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

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

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

RECOMMENDATIONS	
FROM: *Cllr John Howard*	**Deadline date: 3rd January 2023**

It is recommended that the Adults and Health Scrutiny Committee:

1 Notes and comment on the Portfolio Holder Progress report for Public Health including updates on public health service recovery and performance, living with Covid and the Health and Wellbeing Integrated Care Strategy

2 Note the updates from Adult Social Care, including the summary of findings from the adult social care self-assessment and the subsequent LGA (Local Government Association) Peer Review and the You Said We did work undertaken with partners and adults with lived experience.

1. ORIGIN OF REPORT

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

2. PURPOSE AND REASON FOR REPORT

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

2.2 This report is for the Adults and Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council –
1.Public Health;
2.The Health and Wellbeing
4.Adult Social Care;
5. Safeguarding Adults.

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

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

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

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

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

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

4. BACKGROUND AND KEY ISSUES

4.1 Public Health Update: Living with Covid-19

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

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

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

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

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

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

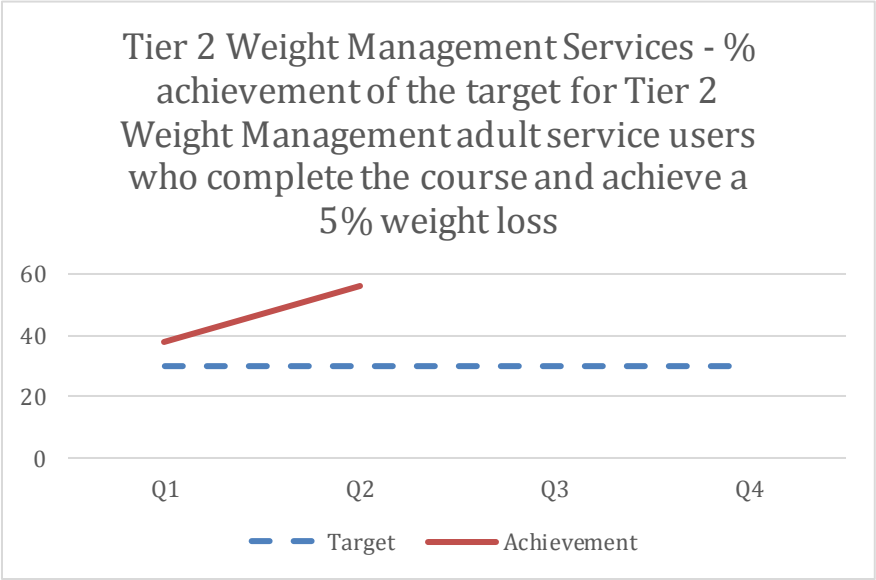
4.2.1 Health Behaviour Change Services (lifestyles)

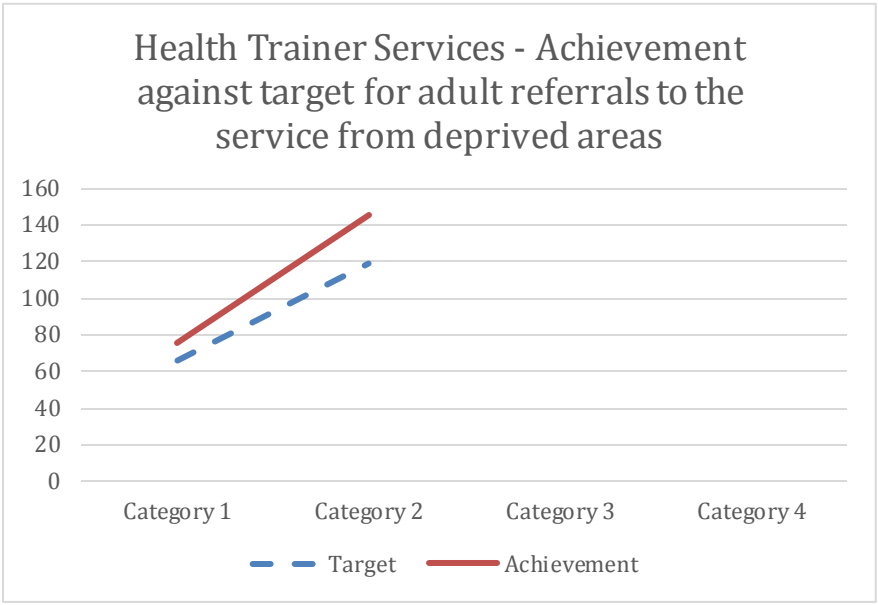
The following are the main key performance indicators for the behaviour change services. More detail is provided in the text below.

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

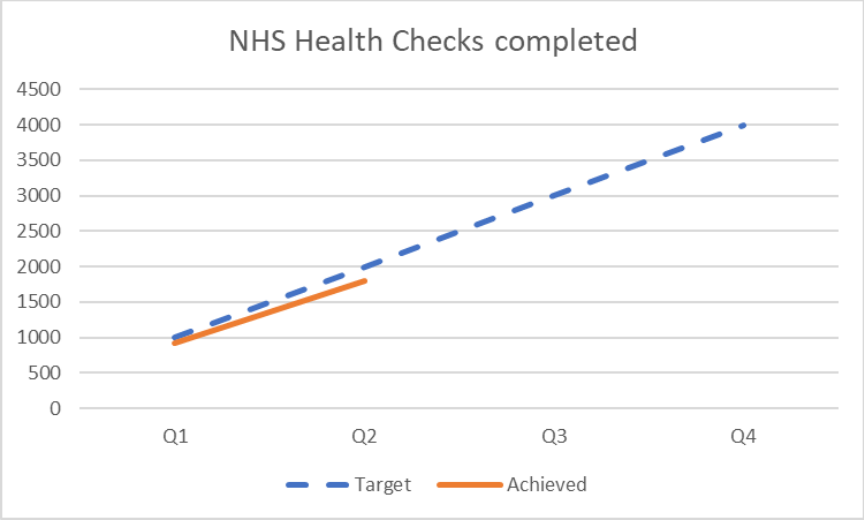
1. **Red** – current performance is off target by more than 10%
2. **Amber** – current performance is off target by 10% or less
3. **Green** – current performance is on target by up to 5% over target
4. **Blue** – current performance exceeds target by more than 5%

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




Health Trainer Services - Achievement against target for adult referrals to the service from deprived areas
160
140
120
100
80
60
40
20
0
Category 1
Category 2
Category 3
Category 4
Target
Achievement


Stop Smoking Services - Achievement against target for 4-week smoking quitters
900
800
700
600
500
400
300
200
100
0
Category 1
Category 2
Category 3
Category 4
Target
Achievement



4.2.2 Integrated Behaviour Change Services

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

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

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

4.2.3 Stop Smoking Services

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

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

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

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

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

4.2.3.5

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

4.2.3.6

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

4.2.4

Primary Care Services

4.2.4.1

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

4.2.4.2

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

4.2.5

Integrated Contraception and Sexual Health Services (iCASH)

4.2.5.1

iCASH services in Peterborough are commissioned from Cambridgeshire Community Services NHS Trust (CCS) through a Section 75. During 2021/22, the service was still being impacted by Covid19 clinical safety measures which affected the number of patients that can be seen face to face in clinic, with social distancing measures still in place.
During the year, a new Single Point of Access was introduced and became embedded. New phone IT infrastructure is in place which monitors call waiting and demand times. In response to this staff resources have been deployed across ICASH to help manage call demand/wait times and offer a more responsive service.

4.2.5.2

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

4.2.5.3

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

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

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

4.2.5.5 Overall iCaSH continue to provide a good level of service to residents of Peterborough.
The following are the main performance Indicators which are 'RAG' rated against their set targets as follows.
Red – current performance is off target by more than 10%
Amber – current performance is off target by 10% or less
Green – current performance is on target by up to 5% over target
Blue – current performance exceeds target by more than 5%

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

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

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

4.2.6

Prevention of Sexual ill Health

A new service to support vulnerable population groups at highest risk of poor sexual health, began on the 1st of October 2020 operated by Terrence Higgins Trust.
Indicators are 'RAG' rated where targets have been set.
Red – current performance is off target by more than 10%
Amber – current performance is off target by 10% or less
Green – current performance is on target by up to 5% over target
Blue – current performance exceeds target by more than 5%

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

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

4.2.6.2

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

4.2.7

Drug and alcohol services

4.2.7.1 Drug and alcohol services in Peterborough are commissioned from Change Grown Live (CGL) (Aspire). Overall, the Aspire service continues to perform ok under challenging conditions. Some of the key performance indicators are shown in the table below:
Indicators are 'RAG' rated where targets have been set as follows.
Red – current performance is off target by more than 10%
Amber – current performance is off target by 10% or less
Green – current performance is on target by up to 5% over target
Blue – current performance exceeds target by more than 5%

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

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

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

4.2.7.3

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

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

4.2.7.4

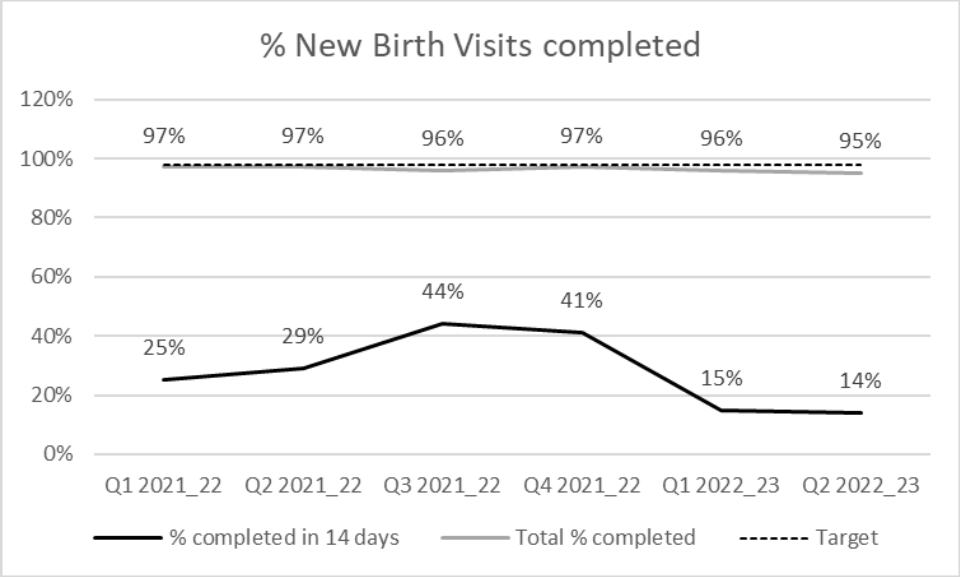
CGL ASPIRE have increasingly focused attention on harm reduction and stabilisation of clients, with Hep B and C testing, vaccination, and treatment figures all showing significant improvements and aiming towards micro elimination (HCV). The service has also successfully introduced Buvidal prescribing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

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

4.2.8

Healthy Child Programme

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



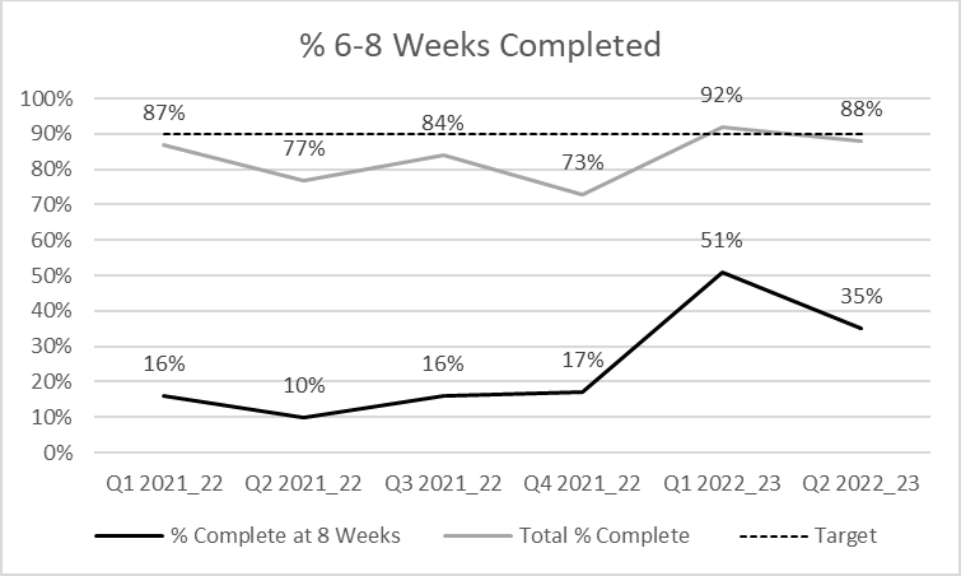
4.2.8.1

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

4.2.8.2

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

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



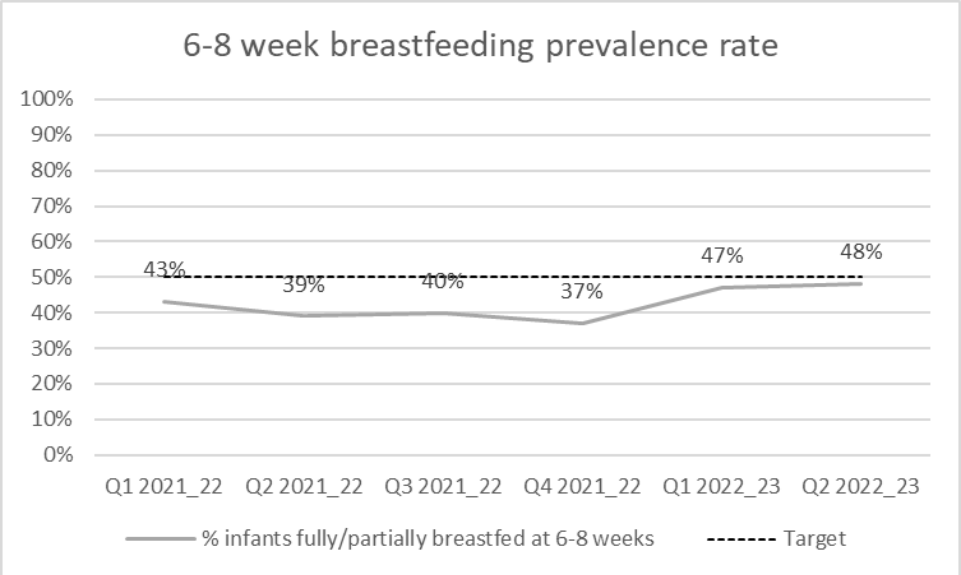
4.2.8.3

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

4.2.8.4 away and want to reschedule appointments, as well as staff annual leave.

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

Percentage of infants breastfeeding at 6-8 weeks



4.2.8.5

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

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

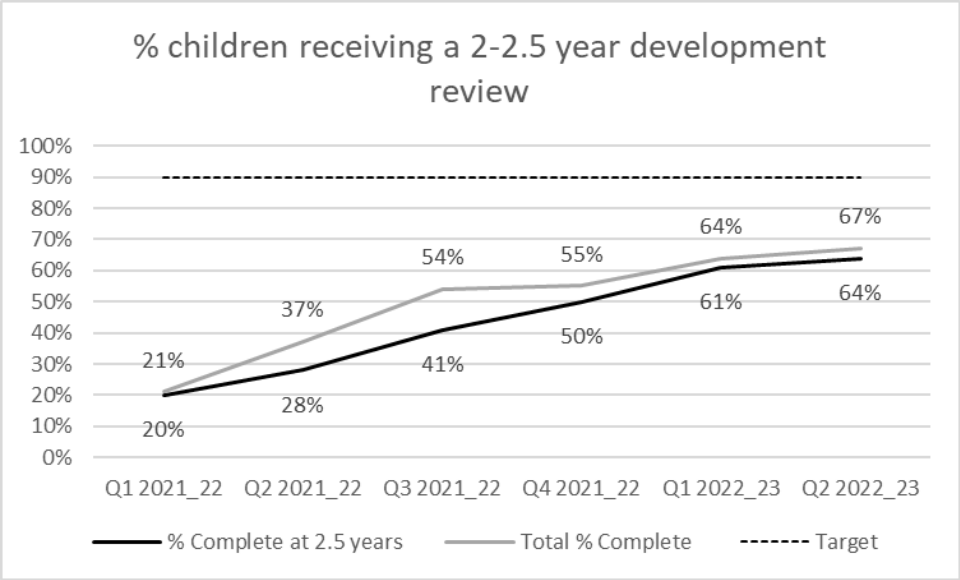
To address low breastfeeding rates in Peterborough, along with support offered through Health Visitors and Maternity services, there is also a community breastfeeding peer support service commissioned across Peterborough and Fenland and is provided through the NCT.

4.2.8.7

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

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

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



4.2.8.9

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

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

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

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

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

4.3.1 Health and Wellbeing Boards (HWBs) were established under the Health and Social Care Act 2012. HWBs are required to produce a joint strategic needs assessment (JSNA) and a health and wellbeing strategy. The strategy should translate findings from the JSNA into clear outcomes the board wants to achieve. Guidance published by the Department of Health & Social Care (DHSC) on 22nd November 2022 states that HWBs will need to consider the integrated care strategies when preparing their own strategy to ensure they are complementary. Conversely, HWBs should be active participants in the development of the Integrated Care Strategy as this may also be useful for HWBs to consider in their development of their Strategy

4.3.2 The Integrated Care Partnership (ICP) has a specific responsibility to develop an Integrated Care Strategy for its whole population using best available evidence and data, covering health and social care (both children's and adult's social care), and addressing the wider determinants of health and wellbeing. The ICP is accountable for producing the Integrated Care Strategy, however the responsibility for the delivery of the Strategy sits across the local system partners i.e., Integrated Care Board, Local Authorities and NHS England.

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4.3.4 Locally, system partners have agreed they will have a shared Cambridgeshire and Peterborough Health and Wellbeing and Integrated Care Strategy owned across the whole system, that is based on the needs identified from Joint Strategic Needs Assessments (JSNAs). The overarching goals and four contributing priorities were identified at development days during late 2021 and early 2022 with system partners, including HWB members, the Combined Authority, CCG and other emerging ICP membership.

4.3.5 We have taken a unique approach to developing our Strategy by integrating the two strategies as one single document. This demonstrates how, in order to meet the statutory requirements for both the HWB and ICP (Integrated Care Partnership), The system is truly integrated and taking due regard of the four health and wellbeing priorities identified earlier this year. This is a significant step forward for our system leadership team, who collectively have taken the opportunity to harness integration through this approach and in doing so help to accelerate integrated working

4.3.6 The HWB identified three ambitions and four priority areas to meet these ambitions. The four priority areas have now been further developed as separate chapters to accompany the HWB ICP strategy. The documents will be made available here www.cpics.org.uk

Our ambitions for 2030:

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

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

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

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

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

4.4 Adult Social Care Sector Led Improvement

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

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

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

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

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

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

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

4.4.6

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

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

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

Performance against the Adult Social Care Outcomes Framework

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

Areas where Peterborough performs comparatively well are:

4.4.8

Indicators taken from the national surveys of service users and carers

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

Other indicators

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

Areas where Peterborough performs comparatively less well are:

4.4.9

Indicators taken from national surveys of service users and carers

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

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

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

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

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

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

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

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

Key question: safe

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

Key question: responsive

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

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

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

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

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

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

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

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

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

4.4.17

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

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

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

4.4.18

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

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

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

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

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

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

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

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

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

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

4.4.21

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

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

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

4.4.22

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

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

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

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

4.4.23

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

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

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

4.4.24

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

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

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

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

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

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

Together we agreed This priority had two aims:

- To provide a wider variety of communication channels for the public to use in order to improve access to information and advice for those who do not have access to the internet.

2.To improve access to the internet for individuals and communities and raise awareness of the community support available to help with this.

What we have done -

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

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

Together we agreed this priority had two aims:

- To improve the experience of individuals and/or their family/carers in the transition from children's services into adult services. This could be for social care or health services.

- To improve the support available to individuals with experience of multiple disadvantages as they transition into and out of support, such as when individuals move into housing services.

What we have done

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

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

Together we agreed this priority had three aims:

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

What we have done

1. Set up two task and finish groups:

- Group One – To agree how to apply the SUN Network Co-production and Involvement Best Practice Guidance in everyday practice within Adults and Safeguarding.

- Group Two – To agree how to apply the SUN Network Co-production and Involvement Best Practice Guidance within the local health and social care system, related to commissioning practice and system development.

- Produced a Cambridgeshire and Peterborough Shared Commitment to Co-production document.

- Produced a Co-production Standards Checklist document, using the SUN Network Co-production and Involvement Best Practice Guidance '*Steps to Success: A Commissioner and Services Co-production Plan for Achieving Success*.'

- Had research carried out into co-production training, guidance, and reimbursement/recognition for activities carried out by experts by experience.

- We have: Agreed 'I' and 'We' statements describing the outcomes that individuals would like to happen related to:

- The Adult Social Care needs assessment / Care and Support planning / Adult Social Care review processes

- Information and Advice

- We have Agreed areas of Adult Social Care practice which could be co-produced. These included:
  - Adult Social Care feedback forms.
  - Adult Social Care standard letters.
  - Adult Social Care information for the public (such as care and support information factsheets).
  - Guidance on how meetings are run.

4.6 Key actions for adult social care going forward

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

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

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

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

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

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

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

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

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

5. CONSULTATION

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

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

6. ANTICIPATED OUTCOMES OR IMPACT

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

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

7. REASON FOR THE RECOMMENDATION

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

8. ALTERNATIVE OPTIONS CONSIDERED

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

9. IMPLICATIONS

9.1 Financial Implications

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

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

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

9.2 Legal Implications

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

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

9.3 Equalities Implications

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

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

9.4 Rural Implications

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

9.5 Carbon Impact Assessment

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

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

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985
LGA Peer Review Final Report
ASCOF published results - Measures from the Adult Social Care Outcomes Framework, England, 2021-22 - GOV.UK (www.gov.uk)

10.1 *NA*

11. APPENDICES
Appendix One – Adult Social Care Outcomes Framework results 2021/22
Appendix 2 – You Said We Did – coproduction summary

11.1 *NA*

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