a 5% weight loss, this exceeded the national recommended target of 30%.

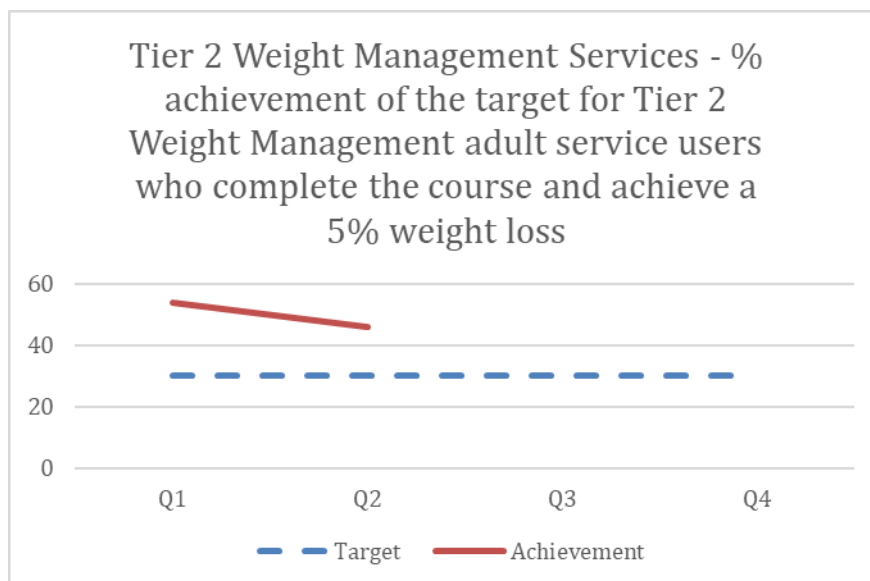
Figure 1: Tier 2 Weight Management 2022/23



23/24 Progress:

The number of referrals into the Tier 2 Weight Management service continues to be high in 23/24 (1608 referrals in Q1-Q2 against a target of 373) which has resulted in a waiting time for referrals of around 12 months. However as seen throughout 22/23, the percentage of completers achieving 5% weight loss is consistently above the target of 30%.

Figure 2: Tier 2 Weight Management 2023/24



Tier 3 Adult Weight Management

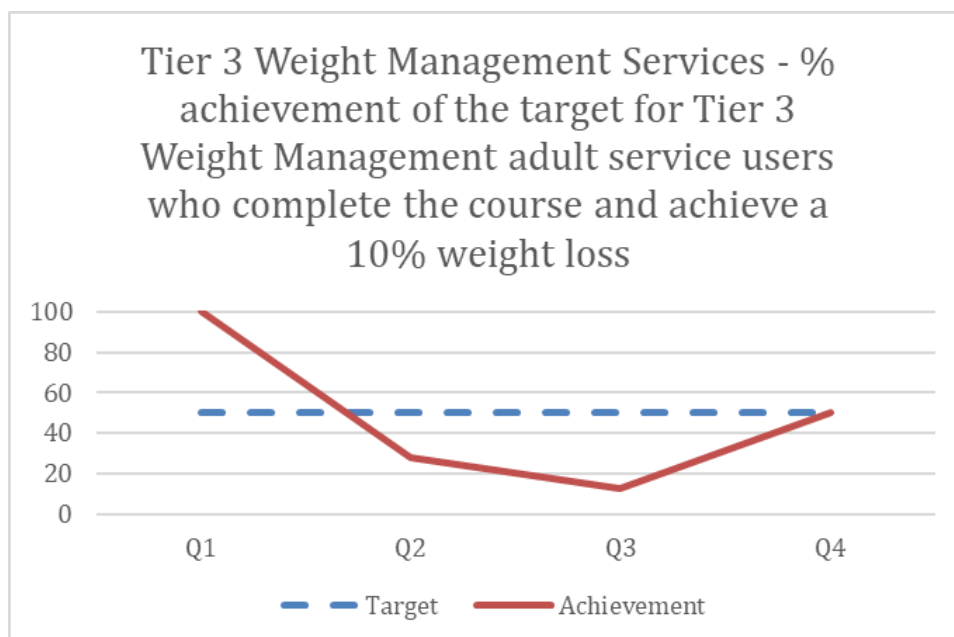
The Tier 3 adult weight management service was delivered by Everyone Health in 22/23 and included an additional two sub-contracted service options. All three options below are supported by a multidisciplinary team in line with NICE guidance:

- Fresh Start – This is Everyone Health’s internal offer, which involves a low carbohydrate programme delivered via a virtual group.
- Cambridge University Hospitals (CUH) (Addenbrookes) CUH deliver a medically supervised obesity service referred to as the Intensive Weight Management Programme (IWMP), designed to help patients with more complex medical needs. Clinics are delivered both virtually and face to face.
- Oviva – The ‘Way to Wellness Programme supports patients to follow a choice of diet plans or a Total Diet Replacement programme (TDR). Support is virtual over the phone, video or via a mobile app.

22/23 performance

Throughout 22/23, 51% of programme completers achieved 10% weight loss against a target of 50%. Referrals to Tier 3 Adult Weight Management were on target throughout 22/23 (202 referrals in 22/23 against a target of 200)

Figure 3: Tier 3 Weight Management 2022/23



24/24 performance

In order to increase both capacity and patient choice within Tier 3, additional funding from the Integrated Care Board (ICB NHS) enabled the commissioning of additional Tier 3 provision. The successful provider for this contract was MoreLife and the contract started on 1st September 2023.

Everyone Health chose to stop subcontracting Oviva in April 2023, and also remodelled their in house Fresh Start offer to better meet patient needs and their KPI's.

As a result, from September 2023, there are now four Tier 3 interventions which have significantly increased capacity within the Tier 3 service as well as offering greater patient choice:

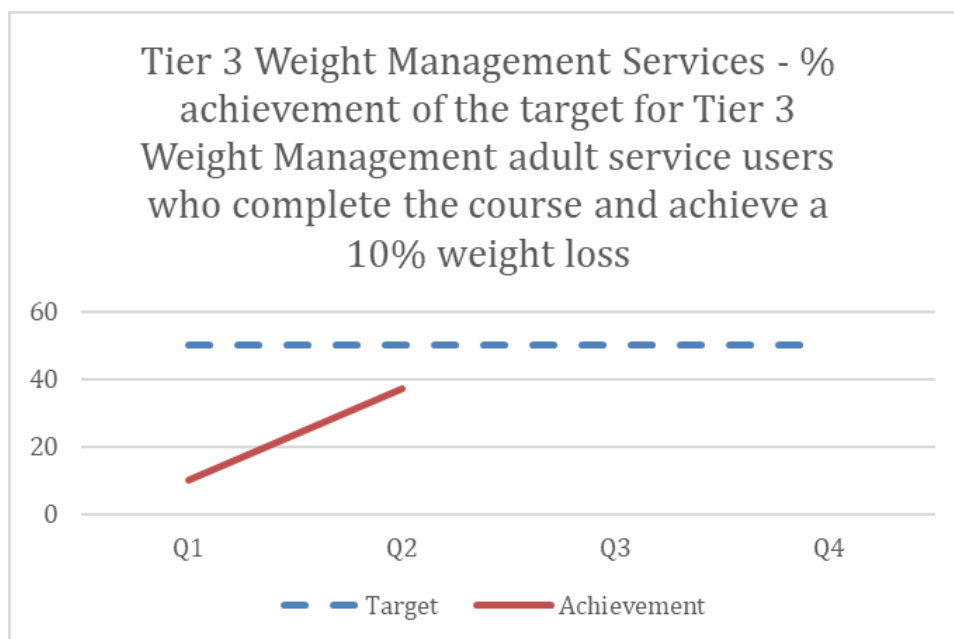
- Everyone Health:
 - Fresh Start in house offer
 - CUH (Addenbrookes) medically supervised intensive weight management programme
- MoreLife:
 - In house fully digital offer
 - In house face to face groups in the community

As seen in Tier 2 Adult Weight Management, referrals to Tier 3 Adult Weight Management have been very high throughout Quarter 1 and Quarter 2 in 22/23 (142 referrals in 22/23 against a target of 46 which already exceeds the yearly target of 93). As in Tier 2, this is likely to be caused by the enhanced specification as well as the recent availability of the new weight loss drugs, such as Wegovy. (Which can currently only be accessed via a Tier 3 service)

Due to the number of referrals exceeding capacity of the service there is now a wait of 5 months for a initial appointment, during which the patient selects their intervention of choice. Following this appointment, the wait time to start an intervention is as follows:

- Fresh Start: 1-2 months
- Morelife: no wait
- Addenbrookes (CUH): 2 years

Figure 4 Tier 3 Weight Management 2023/24



The Public Health Team is working with partners across the system to address the demand pressures in Tier 2 and 3 weight management services. However, it will be challenging to address this large increase in demand.

4.3 Primary Care Public Health Commissioned Services

Public Health commissions Public Health Services through individual contracts general Practice and Community Pharmacy providers. Services include:

GP Services:

- Stop Smoking Services
- Long Acting Reversible Contraception
- NHS Health Checks

Pharmacy Services:

- Emergency Hormonal Contraception (EHC)
- Nicotine Replacement Therapy Voucher
- Smoking Cessation

All 17 GP practices and 42 Community Pharmacies are offered a contract, provided they meet the clinical requirements for delivering the services.

Covid 19 had an impact on Public Health commissioned services delivered from GP practices and Pharmacies in Peterborough with a reduction in activity seen in all services. Activity within most services has increased in 22/23. However, GP practices and Community Pharmacies are still experiencing significant demand pressures for their services and find it challenging to provide some services i.e., stop smoking services.

GP Services

NHS Health Checks

The performance of NHS Health Checks is measured against a national benchmark for the number of completed NHS Health Checks. NHS Health Checks are cardiovascular risk assessment for those aged between 40 and 74 years of age and not already diagnosed with a related condition. Gp practice's identify eligible patents and send them an invitation to have an NHS Health Check.

22/23 Performance:

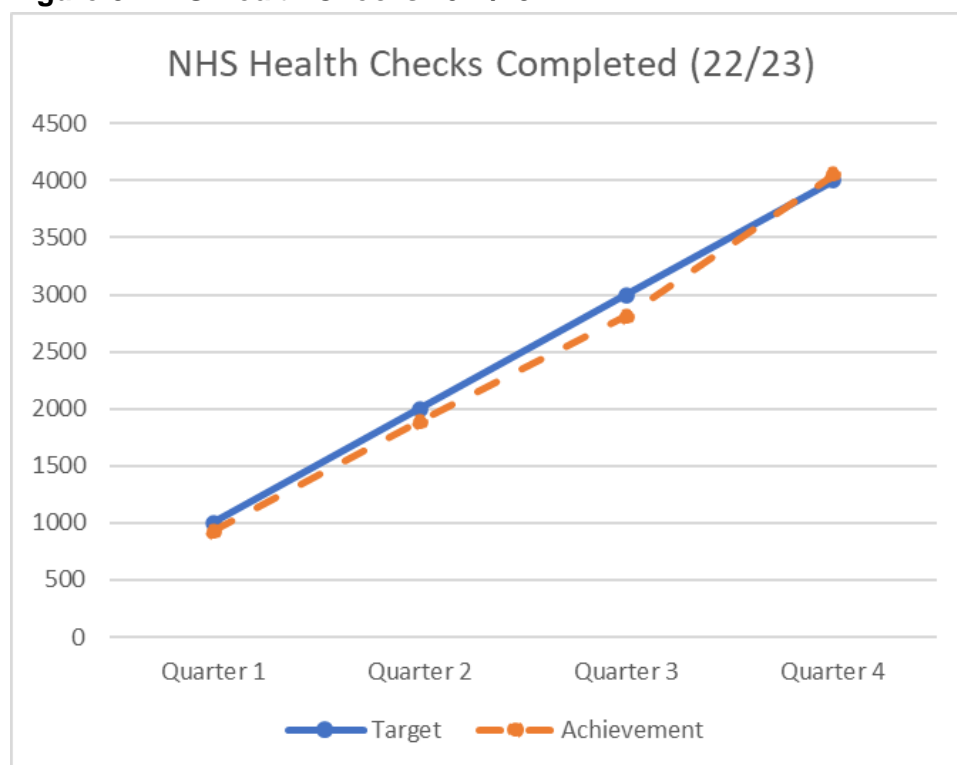
NHS Health Checks in Peterborough are provided by GP practices and the Everyone Health Behaviour Change Service (lifestyle) which provides opportunistic NHS Health Checks. Across all providers 4053 NHS Health Checks were completed, compared to our local target of 4000.

During Covid-19 NHS Health Checks were paused, however activity has since returned to pre-pandemic levels. Footfall in outreach areas was hugely impacted by the pandemic, but it continues to increase, allowing the Healthy You service to reach high-risk residents once again.

To encourage increased activity an incentive scheme for achieving targets was offered to GP practices during 22/23, which includes using the Healthy You service to support their delivery where necessary.

A local target was established some years ago due to funding pressures. Although this local target was achieved in 22/23, this is below the national expectation of 10,612 per annum. The target has been increased incrementally for the next three years to achieve 75% of the national ambition. At this level of coverage there is significant impact on cardiovascular disease rate. Peterborough has a high cardiovascular disease rate compared to the national other similar areas, but to meet the national expectation additional funding will be required.

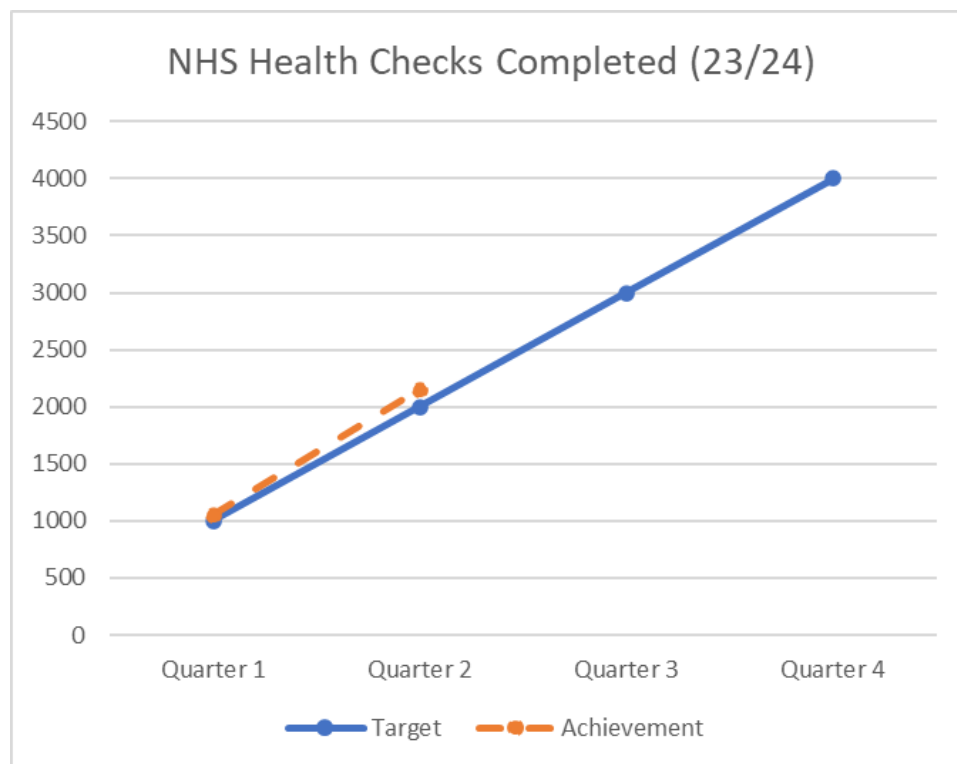
Figure 5: NHS Health Checks 2022/23



23/24 Progress:

During 23/24 NHS Health Checks in Peterborough continued to be provided by GP practices and the Behaviour Change Service (lifestyle). Across all providers 2148 NHS Health Checks have been completed in quarters 1 and 2, compared to our local target of 2000.

Figure 6: NHS Health Checks 2023/24



Stop Smoking Services

Stop Smoking Services offer support for 4 week quit attempt and includes NRT and other smoking medications, that have not been available for the past two years. Performance measures the number of users who quit for at least 4 weeks. They are provided by GP practices, community pharmacies and Everyone Health Behaviour Change Service (lifestyle).

22/23 Performance:

GP Practices are set targets for numbers of smokers helped to quit and any quitters arising from the Everyone Health and pharmacy services contribute to their target. For several years out of the 17 GP practices only three actually deliver stop smoking services and there were only 12 quitters arising directly from GP practices along with eleven from community pharmacies in 2022/23.

Across all providers 1203 quit dates were set in 22/23 and 433 people had stopped smoking at the 4-week stage. This is a 36% success rate which is below the national average of 50%.

During the COVID-19 pandemic stop smoking services stopped in GP practices and community pharmacies. Delivery fell but did not stop in the behaviour change service. None of the services have fully recovered and achievement against target continues to be below expectation.

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

During 22/23 the Behaviour Change Stop Smoking Service experienced significant challenges. There were staffing changes with several staff retiring or changing roles, this meant they had reduced capacity to provide stop smoking support throughout 22/23. A new data collection

system was also introduced which initially made it more challenging to proactively follow-up patients who had cancelled their appointments/dropped out of the service. Additionally, the absence of the two smoking medications (Varenicline and Bupropion) throughout 22/23 has meant the only stop smoking aid available for service users was nicotine replacement therapy. Along with the ongoing pressures in GP practices and community pharmacies there was substantial impact on performance and the targets were not met.

Figure 7: Stop Smoking Services target 2022/23



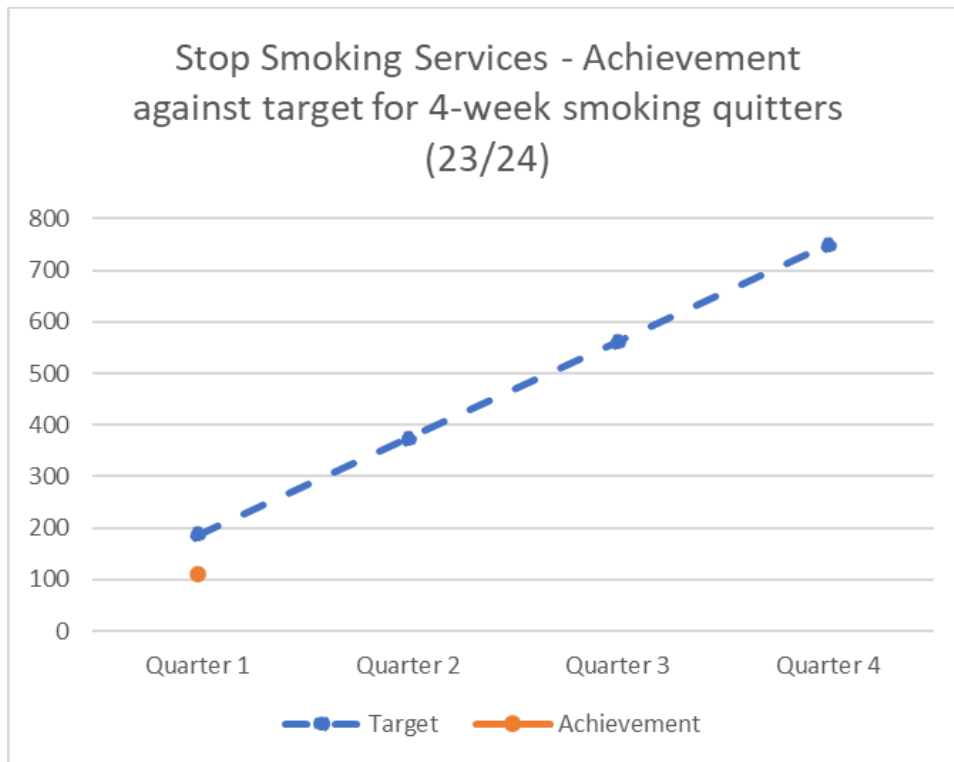
23/24 Progress:

During 23/24 stop smoking support in Peterborough is provided by GP practices and the Behaviour Change Service (lifestyle) only. In quarter 1 across both providers 353 quit dates were set in 22/23 and 110 people stopped smoking at the 4-week stage. This is a 31% success rate which is below the national average of 50%. The quarter 2 data is not available at this stage due to the national reporting timelines of stop smoking service outcomes.

GP practices are still experiencing demand pressures and find it challenging to provide stop smoking services. The Behaviour Change Stop Smoking Service has had several vacant posts throughout 23/24, however all vacant posts have now been recruited to and new staff members are currently completing their induction so capacity within this service should increase soon. However, the two stop smoking aids (Varenicline and Bupropion) are still not available meaning the only available stop smoking aid through all providers is nicotine replacement therapy.

The Behaviour Change Stop Smoking Service has recently commissioned the Smokefree App to provide smoking cessation support as a pilot. Smoking cessation support is provided by trained advisors 24 hours a day. The aim of the app is to increase the reach of the stop smoking service and increase accessibility for those people who cannot attend regular appointments with the core service, for example routine and manual shift workers and home carers.

Figure 8: Stop Smoking services 2023/24



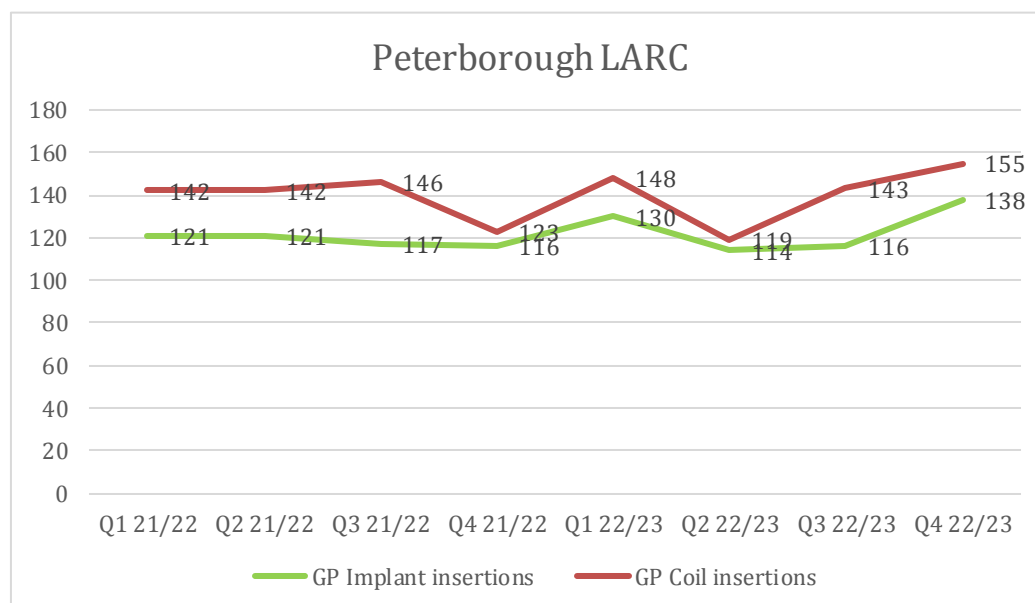
Long-Acting Reversible Contraception (LARC)

Fitting of LARC devices is carried out in primary care and activity is monitored in conjunction with the demand seen in the integrated sexual and reproductive health services.

22/23 Performance

The impact of the pandemic on activity within primary care also effected the number of LARC devices that were fitted in GP practices. During 22/23 we have started to see a steady increase in the activity being undertaken and a reduction in waiting times.

Figure 9: Long-Acting Reversible Contraception



To further support this activity in 23/24 additional funding has been provided for placements training additional LARC fitters who are also able to train practice staff members to become accredited fitters. This will increase the capacity of practices to carry out fits. Additionally, a survey has been carried out with GP Practices in Peterborough to review the

demand in primary care for LARC and understand any barriers they are experiencing in meeting this. Using this information further work will be undertaken to support practices to improve activity.

Pharmacy Services

During 22/23 engagement work was completed with Pharmacies across Peterborough with a specific focus on increasing delivery of Emergency Hormonal Contraception and the Nicotine Replacement Therapy Voucher Service.

The two graphs below demonstrate the positive impact of this engagement work with an increase in the number of pharmacies in Peterborough delivering both the Nicotine Replacement Therapy (NRT) and Emergency Hormonal Contraception (EHC) services.

Smokers making a quit attempt may secure NRT from a community pharmacist through a voucher system.

Figure 10: Number of community pharmacies actively delivering the Nicotine Replacement Therapy Voucher Service



Figure 11: Number of pharmacies providing Emergency Hormonal Contraception Service



4.4 Integrated Contraception and Sexual Health Services (iCASH) and Sexual Ill Health Prevention Service (THT)

iCASH services in Peterborough are commissioned from Cambridgeshire Community Services NHS Trust (CCS). It is shared service between Peterborough City Council and Cambridgeshire County Council. The service is measured on several locally set activity metrics as well as being measured for compliance against national clinical standards set by British Association for Sexual Health and HIV.

The Sexual Ill Health Prevention Service is provided by Terrence Higgins Trust (THT) and aims to support distribution of condoms, advice and guidance in relation to Sexually Transmitted Infections, working particularly in schools and with young people. The service also focuses on Chlamydia testing as part of the National Chlamydia Screening Programme.

22/23 Performance

During 2022/23 the iCaSH service saw demand for clinical treatment services increase. The ability to meet this demand was impacted by the monkey-pox outbreak in Spring/Summer 2022, which placed additional burden on local sexual health services displacing ‘every day’ provision without additional funding or resources. This was an additional challenge during the COVID recovery period.

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

Oral contraception has continued to be offered remotely (via post) without face-to-face appointments. The service is still benefiting from the online testing facilities introduced and maximised during the covid pandemic period. The return rate for tests requested online is on average 75% per quarter. The schools outreach service was re-mobilised following the pandemic and works collaboratively with the local prevention service, provided by Terrence Higgins Trust, meeting the needs of young people in school.

The Prevention Service opened during the height of COVID which impacted particularly on ability to undertake STI (Sexually transmitted infections) Testing in Schools and Young Persons Settings. The Clinical Guidance also changed on Chlamydia testing this year as well with which recommended now only routinely testing females under the age of 24 years and not males. The service continues to perform well on its joint work with drug and alcohol services and attending festivals and events, promoting their service.

23/24 Progress

During the first two quarters of 23/24 both the treatment and prevention services have been working towards managing the increasing demand within challenging delivery circumstances which include national strike action and increasing levels of staff sickness. Although the national response to the monkey-pox outbreak has now ended the service continued to provide the vaccination programme to the end of July 2023. The service has also managed to decrease waiting lists for LARCs and there is no longer an extended wait for this provision. The demand for on-line testing has continued at the increased levels and is providing a more flexible option for people wishing to access a STI testing kit.

The Prevention Service is also working to introduce a new provide health and wellbeing support service for people living with HIV. This will launch in the second half of 23/24. Progress against the national targets for Chlamydia Screening continue to be a challenge but the service is working on a regional level to develop a plan for awareness campaigns and opportunities in increase testing coverage.

Overall iCaSH and THT continue to provide a good level of service to residents of Peterborough.

Figure 12: iCaSH Performance 2022/23

Service Performance Indicators	2021/22 Baseline	Q1	Q2	Q3	Q4
No. of GUM Attendances	-	2659	2509	2606	3047
No. of Contraception Attendance	-	1670	1683	1927	2030
No. of Online tests requested	-	1744	1942	1755	1730
% of people contacting a service who are seen or assessed by a healthcare professional within 2 working days of first contact	80% (Target)	85.4%	84.8%	87.2%	87.1%

Figure 13: Prevention Service Performance

Service performance indicators	Target	22/23 Performance	% Achievement
Delivery to target groups % achieved - <i>Delivery of Sexual and Reproductive Health Sessions</i>	12	19	158%

Outreach Sessions % achieved– Sessions to most deprived wards	14	15	107%
Dual screening testing - young people (13 - 24) % achieved - Number of test kits issued for Chlamydia and Gonorrhoea	1320	418	32%

4.5 Drug and Alcohol services

Drug and alcohol services in Peterborough are commissioned from Change Grown Live (CGL) (Aspire). Overall, the Aspire service continues to perform well under challenging conditions. Peterborough has received several national grants under the new National Drugs Strategy 'From Harm to Hope' which had meant significant investment and expansion over the last couple of years. Mobilisation of the grant funded provision has come with challenges, but the service has embraced these and has seen a steady increase in numbers coming into treatment and is one of the strongest performers in the region.

Service performance is measured against a range of national indicators and in particular the following metrics are tracked against national benchmarks:

- The percentage achievement against target for drug service users who successfully complete treatment.
- The percentage achievement against target for alcohol service users who successfully complete treatment.

Local Performance 22/23

Please note that performance data is extracted from the national database (NDTMS). The data are restricted statistics and as such must not be released into the public domain until an agreed published date. More recent data is available to commissioners and is used for local performance monitoring and planning purposes only.

Service performance indicators	20/21	21/22	22/23	2023/24
Service Utilisation - % of Unmet need (Opiates/crack use)				
Local	46%	45%	42%	*data cannot be shared in the public domain
National	57%	57%	58%	*data cannot be shared in the public domain

Unmet need rates for Opiate/crack users in Peterborough continue to be below the national average indicating strong pathways/access into treatment services.

Treatment Outcome Adults - Successful completions (across all drug types)	20/21	21/22	22/23	23/24
Local	17.85%	17.02%	*data cannot be shared in the public domain	*data cannot be shared in the public domain
National	20.06%	21.13%		
Treatment Outcome Young People - Planned completions	20/21	21/22	22/23	23/24
Local	99%	96%	data cannot be shared in the public domain *	data cannot be shared in the public domain *
National	76%	81%		

23/24 Narrative on progress:

Most recent data (**cannot be shared in the public domain**) is showing an improvement in performance on successful completions. The Peterborough CGL service has successful completion rates (Q1 23/24) higher than national for 'opiates' and 'non-opiates' drug cohorts. The 'non opiate/alcohol' and 'alcohol only' successful completions rates for Q1 23/24 are sitting just below national rates but have increased steadily for the last 3 consecutive quarters and both fall within the 'interquartile' range compared to local comparator areas.

The Young Peoples planned exit performance has historically been above national rates, for the first time in Q1 23/24 it has dipped just under the national rate which will be addressed at the Q1 meeting in early November.

Key highlights in the Peterborough service

- The overall case load size per worker is being reduced as more staff are recruited.
- Staff funded through the short-term grants are being offered permanent contracts which is stabilising the workforce and reducing staff turnover.
- Continued key focus on focused attention on harm reduction and stabilisation of clients, with Hep B & C testing, vaccination, and treatment figures all showing significant improvements and aiming towards micro elimination (HCV).
- Introduction of a new residential rehab pathway with patients already starting treatment in units across the country.
- Positive outcomes (self-scoring at the start compared to treatment exit) for employment, psychological health, physical health and quality of life.
- Introduction and expansion of Buvidal (long-acting buprenorphine medication) which is having real benefits to complex patients (negates the need to attend community pharmacies daily and prevents patients 'dropping off their prescription').

Areas of current focus

- Working with prison colleagues as there has been a recent drop in 'continuity of care' performance indicating that prison releases are not continuing with their treatment in the community post prison release.

4.6 **Healthy Child Programme**

The Healthy Child Programme (Health Visiting and School Nurses) is a wide-ranging programme which is delivered by local NHS providers, Cambridgeshire Community Services and Cambridgeshire and Peterborough Foundation Trust. The Health Visiting Service is measured against a set of National requirements [Health visitor service delivery metrics experimental statistics: quarterly data for 2022 to 2023 - GOV.UK \(www.gov.uk\)](#) and here we report on just 4 of these. There are no national targets, and these are set locally:

- The percentage of births that receive a face-to-face New Birth Visit within 14 days by a health visitor.
- The percentage of babies who receive a 6-8 week review
- The percentage of children who receive a 2-2.5 year review
- The percentage of babies breastfeeding at 6-8 weeks (need to achieve 95% coverage to pass validation and for data to be published)

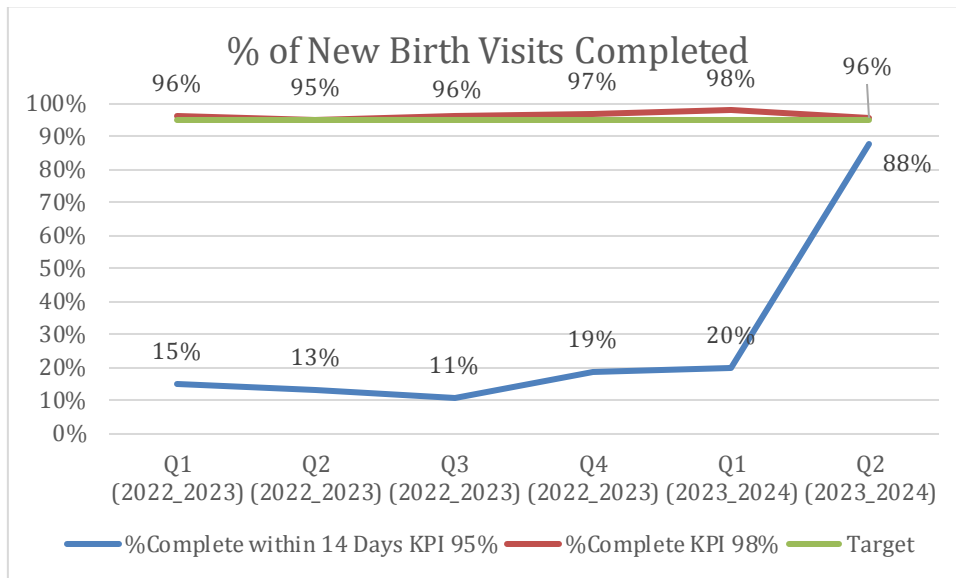
There remain significant challenges in meeting these performance targets within specified timescales due in large part to capacity challenges that remain within the service. Recruitment continues to be extremely difficult for SCPHN (Specialist Community Public Health Nurses) trained Health visitors and School nurses, with high levels of vacancies throughout 22/23 and into 23/24. This is similar to the National picture. Public Health commissioners are working with the provider to develop a new staffing model with an increased level of skill mix in order to boost capacity within the service and ensure key performance targets are met. In addition to these staffing capacity challenges we have also seen a large increase in the Peterborough child population with a high level of inward migration. The number of under-15s increased by 24% in the ten years between 2011 and 2021. As this is a universal service, this creates an immediate demand pressure on the service. We are also seeing increased complexity of needs within families and are working with social care colleagues to agree a new approach to safeguarding work to reduce the staffing time spent on some lower value processes and enable more capacity for direct work with families, children and young people.

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

Throughout 2022/23 and into the first 2 quarters of 2023/24 the Healthy Child Programme has not consistently met the local target of 95% of families receiving a New Birth Visit, within 10-14 days, however the majority are completed by 21 days.

Initially instigated as part of Covid-19 response measures and as a mitigation measure to address capacity pressures within the service, commissioners agreed jointly with the provider to allow a delay in the timeframe within which the new birth visit (extended to 21 days) and 6-8 check (extended to 12 weeks) could be completed. The provider has worked hard to bring these back to 10-14 days and 8 weeks respectively, however continuing staffing pressures have impacted the ability to achieve this as quickly as anticipated.

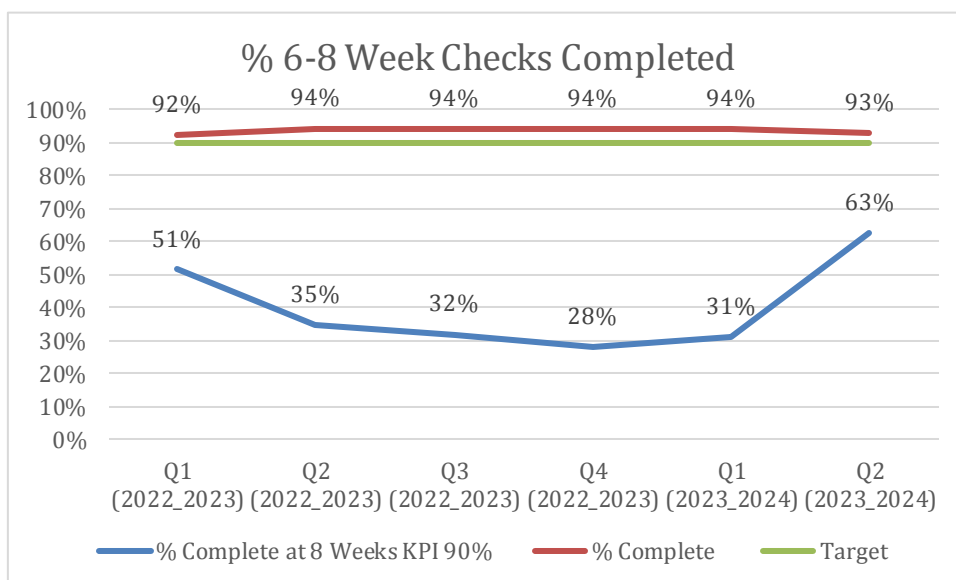
The provider has also introduced new forecasting and diary management tools and improvements have been seen at the start of 23/24 with 88% of these visits now happening within the recommended timescale.



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

As with the New Birth Visit, throughout 2022/23 and into the first 2 quarters of 2023/24 the Healthy Child Programme has not consistently met the local target of 90% of families receiving a 6–8 week check within the agreed timescales. However, the first 2 quarters have seen good improvements bringing contacts back before 8 weeks and the provider has maintained the high percentage of families receiving this check within the extended timeframe (12 weeks).

It is also worth noting that the winter of 22/23 (impacting Q3 and Q4 particularly) saw a higher than usual rate of sickness absence affecting an already depleted staffing resource, so planned processes to improve delivery within timescales only started showing results in the first 2 quarters of this year, with 63% of these visits now happening within the recommended timescale. We are working with the NHS Providers to introduce a skill-mix model and expect to see further improvements in performance.

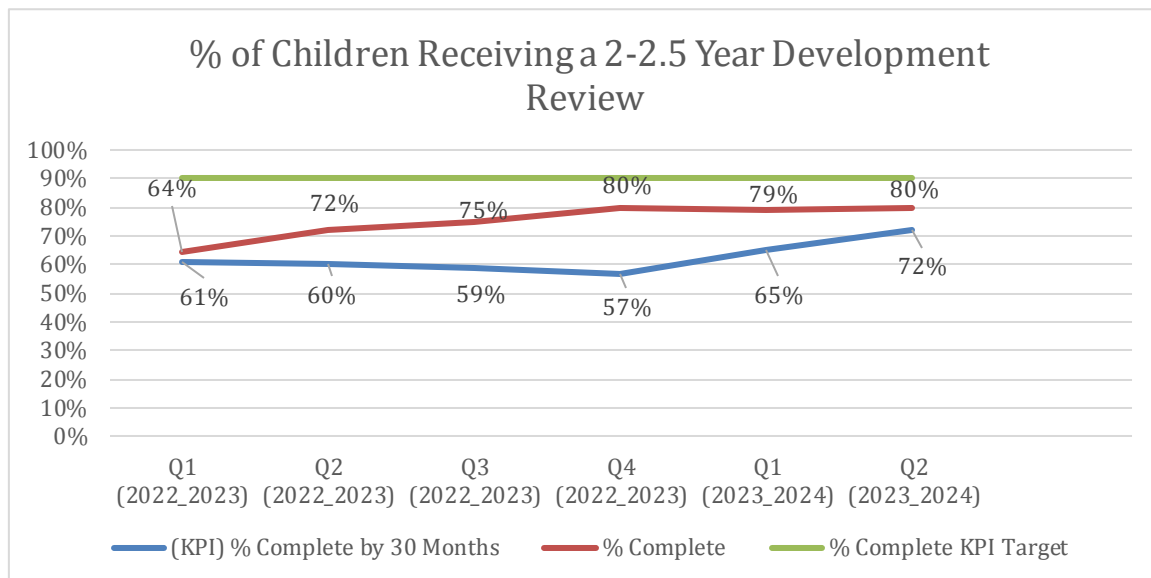


Health visiting mandated check. Percentage of children who received a 2-to-2.5-year review by the age of 2.5 years.

Performance against the locally agreed target of 90% has been improving, with 80% of children receiving their development review in quarter 2 of this year, the majority of those within timescales. The universal reviews are delivered in partnership with Child & Family Centre

practitioners and where parents cancel or do not attend for the initial appointment, a second appointment has been offered on Saturdays as a video consultation which has been received well by families. So, although all families are offered a check as per their preferred option, a small proportion of families still do not attend.

During the last year, the children who were due their mandated two-and-a-half-year development review were the babies born at the beginning of the pandemic. At that time the opportunity for 'in person' contacts were significantly affected. To provide assurance, the Health Visiting service completed an audit to explore whether there were any children born during the pandemic period who had not received an 'in person' assessment. Reassuringly the numbers were small (<30). All children have now had 'in person' visits.



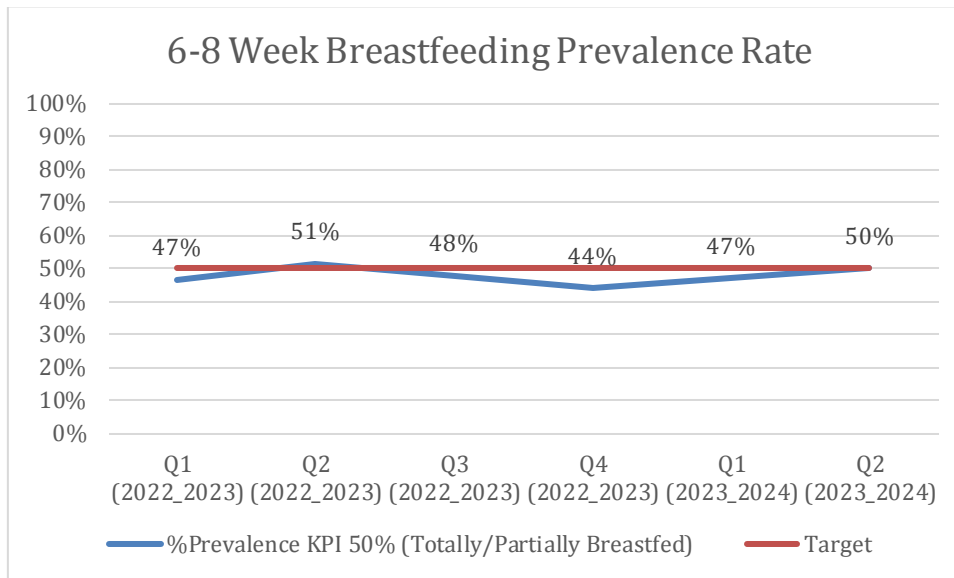
Percentage of infants breastfeeding at 6-8 weeks.

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

Demand for infant feeding support remains high. To continue to meet this demand the service has invested in additional Infant Feeding Advisors to support this activity which were initially funded as fixed term positions, but these roles have since been made permanent, with additional funding being made available via the Family Hubs programme.

To improve breastfeeding rates in Peterborough, along with support offered through Health Visitors and Maternity services, we have been able to use funding from the Family Hubs programme to commission a new, enhanced peer support service from the National Childbirth Trust. This new service offers integrated support for infant feeding alongside support for new parents' emotional health and wellbeing. Taking this holistic approach to the needs of new parents will help to improve breastfeeding rates while also improving their mental wellbeing.

In addition, a new website for families that enables new parents to easily find community based infant feeding support groups and helplines has been developed <https://www.pbcinfantfeeding.org/>



Note: Nationally the latest published data (for 21_22) breastfeeding rates at 6-8 weeks are 49% [Breastfeeding statistics - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/breastfeeding-statistics)

5. CORPORATE PRIORITIES

5.1 These public health services relate to Corporate Priorities around Our Places and Communities and Prevention, Independence and Resilience.

The public services support individuals to live a healthier life, increase physical activity, reduce harms especially of substance misuse, and provide support to all children in Peterborough.

1. *The Economy & Inclusive Growth*
 - *Environment*
 - *Homes and Workplaces*
 - *Jobs and Money*
2. *Our Places & Communities*
 - *Places and Safety (including any rural implications)*
 - *Lives and Work*
 - *Health and Wellbeing*
3. *Prevention, Independence & Resilience*
 - *Educations and Skills for All*
 - *Adults*
 - *Children*
4. *Sustainable Future City Council*
 - *How we Work*
 - *How we Serve*
 - *How we Enable*

Further information on the Council's Priorities can be found here - [Link to Corporate Strategy and Priorities Webpage](#)

6. CONSULTATION

6.1 There has been no specific consultation on these public health services this year – though consultation, engagement and co-production will be done when any service is recommissioned.

7. ANTICIPATED OUTCOMES OR IMPACT

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

8. REASON FOR THE RECOMMENDATION

8.1 This paper enables the Adult and Health Scrutiny Committee to consider and comment on the delivery of the Public Health services provided and commissioned by Peterborough City Council and make appropriate recommendations.

9. ALTERNATIVE OPTIONS CONSIDERED

9.1 The Committee may have chosen to focus on one topic, rather than a more comprehensive update report on performance against key indicators. However, the breadth of the work of the Council's public health services would not then have been submitted to the same level of democratic scrutiny in public.

10. IMPLICATIONS

Financial Implications

10.1 Peterborough City Council receives a ring-fenced Public Health Grant. In 2023/24 this is £11.9m. The grant is ringfenced for use on public health functions. Over 90% of the Public Health grant in Peterborough is spent on public health services which are commissioned externally including health visiting, school nursing, the national child measurement program, substance misuse prevention and treatment services, sexual health a contraception services, lifestyle services and NHS health checks. Some Public Health grant is pooled with council corporate funding to fund services that contribute to public health in other PCC directorates.

Peterborough City Funding is a key challenge for Peterborough Public Health, with Peterborough residents receiving less per head in the public health (PH) grant than they should base on need. The total PH grant for Peterborough is £55.22 per head. This equates to PH grant under-funding of approximately £4m or at least one third of the value of the PH grant.

Legal Implications

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

Equalities Implications

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

11. BACKGROUND DOCUMENTS

11.1 References
[How much was spent on public services in your area in 2022-23? | Institute for Fiscal Studies \(ifs.org.uk\)](https://ifs.org.uk)

12. APPENDICES

12.1 None

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 10
7 NOVEMBER 2023	PUBLIC REPORT

Report of:	Adesuwa Omoregie, Interim Director for Legal and Governance (Monitoring Officer)	
Cabinet Member(s) responsible:	Councillor Coles, Cabinet Member for Legal, Finance and Corporate Services	
Contact Officer(s):	Madia Afzal, Democratic Services Officer	Tel. 01733 452509

MONITORING SCRUTINY RECOMMENDATIONS REPORT

RECOMMENDATIONS	
FROM: Interim Director for Legal and Governance (Monitoring Officer)	Deadline date: N/A
It is recommended that the Adults and Health Scrutiny Committee:	
1. Considers the responses from Cabinet Members and Officers to recommendations made at previous meetings as attached in Appendix 1 to the report and provides feedback including whether further monitoring of each recommendation is required.	

1. ORIGIN OF REPORT

1.1 In accordance with the constitution Scrutiny Committees may make reports and recommendations to the Cabinet and/or full Council and/or any Committee in connection with the discharge of any of the Council's functions. This report is therefore provided as part of this process to ensure the monitoring of any recommendations which have been made by this committee.

2. PURPOSE AND REASON FOR REPORT

2.1 The report enables the Scrutiny Committee to monitor and track progress of recommendations made to the Executive or Officers at previous meetings.

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

The Scrutiny Committees will:

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

3. **TIMESCALES**

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

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

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

5. **ANTICIPATED OUTCOMES OR IMPACT**

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

6. **REASON FOR THE RECOMMENDATION**

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

7. **BACKGROUND DOCUMENTS**

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

7.1 Minutes of the Adults and Health Scrutiny Committee meeting held on 19 September 2023.

8. **APPENDICES**

8.1 Appendix 1 – Monitoring Scrutiny Recommendations Report

APPENDIX 1

MONITORING SCRUTINY RECOMMENDATIONS REPORT 2023/24

ADULTS AND HEALTH SCRUTINY COMMITTEE

Updated: 17/10/2023

Meeting date of Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
11 July 2023	Leader of the Council and Cabinet Member for Adults Services and Public Health Public Health	Integrated Tobacco Control in the Peterborough and Cambridgeshire System	The Adults and Health Scrutiny Committee resolved to recommend to amend proposed actions, to include the exception of vaping intervention, until a follow up briefing note is provided giving an overview and evidence of health outcomes with reference to vaping and links to smoking cessation.	Members were sent the recommendation response on 29 August 2023. The response detailed work around smoking cessation and the justifications for the inclusion of vaping in the programme.	Completed
19 September 2023	Cllr Hussain, Cabinet Member for Adults and Public Health	Monitoring Scrutiny Recommendations	The Adults and Health Scrutiny Committee recommended to remove vaping as part of the	Sent to Officers: 20/09/2023 Responses requested: 25/10/2023 Response received: 26/10/2023 The response detailed the support for vaping as part of a structured adult stop	Ongoing

	Public Health		smoking cessation programme.	smoking attempt but did not support their prolonged use. The reasons and evidence were outlined.	
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Adults and Health Scrutiny Committee Work Programme 2023/2024

Updated: 18/10/2023

Meeting Date	Item	Comments
Meeting Date: 11 July 2023 Draft report deadline: 20 June Final report deadline: 28 June	Appointment of Co-opted Members 2023/2024 Contact Officer: Charlotte Cameron	
	Integrated Tobacco Control in the Peterborough and Cambridgeshire System Contact Officers: Martin Whelan, Val Thomas	
	Reablement Overview Report Contact Officer: Belinda Child	
	Review of 2022/23 and Work Programme for 2023/24 Contact Officer: Charlotte Cameron	
	Forward Plan of Executive Decisions Contact Officer: Charlotte Cameron	

Meeting date: 19 September 2023 Draft report deadline: 29 August Final report deadline: 6 September	Forward Plan of Executive Decisions Contact Officer: Charlotte Cameron	
	Cancer Pathway, Delayed Treatment and Impact on Mortality Contact Officer: Paul Denton	Deferred.
	Prevention in Primary Care Contact Officers: Val Thomas and Simon Howard	
	Update on Social Care Workforce Contact Officer: Wendy Crosson-Smith and Oliver Hayward	
	Joint Health and Well Being (HWB) /Integrated Care Partnership (ICO) Strategy - Priority Environments for Healthy Living – Obesity Update Report Contact Officer: Val Thomas	
	Monitoring Scrutiny Recommendations Report Contact Officer: Charlotte Cameron	
	Work Programme 2023/2024 Contact Officer: Charlotte Cameron	

Meeting date: 7 November 2023 Draft report deadline: 17 October Final report deadline: 25 October	Forward Plan of Executive Decisions Contact Officer: Madia Afzal	
	Petition – Junk Food Advertisement Contact Officer: Charlotte/Madia Ian and Paul (Public Health) Amanda (Comms)	
	Winter Annual Planning Report - a holistic approach Contact Officer - Stacie Coburn	
	Midwifery Service Contact Officer – Director of Midwifery	
	Public Health Services - Annual Performance Report Contact Officer – Jyoti Atri	
	Monitoring Scrutiny Recommendations Report Contact Officer: Madia Afzal	
	Work Programme 2023/2024 Contact Officer: Madia Afzal	

Meeting date: 16 January 2024 Draft report deadline: 22 December Final report deadline: 03 January	Forward Plan of Executive Decisions	
	Cabinet Member Portfolio Update Report - Adults Contact Officers - Stephen Taylor and Tina Hornsby	
	Safeguarding Adults Annual Board Report Contact Officer – Joanne Proctor	
	Pharmaceutical needs assessment, updates and supplementary statements Contact Officer – Ian Green	
	Post Covid Service Provision Contact Officer – Louise Sheldon-Tabor	Deferred from November meeting.
	Committee Start Time Report 2023-2024	
	Monitoring Scrutiny Recommendations Report	
	Work Programme 2023/2024	
Meeting date: 22 January 2024 Joint Meeting of the Scrutiny Committees – Budget		

Meeting date: 12 March 2024 Draft report deadline: 20 February Final report deadline: 28 February	Forward Plan of Executive Decisions	
	Dentistry Report Contact Officer – Martin Whelan	
	Adult Social Care Annual Complaints Report Contact Officer – Belinda Evans	
	MENTAL HEALTH SECTION 75 PARTNERSHIP AGREEMENT: ANNUAL REPORT Contact Officer – Guy Fairbairn	
	Monitoring Scrutiny Recommendations Report	

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Pending Items:

Healthwatch Report and GP Accessibility – November

Cancer Pathway, Delayed Treatment and Impact on Mortality - Deferred

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