

CABINET

MONDAY 25 FEBRUARY 2013, 10.00 AM

Bourges/Viersen Room - Town Hall

Contact – Alexander.daynes@peterborough.gov.uk, 01733 452447

AGENDA

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Circulation

Cabinet Members

Scrutiny Committee Representatives

Directors, Heads of Service

Press

*Any agenda item highlighted in bold and marked with an * is a 'key decision' involving the Council making expenditure or savings of over £500,000 or having a significant effect on two or more wards in Peterborough. These items have been advertised previously on the Council's Forward Plan (except where the issue is urgent in accordance with Section 15 of the Council's Access to Information rules).*

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MINUTES OF CABINET MEETING HELD 21 JANUARY 2013

PRESENT

Cabinet Members: Councillor Cereste (chair), Councillor Dalton, Councillor Fitzgerald, Councillor Hiller, Councillor Holdich and Councillor Seaton.

Cabinet Advisers: Councillor Elsey, Councillor Goodwin and Councillor North

1. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Lee, Scott and Walsh.

2. DECLARATIONS OF INTEREST

None received.

3. MINUTES OF CABINET MEETING 10 DECEMBER 2012

Cabinet agreed that the minutes of the meeting held 10 December 2012 were accurate.

STRATEGIC DECISIONS

4. COUNCIL TAX BASE AND BUSINESS RATES 2013/14

Cabinet received a report that formed part of the preparation for setting the council's budget. The report needed to be considered so that figures for the tax base, the Collection Fund and the amount of business rates to be collected could be used in setting the Council Tax and notified to other affected authorities.

Councillor Seaton introduced the report highlighting that the council tax base had increased from the previous year, the final estimated fund deficit had been updated to £308,949 and a new retention scheme for a proportion of the business rates collected would be available in the next financial year.

Cabinet considered the report and **RESOLVED** to:

1. Endorse the calculation of the Council Tax Base for 2013/14 at a level of 50,158 band B and D equivalent properties;
2. Note the estimated Collection Fund deficit as at 31st March 2013 of £308,949; and
3. Approve the use of the provisional National Non Domestic Rates 1 as the basis of the final return for 2013/14 and delegate to the Executive Director Strategic Resources responsibility for approving and returning the final return to the Secretary of State by 31st January 2013.

REASONS FOR THE DECISION

The Council Tax Base could be set at a higher or lower level. However, this could have the effect of either inflating unnecessarily the amount of Council Tax to be set or setting the tax at a level insufficient to meet the Council's budget requirements. A similar position could arise if the surplus or deficit were set at a higher or lower level.

The calculation and return of the information included in the NNDR1 is a statutory requirement which can be formally delegated to an officer.

ALTERNATIVE OPTIONS CONSIDERED

No alternative options were available.

5. COUNCIL TAX SUPPORT SCHEME

Cabinet received a report following the consultation on proposals made by Cabinet on 24th September 2012, including discussion at the Sustainable Growth and Environment Capital Scrutiny Committee on 8th November 2012, for a Local Council Tax Support Scheme for Peterborough.

Councillor Seaton introduced the report highlighting that pensioners would be protected from the scheme, additional notice of the proposed scheme was provided to benefit claimants and the option to revisit the scheme after one year depending on local social and economic changes was available.

During debate on the scheme it was requested that a group of officers from the council and its partners be formed to work together to assist in tackling fuel poverty for those residents most affected by these changes.

Cabinet considered the report and **RESOLVED** to:

Recommend to Full Council on 30th January 2013 the adoption of the Local Council Tax Support scheme for Peterborough, including the proposed 30% reduction in benefit for working age claimants and the draft scheme documentation.

REASONS FOR THE DECISION

The Medium Term Financial Strategy (MTFS) approved by Council in February 2012 was based on a local scheme being adopted and therefore putting no additional pressure on the council's budget i.e. any reduction in grant would be fully met through changes in the benefit scheme, rather than cuts being made in services elsewhere across the Council. Given the impact that such cuts could have, it was considered that this approach was acceptable.

ALTERNATIVE OPTIONS CONSIDERED

Regulations require that Full Council approves the new Council Tax Support scheme. Any alternative to the proposed reduction in benefit would leave the Council facing significant additional costs.

10.20 a.m.

MINUTES OF CABINET MEETING HELD 4 FEBRUARY 2013

PRESENT

Cabinet Members: Councillor Cereste (chair), Councillor Dalton, Councillor Fitzgerald, Councillor Hiller, Councillor Holdich, Councillor Lee, Councillor Scott, Councillor Seaton and Councillor Walsh.

Cabinet Advisers: Councillor Elsey and Councillor North

1. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Goodwin.

2. DECLARATIONS OF INTEREST

None received.

STRATEGIC DECISIONS

3. BUDGET 2013/14 AND MEDIUM TERM FINANCIAL STRATEGY (MTFS) TO 2022/23

Cabinet received a report presenting budget proposals for 2013/14 through to 2022/23, in line with the provisional local government finance settlement for 2013/14 and in advance of some Department for Education specific grants being announced. The report contained three key sections and set out proposals for consultation to enable Cabinet at its meeting on 25 February to make recommendations to be made to the meeting of Full Council on 6 March 2013:

- Cabinet report and summary of council funding implications, including proposals on council tax;
- The draft MTFS, including capital strategy, asset management plan and Treasury Strategy. This will allow consultation to take place on these elements; and
- The budget consultation document to enable scrutiny, stakeholder and public consultation.

Councillor Seaton introduced the report highlighting the financial pressures faced by the city council; the continued commitment to growth, regeneration and economic development to attract further inward investment to the city; and the proposal to freeze the council tax level to remain at one of the lowest levels in the country.

During debate on the report it was requested and agreed to include an additional priority of Keeping our communities safe and cohesive. Further debate highlighted the focus on education provision; reviews and revisions to children's play services and children's centres; commitment to children's safeguarding; continued development of a university for the city and future developments planned for the city's infrastructure.

Cabinet considered the report and **RESOLVED** to agree:

1. The following as the basis for the next stage of the budget consultation and in light of the announcement of the local government provisional settlement for 2013/14:
 - a) That the MTFs is set in the context of the council priorities.
 - b) The Budget monitoring report as the latest probable outturn position for 2012/13.
 - c) The draft revenue budget for 2013/14 and indicative figures for 2014/15 to 2022/23 (including the capacity bids and saving proposals).
 - d) The draft capital programme for 2013/14 to 2022/23 and associated capital strategy, treasury strategy and asset management plan.
 - e) The proposed council tax freeze in 2013/14 and indicative increases for planning purposes of 2% for 2014/15 to 2022/23.
 - f) To spend at the level of the Dedicated Schools Grant for 2013/14 to 2022/23.
 - g) The proposals for reserves and balances.
 - h) The proposals for setting fees and charges for 2013/14 including the indicative fees and charge increases for 2014/15 and 2015/16.
 - i) The proposal for the deferral of mandatory implementation of auto enrolment of pensions for employees until 30 September 2017.
2. To approve the budget proposals as the basis to consult with Scrutiny, Staff, Unions, Stakeholders and the public;
3. To note and have regard for the continuing uncertainty of national public finances, the impact that dwelling and business growth locally will have in future funding arrangements and the next Spending Round being published in the first half of 2013; and
4. To note that government grants will not be confirmed until the final settlement is released in February 2013.
5. To include, "Keeping our communities safe and cohesive", as an additional council priority.

REASONS FOR THE DECISION

The Council must set a lawful and balanced budget.

The Council is required to set a Council Tax for 2013/14 within statutory prescribed timescales and in accordance with the local referendum requirements contained within the Localism Act 2011.

Before setting the level of Council Tax, the Council must have agreed a balanced budget.

ALTERNATIVE OPTIONS CONSIDERED

Alternative levels of Council Tax increase and areas for growth/savings can be considered but this must be seen in the context of the Sustainable Community Strategy and other constraints, along with the loss of council tax freeze grant that any increase would lead to.

MONITORING ITEMS

4. ANNUAL AUDIT LETTER

Cabinet received a report following a referral from the Council's External Auditor (PriceWaterhouseCoopers) and the Audit Commission Relationship Manager. Cabinet was asked to consider and respond to the Annual Audit Letter for 2011/12, prepared

jointly by our external auditors PriceWaterhouseCoopers (PwC) and the Audit Commission Relationship Manager.

During debate it was highlighted that the external auditors had not placed any qualifications in the audit letter for the Council to act upon.

Cabinet considered the report and **RESOLVED** to:

Approve the Annual Audit Letter 2011/12.

REASONS FOR THE DECISION

The Council is required to consider the statutory Annual Audit Letter and make appropriate arrangements in response to recommendations.

ALTERNATIVE OPTIONS CONSIDERED

The External Auditor may take on board responses received prior to its formal publication, though he has a duty to produce and arrange for the publication of the Annual Audit Letter as soon as reasonably practical. No specific alternative options are submitted to Cabinet for consideration.

5. OUTCOME OF PETITIONS

Cabinet received a report updating it on the progress being made in response to petitions in accordance with Standing Order 13 of the Council's Rules of Procedure.

Councillor Cereste introduced the report.

Cabinet considered the report and **RESOLVED** to:

Note the action taken in respect of petitions presented to full Council.

REASONS FOR THE DECISION

Standing Orders required that Council receive a report about the action taken on petitions. As the petitions presented in this report have been dealt with by Cabinet Members or officers it is appropriate that the action taken is reported to Cabinet, prior to it being included within the Executive's report to full Council.

ALTERNATIVE OPTIONS

Any alternative options would require an amendment to the Council's Constitution to remove the requirement to report to Council.

10.30 a.m.

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CABINET	AGENDA ITEM No. 5
25th FEBRUARY 2013	PUBLIC REPORT

Cabinet Member(s) responsible:	Cllr Marco Cereste, Leader of the Council, Member for Growth, Strategic Planning, Economic Development, Business Engineering and Environment Capital	
Contact Officer(s):	Gillian Beasley, Chief Executive	Tel. 452302

TRANSFER OF PUBLIC HEALTH RESPONSIBILITIES TO PETERBOROUGH CITY COUNCIL

R E C O M M E N D A T I O N S	
FROM : Chief Executive	Deadline date : N/A
<ol style="list-style-type: none"> 1. To note that the Council will become responsible for the delivery of certain public health functions with effect from 1st April 2013, and will acquire statutory responsibilities under the Health & Social Care Act 2012; 2. To authorise the Chief Executive to make arrangements for the appointment by the Council of a Director of Public Health for Peterborough, in line with Department of Health proposals following the Health & Social Care Act 2012 (“the Act”); 3. To note the national approach taken to transferring staff from the Peterborough Primary Care Trust (PPCT) to the Council including the implications for the initial transitional structure for the public health function at the point of transfer from 1st April 2013 (paragraph 4.14 refers); 4. To note the ring fenced public health grants of £8,446,100 for 2013/14 and £9,290,700 for 2014/15; 5. To note that the Council will need to review its structures and priorities to ensure that its responsibility for public health is fully aligned with its existing core business; 6. To authorise the Solicitor to the Council to conclude arrangements for contracts for Public Health Services, including, as appropriate, entering into new contracts, novating contracts or extending and novating existing contracts to the Council, to enable the public health functions to continue to be delivered following transfer of responsibilities; 7. To authorise the Solicitor to the Council, in consultation with the Cabinet member for Adult Social Care, to sign a business Transfer Agreement with PPCT; 8. To note that a report will be presented to Council at its meeting on 6th March to agree to update the Constitution to note the leader’s scheme of delegations and also to make provision for the Health & Wellbeing Board. The draft report is attached at Appendix 1. 	

1. ORIGIN OF REPORT

1.1 This report is submitted to Cabinet following a referral from the Chief Executive.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to describe the responsibilities and implications of the transfer of certain Public Health functions from Peterborough Primary Care Trust (PPCT) to the Council under the Health & Social Care Act 2012 (“the Act”), with effect from 1st April 2013.

- 2.2 This report is for Cabinet to consider under its Terms of Reference No. 3.2.5 ‘To review and recommend to Council changes to the Council’s Constitution, protocols and procedure rules.’

3. TIMESCALE

Is this a Major Policy Item/Statutory Plan?	NO	If Yes, date for relevant Cabinet Meeting	
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4. THE TRANSFER OF PUBLIC HEALTH RESPONSIBILITIES - BACKGROUND

4.1 The Health & Social Care Act 2012 (the “Act”) set out substantial structural change to the organisation and delivery of health & social care services, including returning the responsibility for certain public health functions to local authorities (see Annex 1) (the proposed Council report is attached as Annex 2).

4.2 In support of these new responsibilities, the Council must appoint a Director of Public Health, jointly with the Secretary of State for Health, and in accordance with guidelines set out by the Department of Health, including guidance as to appointment and termination, terms and conditions, and management.

4.3 The enhanced role for local authorities includes:

- i) leading joint strategic needs assessments to ensure coherent and coordinated commissioning strategies;
- ii) ensuring local people’s voices are heard, and the exercise of patient choice;
- iii) promoting joined up commissioning of local NHS services, social care, and health improvement, and
- iv) leading on health improvement and prevention activity.

THE PUBLIC HEALTH RESPONSIBILITIES OF THE LOCAL AUTHORITY

4.4 Initially the Council’s mechanisms for delivery of public health will be broadly the current responsibilities of the public health team (currently employed by PPCT). However it is widely recognised that the transfer is an opportunity to transform the delivery of public health, addressing the wider social determinants of health through the full range of Council functions and partnerships. An important aspect to improving health will be to pursue closer working and integration of health and social care, to respond to individual needs in a more holistic way.

4.5 Directly on commencement the Act transfers certain public health activities to the Council, relating to work within schools. It also transfers the school nursing service, that is, those working in a public health function with school –aged children and their families. This does not include responsibility for the under 5’s, which will be the responsibility of the NHS Commissioning Board until 2015, when the Secretary of State has indicated that it will transfer to the local authority.

4.6 Department of Health policy documents make it clear that the provision of the additional public health services will become the responsibility of the local authority with effect from 1st April 2013, including:

- Providing appropriate access to sexual health services;
- Ensuring there are plans in place to protect the health of the population, including immunisation and screening;
- Ensuring NHS commissioners receive public health advice on matters such as health needs assessments for particular conditions or disease groups, evaluating evidence to support the clinical prioritisation for populations and individuals and new drugs and technologies in development – this advice has become known as the “core offer” from public health to Clinical Commissioning Groups; and

- The NHS Health Check programme for people between 40 and 74.;
- The National Child Measurement Programme (NCMP).

- 4.7 The Act also places a duty on local authorities to take on the duties of the NHS for appointing medical examiners and related activities including funding and monitoring the work of medical examiners. These duties were created by the Coroners and Justice Act 2009, but are unlikely to be in force until at least April 2014. When these responsibilities come into force, they will be the responsibility of the local authority, and funded from the ring fenced public health grant.
- 4.8 The Director of Public Health and his team will be working closely with the CCG to agree a memorandum of understanding about the level of support and working arrangements.
- 4.9 The Council will receive a Public Health Grant (see Financial implications, section 9.1) from which it will be responsible for commissioning a range of services. Some services will be mandatory, and for those which are not, commissioning decisions will reflect the Joint Strategic Needs Assessment and Health & Wellbeing Strategy.

TRANSFER OF CONTRACTS TO THE COUNCIL

- 4.10 A range of contracts are currently held by PPCT and the NHS, which relate to the funding that will make up the Public Health Grant. Those contracts which will not expire by 31 March 2013 will need to transfer to the Council on 1st April 2013. A considerable amount of work has been undertaken with the PCT, the NHS, and within the Council, to identify the relevant contracts, and liaise with suppliers with a view to either novating transferring contracts to the Council, or entering into new contracts with effect from 1st April 2013. The majority of smaller contracts will be novated and in some cases, extended for a further period of time (not exceeding one year) to give the Council sufficient time to consider the value for money provided by the existing provider, and consider whether it might be beneficial to re-commission the contracts.
- 4.11 A significant proportion of public health services are commissioned through three large provider contracts, as follows:
- 4.11.1 Peterborough Primary Care Trust (PPCT) as Coordinating Commissioner and Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT) Agreement.

Under the terms of this contract GUM (genito-urinary medicine) services are commissioned from PSHFT. It was entered into by the Coordinating Commissioner PPCT on behalf of itself and its Associates, (Cambridgeshire PCT and Norfolk PCT). The contract is in practice renewed annually, and is due to expire on 31st March 2013, although historically it has been “rolled over” for many years. In practical terms, the amount of time available for the parties to extricate themselves from this arrangements, and make alternative provision, without there being a gap in service provision, make it attractive to both parties to extend the contract for a further year, and discussions are currently taking place with PPCT to agree terms..

- 4.11.2 Peterborough Primary Care Trust (PPCT) as Coordinating Commissioner and Cambridgeshire Community Services NHS Trust (CCS)

The public health services provided under this contract which will pass to the Council include dietetics and obesity weight management and contraceptive and sexual health services,

The background to this contract is similar to that of the agreement set out in 4.11.1 and for the same reasons it is prudent to extend this contract for a further year. Again, discussions are currently taking place with PPCT to agree terms.

- 4.11.3 Cambridgeshire primary Care Trust as Coordinating Commissioner (CPCT) and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Agreement

The public health services provided under the contract which will pass to the Council include school nursing services, alcohol services and the provision of a dedicated detoxification bed. The Coordinating Commissioner also acts on behalf of itself and its Associates, which includes Peterborough PCT. Discussions are currently ongoing regarding the recommissioning of these services for a further year for the same reasons as set out in 4.11.1.

STRUCTURE & TRANSFER OF STAFF

- 4.12 Under the Act, the Director of Public Health (who must be an appropriately qualified and accredited public health specialist) must be a statutory chief officer of the authority and the principal adviser on all health matters to elected members and officers. Direct accountability is expected to the Chief Executive, and the person appointed must have direct access to elected members. The Director of Public Health (currently employed by the NHS) is already a member of the Council's Corporate Management Team (CMT) and this will continue.
- 4.13 Under the national provisions for transfer of staff, the Director of Public Health currently employed by the NHS would transfer under TUPE conditions to the Council. However, the current Director of Public Health, Dr Andy Liggins, has decided to leave his role to pursue other personal and professional interests, and will leave before 1st April 2013. The Council is under a statutory responsibility to appoint an officer as Director of Public Health, and the Chief Executive will need to take steps to ensure a temporary appointment initially, with effect from 1st April 2013, followed by a permanent appointment as soon as practicable.
- 4.14 The Director of Public Health will have a team of staff to deliver the Council's responsibilities. There are national provisions in place relating to the transfer of staff as a result of the transfer of public health responsibilities, and the majority of staff currently employed by PPCT in the public health team will therefore transfer across to the Council on their existing terms and conditions including the retention of an NHS pension scheme as directed under the guidelines issued. The staff will have the same service responsibilities on transfer, although working with the team, some changes may be made to maximise efficiencies and to take the opportunity to transform public health, although the primary focus immediately upon transfer will be to ensure continuity of service and outcomes.
- 4.15 The majority of the current public health team will transfer to the Council with effect from 1st April 2013, and have already relocated to Bayard Place (in October 2012) to work more closely with the Neighbourhood Teams.

5. CONSULTATION

- 5.1 There has been close consultation with PPCT, and in particular with the Director of Public Health, and his team. Wider public consultation has not been necessary, because this is a national initiative, with which the Council has no choice but to comply, and in accordance with quite strict guidelines.
- 5.2 The affected staff are being consulted in accordance with the Council and PPCT's respective obligations in respect of the staff transfer, as have the appropriate Trades Unions.
- 5.3 This report is being sent to the Scrutiny Committee for Health, and they will be offered the opportunity to consider the matter more closely at their meeting of 12th March 2013, prior to the transfer, to feed in their comments on how public health within the Council will operate in practice.

6. ANTICIPATED OUTCOMES

That the responsibility for public health, and the staff currently employed by PPCT in the public health team, will transfer to the Council with effect from 1st April 2013, and from that

time the Council will work to integrate public health into its current core functions, and maximise the opportunity to improve the public health outcomes for the people of Peterborough.

7. REASONS FOR RECOMMENDATIONS

The recommendations are to allow the Council to fulfil its obligations under Health & Social Care Act 2012, and related regulations and guidance.

8. ALTERNATIVE OPTIONS CONSIDERED

The Council has no choice but to accept the transfer of responsibilities for public health, as this is in accordance with statutory requirements. It also has a statutory responsibility to appoint a Director of Public Health. The Council has little flexibility about its approach, particularly on matters concerning staff transfer. It does have some flexibility over the potential to share functions with other authorities, for example, it could consider appointing a joint Director of Public Health with another local authority. This has been considered, particularly as the current Director of Public Health is leaving prior to the transfer of responsibilities to the Council. However, the option has been rejected as a definitive solution in favour of retaining a Director to focus specifically on the needs of Peterborough, as it is considered that, at least in the foreseeable future, this is likely to maximise the ability of the Council to improve public health outcomes for Peterborough and its residents. The Council will continue to review the optimum delivery model following transfer, when it will have a much more detailed knowledge of the requirements to meet Peterborough's public health needs.

9. IMPLICATIONS

9.1 Financial

The Council will receive a public health grant which it is intended should enable it to fulfil its public health responsibilities. The grant is allocated by the Department for Health using a formula developed specifically for this purpose. For 2013/14 the sum will be £8,446,100 and this will increase to £9,290,700 for 2014/15. It is currently expected that this grant will be sufficient to meet the costs of the service. As some elements of the service are demand led, the service will need the same rigorous financial monitoring applied to it as for all other council services.

The Council will also consider how it can take best advantage of the benefits of closer working with neighbourhoods and improved joint commissioning to see where efficiencies can be made. Although the grant is ring fenced, some of the Council's current activities fall within its new responsibilities and the broader approach to public health, and savings can be reinvested to help improve outcomes. The financial implications of the transition itself were covered by a Cabinet Member Decision Notice (Public Health Transition - DEC12/CMDN/159)

9.2 Legal

The Council has a statutory obligation to accept the transfer of responsibility for public health, and to accept the transfer of public health staff from PPCT. The legal obligations, including those relating to existing contracts, are set out in the body of the report. It should further be noted that s12 of the Health and Social Care Act 2012 amends s2 of the National Health Service Act 2006 and imposes a new duty under s2B as follows:

"Each local authority must take such steps as it considers appropriate for improving the health of the people in its area".

9.3 Human resources

The current public health staff employed by PPCT will transfer to the Council on 1st April 2013 under the Transfer of Undertakings (Protection of Employment) Regulations 2006, and under additional transfer guidance developed by the National Concordat Steering

group (a group including the Local Government Organisation, Department of Health, NHS Employers and trade unions). The Council, as receiving organisation for the staff, is obliged to act in accordance with this national guidance.

9.4 **Property**

The Public Health team have already moved to the 4th floor of Bayard Place, as stated in section 4.16. Their previous location, on the 2nd floor of the Town Hall, has therefore been vacated and the plan is for that space to be used by additional members of Adult Social Care who are looking to consolidate the number of premises used by its staff.

9.5 **Risk management**

The transfer is being tightly project managed to minimise the risks of the transfer of public health responsibilities to the Council. Risks associated with the transfer will continue to be reviewed by CMT on a regular basis. The risks are shared with all upper tier Councils taking on public health responsibilities, and there is national support and guidance available to minimise risks, especially from the Local Government Association.

9.6 **Equality**

PPCT, in conjunction with the Council, have carried out a full Equality Impact Assessment on the transition of the Public Health service into the local authority, and no negative impacts were identified.

The transfer of public health functions will provide the Council greater opportunities to work with all residents to improve their quality of life and improve outcomes for all groups, particularly those who are in some way disadvantaged. There will be opportunities to consider how the Council's current core services are delivered, and whether they can be delivered differently to improve the impact on public health outcomes. Integration of services between health and the local authority is a driving theme of the Act, and equality should be addressed by the better integration of services meeting residents' needs in a more holistic way. It is intended that the transfer of public health functions to local authorities will enable them to reduce inequalities in health and wellbeing.

9.7 **Crime & Disorder Act s17**

This Act requires the Council to have regard to the prevention and reduction of crime and disorder in all its strategic planning and operational delivery. The duty will extend to the delivery of the public health function. The Council is also required under the Crime and Disorder Act to work specifically to reduce the harm to the community caused by drugs and alcohol, and this will be integrated with the work of the public health team in this area.

10. **BACKGROUND DOCUMENTS**

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

Local Government association: Get in on the Act – Health & Social Care Act 2012
Department of Health Publications and Guidance, including Healthy Lives, healthy People: Update & Way Forward (July 2011), Transitional Working Arrangements (DH/LGA June 2012), Healthy Lives, Healthy People – Update on Public Health Funding (June 2012)

Annex 1: Services Being Transferred

Public health services to be provided or commissioned by local authorities

In addition to the functions set out below, local authorities will be responsible for providing population health advice, information and expertise to CCGs to support them in commissioning health services that improve population health and reduce inequalities. Local authorities will also need to ensure plans are in place to protect the health of their population and will have a supporting role in infectious disease surveillance and control and in emergency preparedness and response.

Service	Local authority commissioning	Related CCG commissioning	Related NHS CB commissioning
Children's public health 5-19	Healthy Child Programme for school-age children, including school nursing	Treatment services for children, including child and adolescent mental health services (CAMHS)	Healthy Child programme (pregnancy to five years old), including health visiting and family nurse partnership Immunisation programmes
Sexual health	Contraception over and above GP contract Testing and treatment of sexually transmitted infections (excluding HIV treatment) Sexual health advice, prevention and promotion	Promotion of opportunistic testing and treatment Termination of pregnancy services (with consultation on longer-term arrangements) Sterilisation and vasectomy services	Contraceptive services commissioned through GP contract Sexual assault referral centres HIV treatment
Public mental health	Mental health promotion, mental illness prevention and suicide prevention	Treatment for mental ill health	Mental health interventions under GP contract Some specialised mental health services
Physical activity	Local programmes to address inactivity and other interventions to promote physical activity	Advice as part of other healthcare contacts	Brief interventions in primary care
Obesity programmes	Local programmes to prevent and address obesity, e.g. National Child Measurement Programme and weight management services	Advice as part of other healthcare contacts NHS treatment of overweight and obese patients	Brief interventions in primary care Some specialist morbid obesity services
Drug misuse	Drug misuse services, prevention and treatment	Advice as part of other healthcare contacts	Brief interventions in primary care
Alcohol misuse	Alcohol misuse services, prevention and treatment	Alcohol health workers in a variety of healthcare settings	Brief interventions in primary care
Tobacco control	Local activity, including stop smoking services, prevention	Brief interventions in secondary care and maternity care	Brief interventions in primary care

	activity, enforcement and communications		
Nutrition	Any locally-led initiatives	Nutrition as part of treatment services, dietary advice in healthcare settings	Brief interventions in primary care
NHS Health Check Programme	Assessment and lifestyle interventions	NHS treatment following NHS Health Check assessments and ongoing risk management	Support in primary care for people with long term conditions identified through NHS Health Checks
Reducing and preventing birth defects	Population level interventions to reduce and prevent birth defects (with PHE)	Maternity services	Interventions in primary care such as pre-pregnancy counselling or smoking cessation programmes Some specialist genetic services Antenatal and newborn screening aspects of maternity services
Health at work	Any local initiatives on workplace health	NHS occupational health services	
Dental public health	Epidemiology, dental screening and oral health improvement, including water fluoridation (subject to consultation)		NHS occupational health services
Accidental injury prevention	Local initiatives such as falls prevention services		
Seasonal mortality	Local initiatives to reduce excess deaths		Flu and pneumococcal vaccination programmes

Public health services to be provided or commissioned by PHE – and related NHS CB/CCG commissioning

Service	PHE	Related CCG commissioning	Related NHSCB commissioning
Prevention and early presentation	Health improvement support for local authorities and NHS CB Social marketing and behaviour change campaigns including campaigns to prompt early diagnosis via awareness of symptoms	Promoting early diagnosis as part of community health services and outpatient services	Promoting early diagnosis as part of primary care
Infectious disease	Current functions of the Health Protection Agency (HPA) in this	Treatment of infectious disease Co-operation with PHE	Co-operation with PHE and local authorities on outbreak control

	area Public oversight of prevention and control, including co-ordination of outbreak management (with supporting role for local authorities)	and local authorities on outbreak control and related activity	and related activity Some specialist infectious disease services
Emergency preparedness and response	Current functions of HPA Emergency preparedness including pandemic influenza preparedness (supported by local authorities)	Emergency planning and resilience remains part of the core business for the NHS	Mobilising the NHS in the event of an emergency
Health intelligence and information	Intelligence and information on health improvement and health protection (with local authorities), including many existing functions of Public Health Observatories, Cancer Registries, National Cancer Intelligence Network, HPA and National Treatment Agency for Substance Misuse's National Drug Treatment Monitoring System	NHS data collection and information reporting systems (for example, Secondary Uses Service)	NHS data collection and information reporting system

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COUNCIL	AGENDA ITEM No.
6 March 2013	PUBLIC REPORT

CHANGES TO THE CONSTITUTION REQUIRED AS A RESULT OF THE TRANSFER OF PUBLIC HEALTH RESPONSIBILITIES TO THE COUNCIL UNDER THE HEALTH AND SOCIAL CARE ACT 2013 WITH EFFECT FROM 1ST APRIL 2013.

R E C O M M E N D A T I O N S
FROM : Helen Edwards – Solicitor to the Council
<ol style="list-style-type: none"> 1) That Council notes that the responsibility for Public Health is to be moved from the portfolio of the Cabinet Member for Adult Social Care at part 3, section 3, para 3.10 (d) into the Leader's personal portfolio at para 3.4 2) That Council notes the delegations from the Leader to the Director of Public Health, as shown in the attached Appendix 1, to be included in the Constitution 3) That Council approves the Standing Orders and Rules of Procedure in relation to the Health & Wellbeing Board as shown in the attached Appendix 2, to be included in the Constitution.

1. PURPOSE AND REASON FOR REPORT

- 1.1 With effect from 1st April 2013, the responsibility for certain public health functions will transfer to Peterborough City Council from Peterborough Primary Care Trust (PPCT) under the Health & Social Care Act 2012 ("the Act"). A report relating to this transfer, and actions needed to achieve it, will be considered by the Cabinet at its meeting on 25th February 2013, and by the time of this meeting any decision made by the Cabinet will have been published.
- 1.2 As a result of this transfer of responsibilities, with effect from 1st April 2013, the local authority will be required to employ a Director of Public Health, who will report to the Chief Executive, and be a member of the Council's Corporate Management Team (CMT). The Director of Public Health is currently employed by PPCT, although he is a member of the Council's CMT and there is already well-established joint working. However, as an employee of the NHS there are currently no functions delegated to the Director of Public Health, and Council is therefore asked to note the amendment to the Leader's scheme of delegations put before Annual Council on 23rd May 2012, by the inclusion of delegations to the Director of Public Health with effect from 1st April 2013 (see Appendix 1).
- 1.3 The Leader's scheme of delegations noted at Annual Council included delegations in respect of public health to the Cabinet Member for Adult Social Care, Council is now asked to note that this responsibility will be transferred to the Leader's portfolio. For the avoidance of any doubt Council is asked to note that this includes the much wider responsibilities that will become the Council's responsibility with effect from 1st April 2013.
- 1.4 s.194 of the Act requires that every upper-tier local authority establishes a Health & Wellbeing Board (HWB), with effect from 1st April 2013. The role of the HWB is:
- To provide strategic leadership
 - To strengthen the influence of local authorities and elected representatives in shaping healthcare commissioning
 - To support partnership working and integrated commissioning across the NHS, public health & social care; and
 - To develop the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS).

- 1.5 To enable the HWB to fit within local authority structures, the Act provides that the HWB is a committee of the local authority which established it, and for the purposes of any enactment is to be treated as if it were a committee appointed by that local authority under s102 of the Local Government Act 1972. However, this is a structure for convenience of governance only, as it has always been intended that the HWB operates very differently from a normal local authority committee appointed under s102. Therefore, s194(12) of the Act enables regulations to provide that any enactment relating to a committee appointed under s102 of the 1972 Act may be disapplied, modified or retained in relation to HWBs. The Department of Health intends that regulations will be laid in January 2013 and will come into force on 1 April 2013.
- 1.6 The HWB will review its terms of reference in light of these regulations, at the next meeting of the Shadow Board on 25th March 2013, and a further report will be brought back to Council at its meeting on 17th April 2013 for amendment if necessary. In the meantime Council is asked to approve the Terms of Reference set out in Appendix 2 of this report to enable the HWB to properly operate in its statutory form with effect from 1st April 2013.
- 1.7 It should be noted that as a local authority committee the standing orders and general rules of procedure set out in Part 4 of the Constitution will apply to the Health & Wellbeing Board, unless any provision is specifically excluded by its terms of reference, or is inconsistent with the statutory provisions relating to it.

2. BACKGROUND

- 2.1 Councils were encouraged by the Secretary of State to establish Shadow Health and Wellbeing Boards, to prepare for the implementation of the Act. The Council originally held informal, preparatory meetings in January and February 2012, to discuss the role and function of the HWB. This work was the basis of a Cabinet Member decision notice dated 1st April 2012, as a result of which the Shadow Board was established from June 2012, since when the meetings have been held in public. The final meeting of the Shadow Board will be on 25th March 2013, after which it will have full statutory status and no longer operate as a Shadow Board.
- 2.2 The Shadow Board has approved the terms of reference which Council is now being asked to include within the Constitution in relation to the Board in its full statutory format.
- 2.3 The membership of the Shadow Board was approved by the Cabinet Member decision notice, and is set out in the Terms of Reference attached at Appendix 2. This membership will continue after the HWB achieves full statutory status, although will be reviewed to take into account the passage and implementation of the Act and particularly to take account of the abolition of Primary Care Trusts on 31 March 2013 (their members to be replaced by representatives from the Clinical Commissioning Group and NHS Commissioning Board) and the replacement of local Link with Local HealthWatch.
- 2.4 One of the particular features of the HWB is, unlike other local authority committees, all of its members (including officers) have full voting rights. The Board may also co-opt other such representatives or persons in a non-voting capacity as it sees relevant in assisting it to undertake its functions effectively.

3. IMPLICATIONS

3.1 Legal

The recommendations in this report allow the Council to meet its statutory obligations under the Act. It has already followed the recommendations of the Department of Health in setting up a Shadow Board in advance of the statutory requirement to have a Board. Coupled with the recommendations to Cabinet at its meeting on 25th February 2013, these

recommendations will ensure that the Council meets its statutory requirements, which it will continue to keep under review. The HWB is supported by the Council's Legal and Governance team, which will ensure that it continues to fulfil its legal obligations.

3.2 Financial

The financial implications of the transfer of public health responsibilities to the local authority are dealt with in the report to Cabinet dated 25th February 2013. There are no financial implications to the specific recommendations within this Council report.

3.3 Other

There are no other specific implications resulting from the recommendations in this report.

4. CONSULTATION

The terms of reference being put forward were widely consulted on with partner organisations forming the Shadow Health & Wellbeing Board, before being adopted. There is no need for further consultation at this stage, but this will be kept under review. There will be ongoing consultation with the Scrutiny Commission for Health as the role of the HWB develops.

5. BACKGROUND DOCUMENTS

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

Cabinet member decision notice dated 1st April 2012
Report to Cabinet for its meeting on 25th February 2013.

APPENDIX 1

Part 3, Delegations section 3 – Executive Functions

3.26 Delegations to officer – Public Health Functions

3.26.1 The Director of Public Health (DPH) shall have the responsibility and delegation to carry out all of the local authorities functions under the NHS Act 2006 and the Health & Social Care Act 2012, and related Regulations, including, but not limited to:

- (a) writing the Annual report on the health of the local population (which the Council then has a duty to publish);
- (b) any actions necessary to improve public health;
- (c) any actions necessary to fulfil the Secretary of State's public health protection or health improvement functions;
- (d) exercising the local authority's functions in planning for, and responding to, emergencies that present a risk to public health;
- (e) co-operating with the police, the probation service and the prison service to assess the risks posed by violent or sexual offenders;
- (f) such other public health functions as the Secretary of State specifies in regulations;
- (g) responsibility for the local authority's public health response as a responsible authority under the Licensing Act 2003, such as making representations about licensing applications;
- (h) ensuring plans are in place to protect the population including through screening and immunisation, and where such programmes are delivered by other organisations, ensuring that the combined plans deliver effective programmes to the local population;
- (i) community infection prevention and control;
- (j) appropriate access to sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention);
- (k) ensuring NHS Commissioners receive the public health advice they need;
- (l) the National Child Measurement Programme;
- (m) the NHS Health Check Assessment;
- (n) if the local authority provides or commissions a maternity or child health clinic, the DPH has responsibility for providing Healthy Start vitamins;
- (o) any other functions which, in the professional opinion of the DPH, are necessary to fulfil the local authority's public health responsibilities.

3.26.2 The Director of Public Health shall be a member of the Health & Wellbeing Board, and may delegate attendance at this Board to a member of his management team in the event of his unavailability.

APPENDIX 2

Peterborough Health and Wellbeing Board **Purpose and Terms of Reference**

1. Background and context:

- 1.1 The Peterborough Health & Well Being Board has been established to provide a strategic leadership forum focussed on securing and improving the health and well being of Peterborough residents.

2. The aims are:

- 2.1 To bring together the leaders of health and social care commissioners to develop common and shared approaches to improving the health and well being of the community
- 2.2 To actively promote partnership working across health and social care in order to further improve health and well being of residents.
- 2.3 To influence commissioning strategies based on the evidence of the Joint Strategic Needs Assessment.

3. Its functions are:

- 3.1 To develop a Health and Well Being Strategy for the City which informs and influences the commissioning plans of partner agencies.
- 3.2 To develop a shared understanding of the needs of the community through developing and keeping under review the Joint Strategic Needs Assessment and to use this intelligence to refresh the Health & Well Being Strategy.
- 3.3 To oversee the transition and delivery of the designated public health functions in Peterborough
 - 3.3.1 In the first instance to consider and recommend to the Council and PCT the plans for the transfer of the designated public health functions to the Council in line with the requirements of the Health and Social Care Bill (Act)
 - 3.3.2 To keep under review the delivery of the designated public health functions and their contribution to improving health and well being and tackling health inequalities
 - 3.3.3 To consider the recommendations of the Director of Public Health in their Annual Public Health report.
- 3.4 To consider options and opportunities for the joint commissioning of health and social care services for children, families and adults in Peterborough to meet identified needs (based on the findings of the Joint Strategic Needs Assessment) and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.
- 3.5 To identify areas where joined up or integrated commissioning, including the establishment of pooled budget arrangements, would benefit improving health and wellbeing and reducing health inequalities.
- 3.6 By establishing sub groups as appropriate give consideration to areas of joint health and social care commissioning, including but not restricted to services for people with learning disabilities.

- 3.7 To oversee the development of Local HealthWatch for Peterborough and to ensure that they can operate effectively to support health and well being on behalf of users of health and social care services.
- 3.8 To keep under consideration, the financial and organisational implications of joint and integrated working across health and social care services, and to make recommendations for ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.
- 3.9 To ensure effective working between the Board and the Greater Peterborough Partnership ensuring added value and an avoidance of duplication.

4. Membership

- 4.1 Membership of the Health and Wellbeing Board will be composed of the following:

Peterborough City Council:

The Leader of the Council – Chairman of the Board
The Cabinet Member for Health & Adult Social Services
The Cabinet Member for Children’s Social Care
The Cabinet Member for Education, Skills and University

The Chief Executive
The Executive Director of Adult Social Services
The Executive Director of Children’s Services

Peterborough PCT:

The Chief Executive
The Director of Public Health

Cambridgeshire and Peterborough Clinical Commissioning Group

2 members representing Peterborough Local Commissioning Group
1 member representing Borderline Clinical Commissioning Group

LINK/Pathfinder Local Healthwatch

1 member

- 4.2 The membership will be kept under review and in particular will be amended consequential to the passage and implementation of the Health & Social Care Bill (Act) to take account of the abolition of PCTs and the replacement of local LinK with Local HealthWatch.
- 4.3 The Board shall co-opt other such representatives or persons in a non-voting capacity as it sees relevant in assisting it to undertake its functions effectively.

5. Meetings

- 5.1 The Board will meet in public.
- 5.2 The minimum quorum for the Board shall be 5 members which should include at least one elected member, one statutory director (DCS/DASS/DPH) and a PCT/CCG member.
- 5.3 The Board shall meet periodically and at least quarterly. Additional meetings shall be called at the discretion of the Chairman where business needs require.
- 5.4 Administrative arrangements to support meetings of the Board shall be provided through the City Council’s Governance team

6. Governance and Approach

- 6.1 The Board will function at a strategic level, with priorities being delivered and key issues taken forward through the work of the partnership organisations.
- 6.2 Decisions taken and work progressed will be subject to scrutiny of the City Council's Scrutiny Commission for Health Issues.

7. Wider Engagement

- 7.1 The Health and Wellbeing Board will develop and implement a communications engagement strategy for the work of the Board, including how the work of the Board will be influenced by stakeholders and the public.
- 7.2 The Board will ensure that its decisions and the priorities it sets take account of the needs of all of Peterborough's communities and groups are communicated widely.

8. Review

- 8.1 These Terms of Reference will be reviewed after 1 year to take account of the enactment and implementation of the Health & Social Care Bill (Act) and the experience that the Board will have developed over its initial period of operation.

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CABINET	AGENDA ITEM No. 6
25 FEBRUARY 2013	PUBLIC REPORT

Cabinet Member(s) responsible:	Cllr Wayne Fitzgerald , Cabinet Member for Adult Social Care	
Contact Officer(s):	Terry Rich, Executive Director Adult Social Care Jana Burton, Assistant Director Care Services Delivery Paul Stevenson, Interim Head of ASC Finance	Tel: 452409 Tel: 452440 Tel: 452306

CONSULTATION ON THE PROPOSED CHANGES TO ELIGIBILITY CRITERIA AND CHARGES FOR ADULT SOCIAL CARE

R E C O M M E N D A T I O N S
<p>Cabinet is recommended to:</p> <ol style="list-style-type: none"> 1) Note the responses received to the consultation with social care users, carers, staff and partners (appendix 1) on proposals to revise the council's eligibility criteria for council supported social care services, to extend access to reablement and the range of preventative services available to people with care needs who fall below eligibility criteria, modifications to the Adult Social Care charging policy and the removal of the subsidy to the home meals service. 2) Agree the following recommendations for implementation, which have been amended to reflect feedback received, together with the findings from the Equality Impact Assessment: <ol style="list-style-type: none"> a) Raise eligibility criteria for Adult Social Care from high/moderate to critical/substantial in line with Department of Health categories with effect from April 2013 for new service users and for existing service users from the date of their annual review or sooner if there is a change in circumstance which merits earlier review; b) Provide access to a period of reablement to all existing and new service users who would benefit; c) Offer a longer term transition plan to younger adults with long term conditions including those who fall below critical/substantial needs; d) Re-commission and further invest in 'a preventative offer' available to the wider community; e) Introduce the banded disability disregard (as specified in section 4.8); f) Introduce a charge for assistive technology ranging from £2.88 to £6.44 per week depending on the equipment provided; g) Change the qualifying pension age of 60 to "Pension qualifying pension age" to reflect national changes which will come into force; h) Introduce an administrative charge of £5 per week where the local authority acts as appointee for service users who lack capacity in line with good practice guidance issued by the association of Public Authority Deputies; i) In the light of feedback, modify the proposal regarding the subsidy on home meals to allow for a phasing of its removal in respect of hot meals over two years, resulting in an increase from £3.20 to £4.20 per meal from 1 April 2013 rising to £5.20 from 1 April 2014; and j) Increase the charge for frozen home meals from £2.00 to £2.60 per meal from 1 April 2013.

1. ORIGIN OF REPORT

- 1.1 This report is submitted to Cabinet following agreement from Cabinet on Monday 10 December 2012 to commence consultation on proposed changes to the charging structure

and the eligibility criteria for adult social care services. This consultation has now been completed.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to receive and to consider the results of the consultation on a number of measures designed to increase the emphasis on promoting independence and prevention amongst people with developing social care needs and to revise the eligibility criteria for Adult Social Care from April 2013.
- 2.2 To receive and to consider the results of the consultation on a number of changes to the Adult Social Care charging policy, including a review of the Disability Related Expenditure Disregard in the financial assessment, the introduction of new charges for assistive technology and the appointeeship service, and the removal of the subsidy for the home meals service.
- 2.3 This report is for Cabinet to consider under its Terms of Reference No 3.2.1, to take responsibility of the delivery of all strategic Executive functions within the Council's Major Policy and Budget Framework and lead the Council's overall improvement programmes to deliver excellent services.

3. TIMESCALE

Is this a Major Policy Item/Statutory Plan?	NO
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4. RESULTS OF CONSULTATION ON CHANGES TO ELIGIBILITY CRITERIA AND CHARGING POLICY IN ADULT SOCIAL CARE

- 4.1 On 10 December 2012, Cabinet agreed to commence consultation on changing Adult Social Care eligibility criteria from high/moderate to critical/substantial and to look at how the impact of such changes could be moderated by the extension of reablement and a preventative offer designed to meet the needs of the wider community, including self-funders, to increase independence and reduce dependence on ongoing statutory support. This approach is very much in line with the Council's approach to personalisation.
- 4.2 Cabinet further agreed to consult on a series of changes to charging. This was in line with the previous review of charging policy in 2011 to allow care charges to rise to the level of their actual cost for those service users who can afford to pay (either because they have capital above the funding threshold of £23,500 or have high incomes); and approved phased increases of these charges for existing service users over three financial years to protect them from the impact of steep increases.
- 4.3 The charging proposals out to consultation were in addition to the final phased increases for respite, day care and homecare.
- 4.4 Cabinet gave approval to the consultation and agreed that two letters should be sent out to service users and carers, the first before Christmas to signal the proposals, and the more detailed information and questionnaires to be sent out early in the New Year.
- 4.5 Revising Eligibility Criteria
- 4.5.1 Questionnaire responses to the proposal to change eligibility criteria to critical/substantial to ensure its resources are targeted on those most in need showed that 70.4% of respondents agreed.
- 4.5.2 There was, however, a significant level of concern raised by individuals, carers, staff and partner organisations about adults with life-long conditions - particularly those with a learning disability - who might no longer qualify for support but who would be vulnerable if left unsupported to be able to work (either paid or voluntary), manage to live independently

and could be at risk of social isolation. There was concern that the offer of reablement would be of too short a timescale to provide real benefit to this group of service users. In response to this, there has been a revision to the recommendations so that a transition plan with clear outcomes can be offered to support individuals over a longer time period. At the end of this period, based on need, individuals can be supported to access the revised “preventative” services together with a focused review of any elements of substantial risk that may require ongoing statutory support.

4.6 Extending the offer of Reablement

4.6.1 Questionnaire responses to the question about widening the offer of reablement to everyone who might benefit resulted in 90.1% agreeing with the proposal.

4.7 A Preventative Offer for the wider population and those with moderate needs

4.7.1 Questionnaire responses about whether the council should help people with moderate needs by giving money to support the voluntary sector to provide services that can be purchased resulted in 77.8% agreeing with the proposal. The list of ideas of what might be included in a preventative strategy designed to stimulate debate resulted in a ranking with 86.8% of respondents stating that easy access to equipment that helps you stay independent and safe as the most important, with 74.9% stating that keeping their home clean, safe and in good repair came second. These were followed by breaks for carers 74.2%. Over 70% of people wanted support in getting out and about in the community. Over 69% of people wanted information and advice about available services and help to work out what would work best for them or someone they cared for. There was also a very good take up from people wanting to contribute to the co-production of a preventative offer and a wide range of ideas and feedback on this.

4.8 Revising the disability related expenditure disregard

4.8.1 Questionnaire responses to the proposal to introduce a banded disability related expenditure (DRE) disregard showed that 57% of respondents agreed that the proposal was fair and equitable.

4.8.2 Concerns were raised by some consultees about the potentially intrusive nature of questioning needed to establish an individual’s disability related expenditure if the flat rate disregard was discontinued, and also the increased administrative burden to the financial assessment process. The introduction of a banded DRE disregard structured and linked to receipt of disability benefits would, therefore, address these concerns, and would continue to ensure that the process of financial assessment is not made unduly complex for service users. The proposed level of banded disregard to be applied from April 2013 is as follows:

Welfare benefit	Disregard
Lower rate of Disability Living Allowance	£10
Middle Rate of DLA/Low rate of AA	£15
High rate of DLA/AA	£25

4.8.3 The banded disregard will not prevent consideration of additional disability related expenses in individual cases and all service users will be given the opportunity to identify their own costs in excess of the banded disregard awarded.

4.8.4 National good practice and standard allowances will continue to be used in determining disability related costs and will be referred to in cases where the service user does not agree with the Council’s banded figure that has been applied. Evidence of actual expenditure may be requested at the Council’s discretion and service users will have the right to request a review of the DRE amount used in their financial assessment calculation if they disagree; and will further be able to make use of the Council’s complaints system if required.

4.8.5 The introduction of the banded disability related expenditure disregard will have the effect of increasing many service users' care charges, although the increased charge will remain at an affordable level because no service user paying a charge should be left with less income than Government prescribed protected income levels (Income support figure + 25%). It is estimated that approximately 600 service users may experience a charge increase; potentially generating additional revenue of up to £228,000 in 2013/14.

4.9 Introducing a charge for assistive technology

4.9.1 62% of the questionnaire respondents supported the proposal to include assistive technology as a chargeable service - although a number of comments were received at the consultation events in support of including Council funded assistive technology at no charge to the service user as part of the preventative offer. However, in order to ensure that the charging policy is consistent and keeps pace with changing care services technology, it is appropriate to include this as a chargeable service from April 2013. It is important to note that service users will only make a contribution towards any assistive technology services used if their financial assessment confirms that they can afford to do so. There are currently 229 service users in receipt of assistive technology, the majority of whom are in receipt of care charges and paying their maximum assessed charge. There are about 60 service users who would be affected. This change could generate additional revenue in the region of £9,000 in 2013/14.

4.10 Harmonise the qualifying age for pension credit

4.10.1 This proposal received very few comments during the consultation, and was accepted as a straightforward procedural requirement to reflect and keep in step with national welfare reform. On that basis, therefore, this proposal will be incorporated into the revised charging policy recommendations.

4.11 Introduce a charge for the appointeeship client money management service

4.11.1 Consultees generally felt that this was a fair and equitable proposal – but raised some concerns about the ethical issues involved in accessing a client's finances to pay Council charges. These concerns can be addressed by the Council's commitment to comply with national guidance on these matters and by ensuring that a charge would not be applied if this would cause financial hardship to an individual. The Council also manages client income as Court Appointed Deputy and raises charges and pays these from clients' finances under direction and with approval by the Court of Protection; so this is already established practice. Given these safeguards, a charge will, therefore, be introduced for the appointeeship service from April 2013, taking into account the individual's personal financial circumstances. It is expected that this will raise £13,000 by introduction of a charge of £5 per week in 2013/14.

4.12 Remove the subsidy for hot and frozen meals

4.12.1 This proposal generated significant feedback and comment. Responses to the meals question in the consultation questionnaire showed that a small majority (54%) disagreed with the proposal to remove the meals subsidy. Some respondents believed that the service was extremely valuable and should not be withdrawn, and were concerned that the subsidy may be withdrawn all at once, and that the increased cost of meals would be unaffordable for service users. In recognition of these concerns, therefore, it is recommended that instead of withdrawing the hot meal subsidy in full immediately, it will instead be withdrawn over a phased two year period whilst a range of alternative options are explored to which service users can be signposted. It is not, however, proposed to phase in the withdrawal of the subsidy for the frozen meal option which will rise from £2 to £2.60 per meal as of 1 April 2013.

4.12.2 In the meantime, the new on-line service directory will have a section which promotes a broader range of options for home meals available to those that require them. A range of suggested alternatives to the hot meals delivery service has already been proposed during

the consultation. The department will be encouraging such developments, including the expansion of luncheon clubs, provision of meals in the community from residential care homes and community groups, signposting towards other, commercial, meals suppliers including hot meals and frozen or chilled ready meals (e.g. supermarkets) and good neighbour schemes.

5. CONSULTATION

5.1 The consultation on the proposed changes, Eligibility and Charging in Adult Social Care, officially opened on Friday 14 December 2012 and closed on Wednesday 13 February 2013.

5.2 What did we consult on?

5.2.1 We wanted to understand the impact that the proposed changes to eligibility criteria and charges would have and gather ideas on preventative services that could be considered for development.

5.3 How did we consult?

5.3.1 Information was placed on the Peterborough City Council website. Two letters were sent to all service users and carers, one pre-Christmas and the second in early January, informing them about the consultation, providing the questionnaire and supporting documentation, the dates of the focus groups and other ways of contributing to the process. These were sent to over 3000 service users and their carers. Information was available in easy read, large print, audio or plain text. Emails were sent to 80 partner organisations in the voluntary and community sector and to providers inviting them to focus groups and supplying the background information and questionnaires so that they were informed and could respond to questions being aired. In total, 15 presentations, briefings and focus groups were held at different venues and times of day. Adjustments were made to timings and venues as a result of early feedback. Advertisements were also placed in the Peterborough Telegraph to encourage awareness and take-up.

5.3.2 The focus groups presented the proposals and provided the opportunity to gather views and ideas. Members of the project team also discussed people's concerns and thoughts within small groups or on an individual basis at the service user sessions. Dedicated voicemail and email accounts were set up. All messages were fed into the consultation and individual queries were responded to, e.g. assistance to fill in the questionnaire where contact details were provided. The proposals were also discussed at the Learning Disability, Carers, Mental Health and Older People's Partnership Boards.

5.3.3 All Adult Social Care staff were notified by two emails (pre and post Christmas) and a news item was on Insite informing all Council staff. The emails and Insite provided links to the letters, briefing papers and questionnaire – this ensured staff were informed, able to provide their feedback and also answer any questions.

5.4 How many people did we reach? What types of people did we reach?

5.4.1 Over 3000 questionnaires were sent out to service users and carers. Over 700 were returned completed, the majority of which (75%) were from service users and 16% from carers.

5.4.2 28 questionnaires were received from staff, 9 from partner organisations and 3 from members. Over 200 people attended presentations, briefings and focus groups. 125 people responded to the consultation email address and voicemail. All responses were logged and responded to individually where requested and contact details were supplied.

5.5 How their views have been incorporated into our revised proposals?

- 5.5.1 The opinions and views gathered at the focus groups and partnership boards were collated together with comments made in emails and letters and added to the results of the completed questionnaires, providing approximately 1000 individual views and ideas. The quantitative results are appended to this report and full results are available to view on the Council website.
- 5.5.2 The extent of positive contributions from so many people with a direct interest in Adult Social Care has provided an invaluable source of information to inform the recommendations within this report. The response and feedback at the focus groups has also provided a wealth of views and ideas which will shape and influence the "preventative offer" currently under development.
- 5.5.3 Discussions and feedback from staff enabled us to get a better understanding of the information, training and support they would need to implement the changes and enable them to support service users effectively. They discussed the issues experienced with previous changes and the lessons learnt to enable a robust plan to be created if the proposals are to proceed.

6. ANTICIPATED OUTCOMES

- 6.1 Approving the recommendations will result in a more efficient and effective service that includes additional preventative services to ensure that those who do not meet the eligibility criteria are able to access other support.

7. REASONS FOR RECOMMENDATIONS

- 7.1 Consultation with those affected by a change to eligibility criteria and/or charging has resulted in a sound understanding of the impact of the changes proposed. There has been an excellent level of response and that has given a clear mandate for implementation for most of the recommendations and has allowed for revisions to others. Generally, although there were some suggestions for cuts to other areas of Council expenditure so that Adult Social Care could be protected, there was support for using finite resources to protect those in the greatest need.
- 7.2 The consultation also enabled views and evidence to be gathered about the effectiveness of the current range of preventative services and how these could be developed should the decision be made to implement a change in criteria. The comments and contributions to this are extremely helpful in informing the commissioning approach.
- 7.3 The aim of the proposals was to align with expected national guidance on eligibility, ensure prioritisation of available resources to those in greatest need, deliver required savings and increased income and to ensure that the availability of resources and service implications are understood and balanced.
- 7.4 The extension of reablement is a positive measure. There was a high level of concern about the impact on younger adults with lifelong conditions who may no longer be eligible for support. Many individuals in this group were worried about being able to work or gain access to employment opportunities, manage their finances, continue to live independently or be at risk of increased social isolation without support. For this reason, it is proposed that a longer term transition plan is put in place to maximise opportunities for independence and to ensure that there is sufficient access to support from the developing 'preventative offer'.
- 7.5 The recommendation in relation to disability disregard expenditure has been placed at a banding level which, in response to concerns about the assessment becoming 'too intrusive', will not be so.
- 7.6 The recommendation in relation to removing the meals on wheels subsidy has also been adjusted to a phased implementation whilst alternative options are developed. There was some adverse publicity in respect of this item as initially it was reported in the press that the proposal was to 'end the service' rather than remove the subsidy. The questionnaire

responses were close on this. However, it is felt that phasing the withdrawal of the subsidy for hot meals may be an acceptable compromise.

- 7.7 There was also good evidence that individuals wanted to contribute to the process and felt they were being listened to. Many were not yet confident that their views would result in changes to the proposals but are keen to pursue active engagement.

8. ALTERNATIVE OPTIONS CONSIDERED:

- 8.1 Consideration was given to waiting for the Department of Health guidance on eligibility expected in 2015. However, it was felt that reviewing the criteria now places the authority in a sound position to be prepared for the national changes being signalled in line with available resources.
- 8.2 Leave the charging policy unchanged. This option was rejected because the charging policy would be inconsistent in its treatment of different care services.
- 8.3 Full implementation of the proposals that went out to consultation. This was rejected as the revisions have been made as a direct result of feedback from a wide range of stakeholders and take careful account of evidence and feedback on the impact of changes for service users and carers. Accepting the revisions will serve to enhance and build a sound relationship between the Council and its stakeholders.

9. IMPLICATIONS

9.1 Financial

- 9.1.1 The changes proposed would reduce the savings anticipated by £42,000 in respect of the proposal to phase the removal of the subsidy on hot meals over two years rather than one year, in line with the outcome from the consultation. The table below summarises the position.

Proposal	Saving pre-consultation	Saving post-consultation
	£	£
Eligibility changes	350,000	350,000
Disability related expenditure disregard	228,000	228,000
Assistive technology charge	9,000	9,000
Appointeeships charge	13,000	13,000
Meals charges	87,000	45,000
Total	687,000	645,000

- 9.1.2 Adult Social Care will make up the shortfall in the saving arising from this change through increased savings in supplies and services spend within the Adult Social Care budget.
- 9.1.3 These savings will contribute to meeting the significant financial pressures faced by the Council in relation to increasing demand for social care services at a time of financial restraint. Failure to identify areas where costs can be reduced or income increased will place significant pressure on Adult Social Care's ability to manage within the resources available and to meet priority needs.
- 9.2 Legal
- 9.2.1 The Council has carried out the consultation in accordance with the Consultation Principles - Guidance (July 2012) published by HM Government. The consultation was extensive, timely and considered and undertaken at a time when proposals were still at a formative stage, within the acknowledged constraint that adult social care can only find savings and

efficiencies by a relatively small number of methods. The consultation included scope for variation to the proposals and prompted the respondents to suggest alternatives. This is evidenced from the recommendations in this report.

- 9.2.2 The national FACS (Fair Access to Care Services) guidance advises that when drawing up eligibility criteria for social care, councils should have due regard to their race, gender and disability duties. The recommendations in this report have been arrived at having regard to both this statutory guidance and that published by the DoH in 2010 (Putting People First: Guidance on eligibility criteria for adult social care).
- 9.2.3 The Council has acted in accordance with its duty to consult on its eligibility criteria, proposals for charges and closure of services under FACS guidance and under the Community Care Assessment Directions 2004. The FACS guidance advises that, although final decisions remain with councils, to promote greater clarity and transparency, they should consult service users, carers and appropriate local agencies and organisations about their eligibility criteria and how information about the criteria is presented and made available.
- 9.2.4 Councils have a duty under the Community Care Assessment Directions 2004 to consult the person being assessed (and their carers where appropriate) to take all reasonable steps to reach agreement with the person about the kind of support to be provided; and inform the person about the amount of the payment (if any) which they will be required to contribute.
- 9.2.5 The Council has undertaken an extensive consultation exercise, the responses to the consultation have been properly considered and are appended to this report. The responses to the consultation must be carefully taken into account before any decision on the proposals contained in this report can be taken.
- 9.2.6 Councils are advised in the national FACS framework that they should make decisions regarding eligibility for services within the context of a human rights approach, considering people's needs, not just in terms of physical functionality but in terms of a universal right to dignity and respect. The proposals for eligibility criteria address this duty through their use of the FACS criteria to assess eligibility.

9.3. **Diversity and Equality**

- 9.3.1 A full equality impact assessment has been carried out in respect of the proposed changes and amendments to the recommendations have been made as the impact of the proposals has been evidenced and assessed.

10. **BACKGROUND DOCUMENTS**

The full report of the consultation feedback.
The Equality Impact Assessment.
The Cabinet report of 10 December 2012.

Consultation on the proposed changes to eligibility criteria and charges for adult social care

Eligibility & Charging Consultation Data Analysis

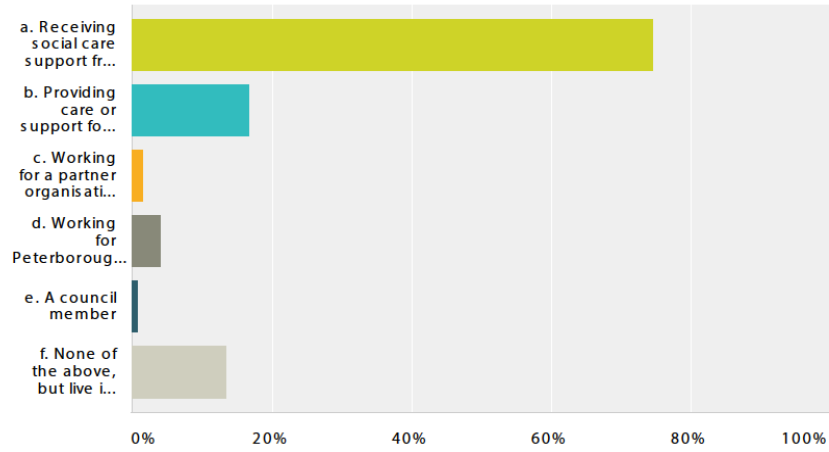
February 2013 (Abridged)

This document is a summary of the consultation feedback received by 13 February 2013. The summary comprises the qualitative data only. The full feedback, including all comments and free text, is available to view on the council's website. The full document provides an excellent source of information which is being used to inform the preventative strategy currently under development.

QUESTION 1:

Q1 Are you:

Answered: 736 Skipped: 100



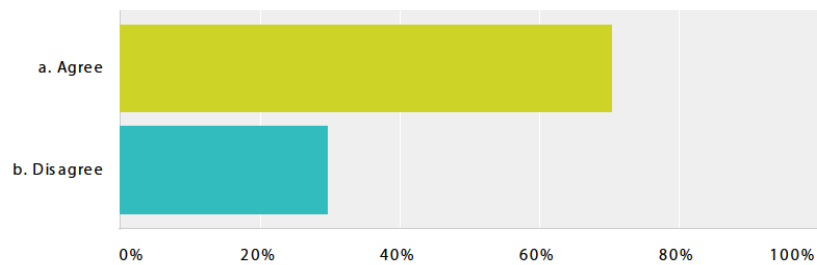
Question 1 - Are you:

Answer Options	Response Percent	Response Count
a. Receiving social care support from Peterborough City Council	74.6%	549
b. Providing care or support for a family member or friend	16.7%	123
c. Working for a partner organisation or within the voluntary sector	1.4%	10
d. Working for Peterborough City Council	3.9%	29
e. A council member	0.7%	5
f. None of the above, but live in Peterborough	13.3%	98
<i>answered question</i>		736
<i>skipped question</i>		100

QUESTION 2:

Q2 The council believes that it should change the eligibility level to substantial and critical to ensure that its resources are targeted on those most in need. Do you:

Answered: 723 Skipped: 113



Question 2 - The council believes that it should change the eligibility level to substantial and critical to ensure that its resources are targeted on those most in need. Do you:

Answer Options	Response Percent	Response Count
a. Agree	70.4%	509
b. Disagree	29.6%	214
<i>answered question</i>		723
<i>skipped question</i>		113

QUESTION 3:

Question 3 - If you disagree with the changes that the Council would like to make, please tell us why. You may also like to suggest other ways for the Council to make savings:

Answer Options	Response Count
	208
<i>answered question</i>	208
<i>skipped question</i>	628

See Full Report for all 208 comments

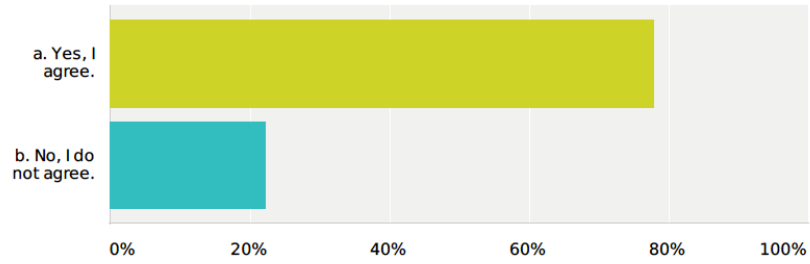
The most significant themes were:

- 78 people commented that the changes would reduce the services available to them or their family and have a negative effect on their lives.
- 35 people felt that the Council should not make savings in social care and look for savings elsewhere.
- 22 people felt that providing at high/moderate prevented people from deteriorating.

QUESTION 4:

Q4 Do you agree that the Council should help people with moderate levels of need by giving money to support the voluntary sector to provide services that can be purchased?

Answered: 740 Skipped: 96



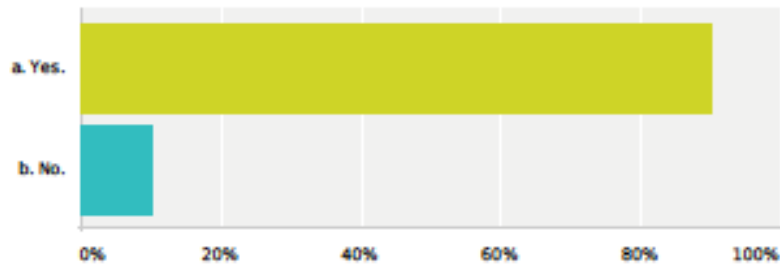
Question 4 - Do you agree that the Council should help people with moderate levels of need by giving money to support the voluntary sector to provide services that can be purchased?

Answer Options	Response Percent	Response Count
a. Yes, I agree.	77.8%	576
b. No, I do not agree.	22.2%	164
<i>answered question</i>		740
<i>skipped question</i>		96

QUESTION 5:

Q5 People sometimes lose confidence and the skills to live independently through deterioration in their health or some other change in their circumstances. The Council's Reablement Service is there to help people learn or relearn these skills so that they can look after themselves as far as possible. Currently the Council offers the Reablement Service to people who meet its eligibility criteria. Do you think that the Council should offer reablement to everybody who might benefit from it?

Answered: 747 Skipped: 89



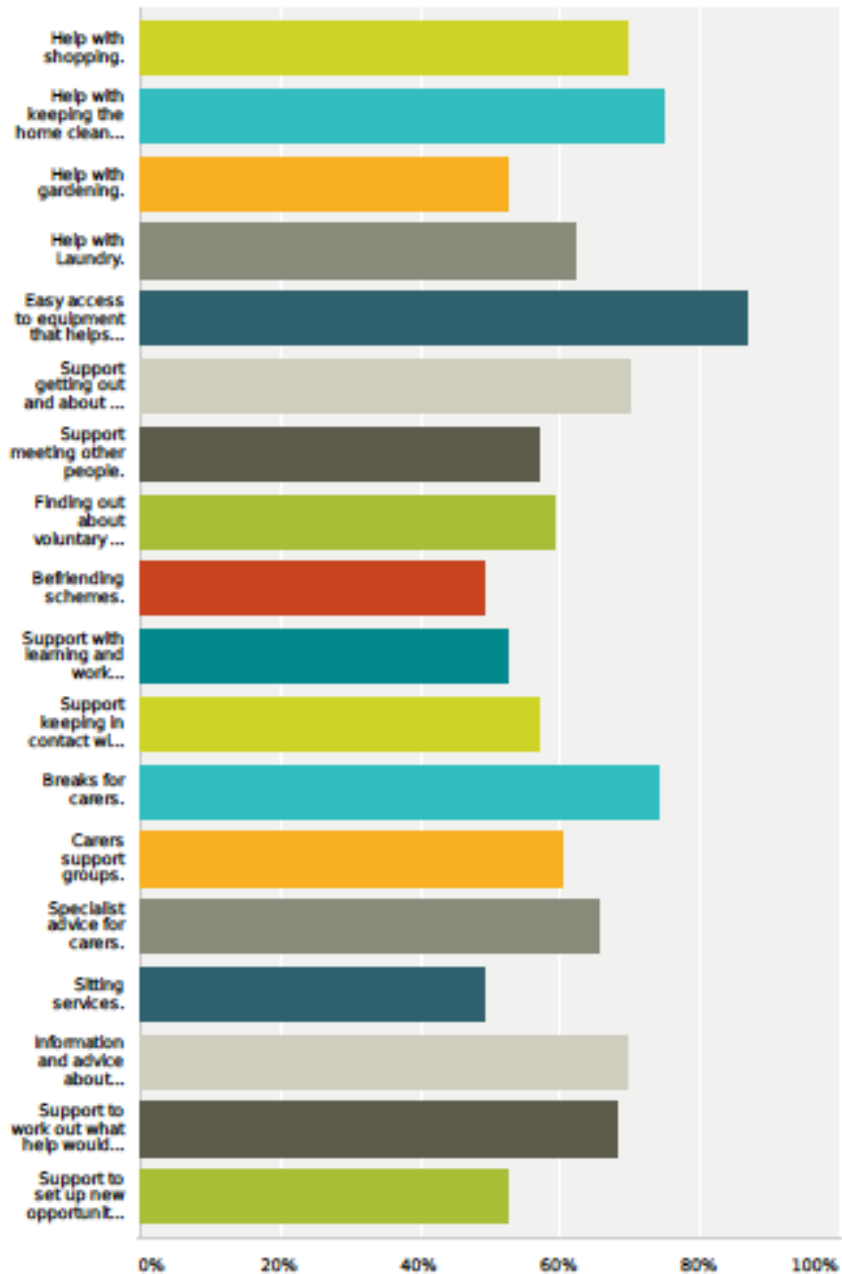
Question 5 - People sometimes lose confidence and the skills to live independently through deterioration in their health or some other change in their circumstances. The Council's Reablement Service is there to help people learn or relearn these skills so that they can look after themselves as far as possible. Currently the Council offers the Reablement Service to people who meet its eligibility criteria. Do you think that the Council should offer reablement to everybody who might benefit from it?

Answer Options	Response Percent	Response Count
a. Yes.	90.1%	673
b. No.	10.0%	75
<i>answered question</i>		747
<i>skipped question</i>		89

QUESTION 6:

Q6 Do you think money should be spent to support people with moderate needs in the following ways?

Answered: 757 Skipped: 79



Question 6 - Do you think money should be spent to support people with moderate needs in the following ways?

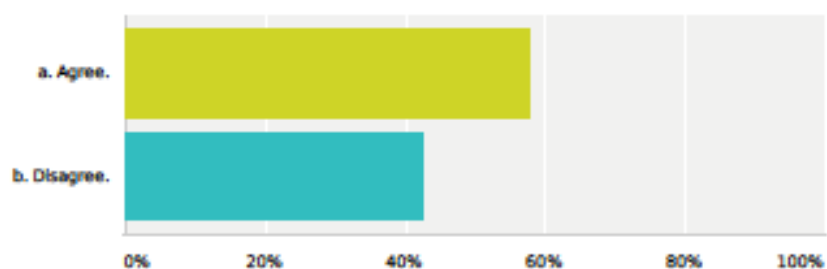
Answer Options	Response Percent	Response Count
Help with shopping.	69.5%	526
Help with keeping the home clean, safe and in good repair.	74.9%	567
Help with gardening.	52.4%	397
Help with Laundry.	62.1%	470
Easy access to equipment that helps you to stay independent and safe.	86.8%	657
Support getting out and about in the community.	70.1%	531
Support meeting other people.	57.1%	432
Finding out about voluntary and community groups.	59.2%	448
Befriending schemes.	49.0%	371
Support with learning and work opportunities.	52.4%	397
Support keeping in contact with friends and family.	56.9%	431
Breaks for carers.	74.2%	562
Carers support groups.	60.2%	456
Specialist advice for carers.	65.7%	497
Sitting services.	49.1%	372
Information and advice about available services.	69.5%	526
Support to work out what help would work best for you/someone you care for.	68.0%	515
Support to set up new opportunities or services for you and others.	52.4%	397
What other types of support do you think people would like to know about in their community?		158
	<i>answered question</i>	757
	<i>skipped question</i>	79

See Full Report for all 158 Comments

QUESTION 7:

Q7 The Council thinks that having a banded Disability Related Expenditure disregard, charging for an Appointeeship Client Money Management Service and harmonising the qualifying age for Pension credit are a fair and equitable way to raise charges. Do you:

Answered: 607 Skipped: 229



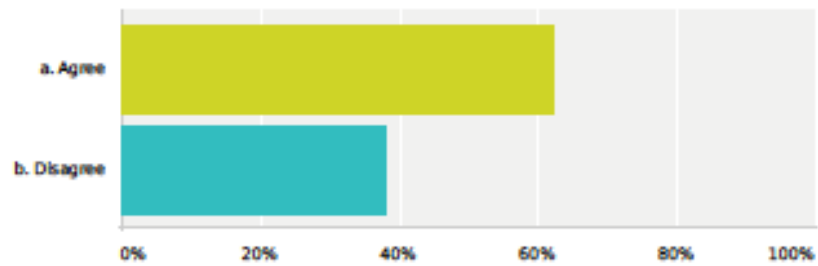
Question 7 - The Council thinks that having a banded Disability Related Expenditure disregard, charging for an Appointeeship Client Money Management Service and harmonising the qualifying age for Pension credit are a fair and equitable way to raise charges. Do you:

Answer Options	Response Percent	Response Count
a. Agree.	57.7%	350
b. Disagree.	42.5%	258
	<i>answered question</i>	607
	<i>skipped question</i>	229

QUESTION 8:

Q8 The Council's Charging Policy has not kept pace with the available technology (such as remotely monitored passive alarms and sensors) to assist people in their homes. It proposes to include such technology as a chargeable service for people who are eligible. Do you:

Answered: 681 Skipped: 155



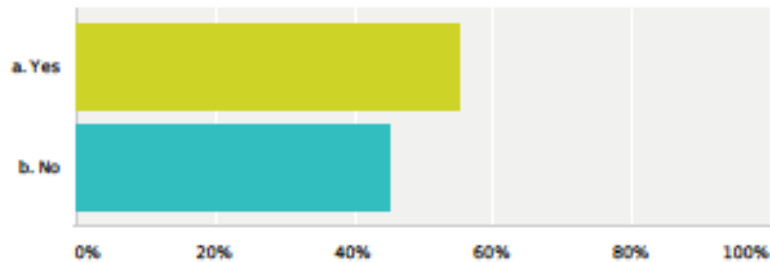
Question 8 - The Council's Charging Policy has not kept pace with the available technology (such as remotely monitored passive alarms and sensors) to assist people in their homes. It proposes to include such technology as a chargeable service for people who are eligible. Do you:

Answer Options	Response Percent	Response Count
a. Agree	62.3%	424
b. Disagree	37.9%	258
<i>answered question</i>		681
<i>skipped question</i>		155

QUESTION 9:

Q9 The home meals service is intended to help people who cannot prepare a hot meal by themselves. It is not intended to subsidise people's income by providing food. The Council proposes to remove the subsidy from the home meals service and would like to see if there are any alternative suggestions to support people who cannot prepare a hot meal for themselves. Do you disagree with removing the subsidy for hot and frozen meals?

Answered: 700 Skipped: 136



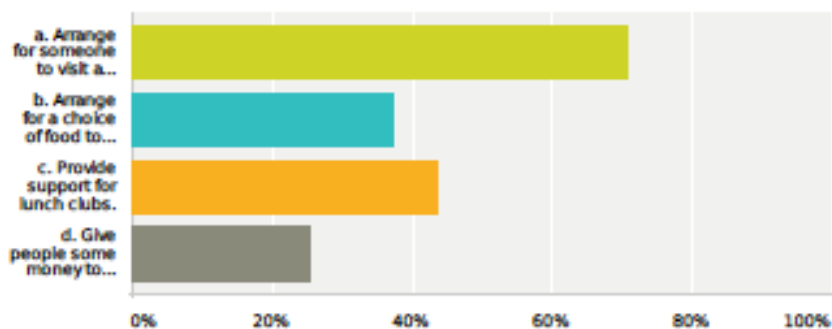
Question 9 - The home meals service is intended to help people who cannot prepare a hot meal by themselves. It is not intended to subsidise people's income by providing food. The Council proposes to remove the subsidy from the home meals service and would like to see if there are any alternative suggestions to support people who cannot prepare a hot meal for themselves. Do you disagree with removing the subsidy for hot and frozen meals?

Answer Options	Response Percent	Response Count
a. Yes	55.1%	386
b. No	45.1%	316
	<i>answered question</i>	700
	<i>skipped question</i>	136

QUESTION 10:

Q10 Here are some suggestions for alternatives to the hot meals service. Which do you think would be helpful?

Answered: 558 Skipped: 278



Question 10 - Here are some suggestions for alternatives to the hot meals service. Which do you think would be helpful?

Answer Options	Response Percent	Response Count
a. Arrange for someone to visit and heat a meal.	70.6%	394
b. Arrange for a choice of food to be delivered, for example from the supermarket.	37.3%	208
c. Provide support for lunch clubs.	43.5%	243
d. Give people some money to compensate their neighbours for providing or sharing meals with an individual.	25.4%	142
Other suggestions or any other comments		302
<i>answered question</i>		558
<i>skipped question</i>		278

See Full Report for all 302 comments

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CABINET	AGENDA ITEM No. 7
25 FEBRUARY 2013	PUBLIC REPORT

Cabinet Member(s) responsible:	Cllr Peter Hiller Cabinet member for Housing, Neighbourhoods and Planning	
Contact Officer(s):	Adrian Chapman/Paul Phillipson	Tel. 863887 / 453455

THE COMMON HOUSING REGISTER ALLOCATIONS POLICY

R E C O M M E N D A T I O N S	
FROM : Executive Director Operations	Deadline date : 06 March 2013
To note and agree the proposed Common Housing Register Allocations Policy and to agree for the proposed policy to be presented to full council for agreement and adoption.	

1. ORIGIN OF REPORT

- 1.1 This report is submitted to Cabinet following a referral from the Strong & Supportive Scrutiny Committee on the 16 January 2013.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to provide cabinet with an update on the proposed review of the Common Allocations Policy and for Cabinet to agree the final draft to be taken to full council for adoption.
- 2.2 This report is for Cabinet to consider under its Terms of Reference No. 3.2.3 To take a leading role in promoting the economic, environmental and social well-being of the area.

3. TIMESCALE

Is this a Major Policy Item/Statutory Plan?	YES	If Yes, date for relevant Cabinet Meeting	25/02/2013
Date for relevant Council meeting	06/03/2013	Date for submission to Government Dept (please specify which Government Dept)	n/a

4. THE PROPOSED COMMON HOUSING REGISTER ALLOCATION POLICY

Peterborough City Council currently operates the Peterborough common housing register in partnership with 10 Registered Social Landlords (RSL) that have accommodation in Peterborough.

4.1 Eligibility to join the Housing Register

- 4.1.1 Currently Peterborough operates an open Housing Register, which is open to all who may wish to apply as long as they are 16 or over, except where:
- (i) They do not have a right to reside in the UK, or
 - (ii) They have previously been guilty of unacceptable behaviour, which would make them unsuitable to be a tenant.

4.1.2 Having such an open register has meant that over the last few years we have seen a large increase in the number of live applications. As of the 23 December 2012 there were 9878 live applications, these are prioritised into 5 bands determined by the applicant's housing need and are broken down as follows:

416 Applicants in band 1
3351 Applicants in band 2
1343 Applicants in band 3
3455 Applicants in band 4
1313 Applicants in band 5

4.1.3 Unfortunately such is the demand for general needs accommodation most of the applicants in band 4 & 5 will never be successful for an allocation of accommodation.

4.1.4 Last year April 2011- April 2012 we allocated 1258 properties through our choice based lettings scheme. In the same period we accepted 2678 new applications.

4.1.5 The Localism Act 2011 made an amendment to the Housing Act 1996, which gave local authorities the power to set their own qualifying criteria for people who are allowed to join the housing register. This allows councils to restrict entry to the housing register to those who are in the most housing need as well allowing exclusions for other reasons based on local criteria.

4.1.6 The proposed amended allocations policy makes full use of these powers by setting the entry criteria to the housing register to those who are in the most urgent housing need, this includes:

- homeless households
- those who are threatened with homelessness
- those living in insanitary or unsatisfactory housing conditions
- those who need to move for social/welfare reasons, or
- those for whom failure to assist in moving will cause particular hardship

4.1.7 In addition it is proposed that we will only accept applications from those who have a connection with Peterborough. A connection will be established by:

- having lived in the area for 6 of the last 12 months or 3 of the last 5 years
- having immediate family members who live in the area and have done for the last 5 years
- those who are working in the city
- those who need to move to the area for special reasons e.g. in order to receive specialist medical care

4.1.8 Also we propose to exclude applicants who own suitable accommodation or those who have sufficient financial resources from joining the housing register. However this will not apply to those who are over 55 and eligible for sheltered accommodation.

4.1.9 Those who have previously behaved in an unacceptable manner will continue to be excluded from applying. This will be more rigidly defined to the following categories:

- the Council (or in the case of transfers, the relevant Housing Association) is satisfied that the applicant or a member of their household has previously been guilty of unacceptable behaviour, which would make them unsuitable to be a tenant, or
- the applicant or a member of their household has been served with an injunction by a council or their landlord to stop them behaving in a way which causes nuisance or annoyance to others, or

- the applicant or a member of their household has current tenancy arrears in excess of 8 weeks rent, or
- the applicant or a member of their household has any outstanding former tenant arrears

4.1.10 This will mean that a number of applicants who are not considered to be in housing need will be removed from the Housing Register.

4.2 Welfare Reform & the Bedroom Standards Policy

4.2.1 Current benefit rules mean that tenants who are currently living in social housing are not subject to having their property assessed against the size criteria housing benefit uses when assessing eligibility in the private sector. This means that applicants renting a property from a local authority or housing association and rely wholly on benefits income will receive the housing benefit to cover their full rent irrespective of the size of the property they occupy.

4.2.2 Changes brought about by the Welfare Benefit reform means that from April 2013 households in receipt of housing benefit who are living in social housing will be assessed to determine what size property they require based on the same criteria as if they were renting in the private sector: The criteria is as follows:

1 Bedroom for: every adult/couple
 any other adult aged 16 or over
 any two children of the same sex
 any two children regardless of sex under age 10
 any other child

4.2.3 Any household assessed under these criteria who is deemed to be occupying a property larger than they require will have their housing benefit reduced by:

- 14% if they are under occupying by 1 bedroom, or
- 25% if they are under occupying by 2 or more bedrooms

4.2.4 The current allocations policy does not mirror this criteria and is more generous in terms of the number of bedrooms we allow applicants to apply for. Our current bedroom standards policy is as follows:

1 Bedroom for: every adult/couple
 any member of the household over 10 years of age
 any two children of the same sex under the age of 10
 (where there is less than 5 years difference between them)
 any other child

4.2.5 We propose to bring the bedrooms standards policy in line with the criteria to be applied from April 2013 as continuing to do so would put families at greater risk of being placed into poverty, as a reduction of housing benefit would mean they would have to find the rent shortfall from other benefit income.

4.2.6 In addition this places an additional burden on our Housing Association partners as they are likely to see an increase in families in rent arrears as they are unable to meet the shortfall in benefit. This could ultimately lead to households being subject to eviction action and becoming homeless as a result. Further details can be found in section 19 page 39 of the draft policy.

4.3 Additional Preference

4.3.1 Recent statutory guidance highlighted that local authorities have the power to frame their allocations policies to give additional preference to particular groups of people. The

guidance recommends that Local authorities consider how they can use their allocation policies to support those households who want to work, as well as those who – while unable to engage in paid employment - are contributing to their community in other ways, for example, through voluntary work.

4.3.2 In addition local authorities have the ability to frame their allocations policy to give additional preference to serving and former members of the armed forces. With this in mind it is proposed that additional preference is awarded to applicants who:

- **Have strong local connections with Peterborough** - Additional preference will be given to applicants who can demonstrate a substantive and long-standing local connection through 5 years continuous settled residence in the city
- **Are working or are in training for work** - Peterborough's economic growth is a key priority for the authority. We want to encourage people, who can, to work and seek to raise levels of aspiration and ambition. We will give additional preference to applicants who are working and who are therefore making a contribution to Peterborough's economy. Working households are defined as households where at least one adult member is in employment within Peterborough unitary authority boundary. For the purposes of this Allocations Scheme employment is described as having a permanent contract, working as a temporary member of staff or being self-employed. Applicants would normally only qualify for the additional preference if the worker has been employed for 9 out of the last 12 months and has been working for a minimum of 16 hours per week. Peterborough City Council does however recognise the important role part-time workers play within the local economy and want to reward those who are making a concerted effort to get back into work. Such activities may include participating in partner RSL's back to work schemes
- **Are making a community contribution** - People who play a part in making their neighbourhood strong, stable and healthy, those who help make it a good place to live, work and play are valuable people. They are the backbone of their community, and they need to be recognised for those efforts. Applicants will receive additional preference if they are able to demonstrate that they, or anyone moving with them, undertakes voluntary work for at least ten hours per month and has done so for at least six months continuously.
- **Are members of the armed forces** – this applies to:
 - Former members of the Armed Forces
 - serving members of the Armed Forces who need to move because of a serious injury, medical condition or disability sustained as a result of their service
 - bereaved spouses and civil partners of members of the Armed Forces leaving Services Family Accommodation following the death of their spouse or partner
 - serving or former members of the Reserve Forces who need to move because of a serious injury, medical condition or disability sustained as a result of their service

This includes people who have served in the Royal Navy, Royal Air Force and British Army, with the exception of those who have been dishonourably discharged.

4.3.3 Applicants who are awarded additional preference would receive priority over an applicant in the same priority band, who does not have additional preference, irrespective of the length of time they have been in the band.

5. CONSULTATION

5.1 Following agreement from cabinet we commenced a 12 week public consultation, which ran from the 6 October 2012 until the 30 December 2012. A consultation questionnaire was sent to all applicants who had a live application on the Common Housing Register; an electronic version of the questionnaire was sent by email to anyone who had previously received a copy of our weekly choice based lettings publication and it was made available

to view on the Council's website where members of the public could complete the questionnaire online.

- 5.2 The consultation period has just concluded and we received 563 completed questionnaires and some additional comments, which have been captured in the summary of responses report.
- 5.3 As part of the consultation process the proposed allocations policy was presented to the Scrutiny Commission for Rural Communities. Following the presentation the commission requested that as part of the amendments, cabinet should consider the possibility of including awarding local preference for allocations to those who have a connection with the villages in local authority area.
- 5.4 Whilst we are not against the idea of awarding additional preference to those who have a particular connection with a village, the purpose of the review of the allocations policy is to meet the needs of those most in housing need. It is felt that it would be unfair to include this provision as it would have a disproportionate effect on those living outside of the villages. If we were to include the provision, in order to not disadvantage others we would have to apply this across the whole of the local authority area. For example an applicant with a connection to Dogsthorpe would receive priority over someone who doesn't even if their priority for a move was lower. This would leave those who have been resident in, or have a connection with a village at a particular disadvantage, as they would only be considered a priority for a property in their village and the numbers of properties available in these locations every year are very few.
- 5.5 We do however encourage village parishes to consider suggesting sites, which could be developed as rural exception sites. An exception site is one that would not usually secure planning permission for housing, for example agricultural land next to but not within a local settlement area. The Council's Policy CS8 Meeting Housing Needs contained within the Peterborough Core Strategy states that the Council may release a site adjacent to a village envelope for the provision of affordable housing, as an exception to the normal policy of development restraint in the countryside, provided that:
- The site is otherwise suitable for residential development in the light of all other policies in the development plan; and
 - A specific local need for affordable housing has been demonstrated, over and above that which could be met through the operation of the affordable housing policy;
 - The proposed housing would provide affordable housing of a number and type which meets (or contributes towards meeting) the **local need**.
- 5.6 A Rural Exception Site should seek to address the needs of the local community by accommodating households who are either current residents or have an existing family or employment connection, whilst also ensuring that rural areas continue to develop as sustainable, mixed, inclusive communities.
- 5.7 On the 16th January 2013 the proposed policy and summary of responses was presented to the Strong & Supportive Communities Scrutiny Committee. While the committee were in agreement with the proposed changes they recommended to cabinet that they consider removing the following criteria when assessing an applicant's local connection for entry onto the housing register.
- the applicant or a member of their household has resided in the Council's district for 6 months out of the last 12 months, or 3 out of the last 5 years and that residence is or was of his own choice, unless the reason that they came to the district was to attend an educational establishment
 - the applicant or a member of their household has immediate family (parents, children, brothers, sisters and other family members if there is a particularly close relationship) who have lived in the district for at least the previous 5 years

- 5.8 We recommend that the cabinet does not adopt this proposed change however as the local connection criteria in the proposed policy mirrors that of the local authority agreement in relation to the councils duties to homeless households. If the proposed change is inserted into the final policy the council could find itself in a position where we have a full housing duty to a homeless household, but we are unable to discharge that duty as the household do not meet the eligibility criteria to join the housing register. This would leave the council open to increased costs relating to that households stay in emergency accommodation and possible judicial review.
- 5.9 The committee also requested that cabinet further consider the income level, which is considered sufficient to be able to find and secure suitable alternative accommodation by way of outright purchase, by way of mortgage or renting privately excluded from the housing register. The committee felt that the level of £60,000 was excessive and beyond the reach of most households in Peterborough. They also felt that the proposal to lower this level to £40,000 per annum did not go far enough and asked cabinet to consider reducing the level further to somewhere around £30,000 per annum.
- 5.10 While we recognise that an annual income in excess of £40,200 per annum is beyond the reach of many families in Peterborough we recommend that cabinet agree to this level as reducing it further may dampen the aspirations of those applying to find better paid employment. This would also fly against our proposals to give additional priority to those who are working and contributing to Peterborough's economy as it may appear that we are encouraging households to get into employment, but only to a point and could be counter productive.
- 5.11 In addition many sustainable communities are built on the base of a good mix of residents of differing backgrounds. Restricting the income level too far could compromise this and turn areas with a high density of social housing into areas of high levels of deprivation.

5.12 Changes Following Consultation

Sufficient Resources

- 5.12.1 As part of the changes we intend to restrict entry to the register to those households who have sufficient financial resources to resolve their own housing situation by way of outright property purchase, being able to obtain a mortgage or by renting in the private sector. As part of the consultation we asked how much was a reasonable level of income and/or savings to set as the limit for entry to the register.
- 5.12.2 In the consultation questionnaire we set the limit on income to £60,000 as this was also the lower figure in the High Income Social Tenants Pay to Stay Consultation paper, which the department of communities and local government put out in June and the savings limit to £16,000 as this is the maximum amount of savings you are allowed to still be eligible to receive Housing Benefit.
- 5.12.3 Of those that had responded 267 felt the income limit of £60,000 was too high, 218 felt it was about right and only 40 felt it was too low. Many of the respondents suggested that an income limit of around £40,000 would be more appropriate. Therefore in the final draft of the proposed policy those with a household income in excess of £40,200 will be excluded from applying, except where they are aged over 55 years of age and would like to be considered for sheltered accommodation, but they will only be considered for accommodation of this type.
- 5.12.4 Most of the respondents felt that the savings limit of £16,000 was about right so this will be unchanged in the final draft.

Bedroom Standards Policy

5.12.5 We also propose to amend the current bedroom standards policy to mirror that used by the Department of Work and Pensions in assessing housing benefit entitlement for those renting in the private sector. The criteria are 1 Bedroom for:

- every adult/couple
- any other adult aged 16 or over
- any two children of the same sex
- any two children regardless of sex under age 10
- any other child

5.12.6 Changes as a result of the Welfare Reform Act 2011 due to be implemented in April 2013 mean that any household assessed under these criteria who is deemed to be occupying a social housing tenancy and is in receipt of housing benefit will have a reduction applied. The reductions are:

- 14% if they are under occupying by 1 bedroom, or
- 25% if they are under occupying by 2 or more bedrooms

5.12.7 By bringing the bedrooms standards policy in line with the criteria to be applied from April 2013 we are attempting to reduce the risk of more families being placed into poverty – a reduction of housing benefit would mean they would have to find the rent shortfall from other benefit income.

5.12.8 In addition this places an additional burden on our Housing Association partners as they are likely to see an increase in families in rent arrears as they are unable to meet the shortfall in benefit. This could ultimately lead to households being subject to eviction action and becoming homeless as a result.

5.12.9 As part of the consultation we asked whether the respondents agreed with these proposals. Of those that completed the questionnaires 392 agreed and 61 disagreed, 82 were not sure. While the majority agreed with the proposals many that disagreed made strong comments around the difficulties of children with learning and physical disabilities sharing bedrooms.

5.12.10 Therefore after consulting with the Housing Needs medical advisor we have proposed in the final draft of the policy to allow discretion to award an extra bedroom entitlement to those who require it because they have a member of the household who is disabled and to registered foster carers.

5.13 Summary of proposed changes

5.13.1 The tables at appendix 1 show a summary of the proposed changes to the policy.

6. ANTICIPATED OUTCOMES

6.1 That the proposed policy changes are noted, discussed and agreement given to take to full council for adoption.

7. REASONS FOR RECOMMENDATIONS

7.1 The proposed Allocation Policy has been written to meet the duties of Part VI of the Housing Act 1996, as amended by the Homelessness Act 2002 and with regard to the Communities and Local Government Allocation of Accommodation: guidance for Local Authorities in England June 2012.

7.2 The Localism Act 2011 made an amendment to the Housing Act 1996, which gave local authorities the power to set their own qualifying criteria for people who are allowed to join the housing register. This allows councils to restrict entry to the housing register to those

who are in the most housing need as well allowing exclusions for other reasons based on local criteria.

- 7.3 The proposed amended allocations policy makes full use of these powers by setting the entry criteria to the housing register to those who are in the most urgent housing need. Therefore reducing the number of households on the Housing Register and providing realistic options and expectations for households in housing need in the City.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 To not review the Policy and continue implementing the existing Policy- this would mean the Housing Register would continue to grow in number and households would be housed into properties which they would under-occupy (due to the bedroom standard) their housing benefit would not cover and they would fall into rent arrears.
- 8.2 Review the bedroom standard only – This would mean the Housing Register would continue to grow in number and the households on it would continue to have unrealistic expectations of being re-housed.
- 8.3 Review the Policy but not include the awarding of additional preference – this would not promote full discussion and debate of the policy.
- 8.4 Review the Policy and adopt everything in the Communities and Local Government Allocation of Accommodation: guidance for local authorities in England – this would not take into account Peterborough’s housing needs and issues.

9. IMPLICATIONS

- 9.1 We have sought internal and external legal opinion on the proposed changes to the policy.

10. BACKGROUND DOCUMENTS

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

- Communities and Local Government Allocation of Accommodation: guidance for local authorities in England June 2012
- Part VI of the Housing Act 1996, as amended by the Homelessness Act 2002
- The Localism Act 2011

Summary of the proposed changes to the policy

Description of change	Current Policy	Proposed policy
<p>Admission to the Housing Register</p>	<p>All applicants, aged 16 or over, are eligible to apply to join the Housing Register except where:</p> <ul style="list-style-type: none"> i. The are not eligible to make an application, because they do not have a right to reside in the UK ii. The applicant or a member of their household has been guilty of unacceptable behaviour, which would make them unsuitable to be a tenant 	<p>It is proposed that entry to the housing register be restricted to those who need accommodation most. Therefore we will not consider an applicant to be a 'qualified person' and will not accept an application to join the housing register where:</p> <ul style="list-style-type: none"> i. The applicant is not eligible for an allocation of accommodation because they do not have a right to reside in the UK, or ii. The Council (or in the case of transfers, the relevant Housing Association) is satisfied that the applicant or a member of their household has previously been guilty of unacceptable behaviour, or iii. The applicant or a member of their household has been served with an injunction by a council or their landlord to stop them behaving in a way which causes nuisance or annoyance to others, or iv. The applicant or a member of their household has current tenancy arrears in excess of 8 weeks rent, or v. The applicant or a member of their household has former tenant arrears with a local authority or Registered Social Landlord (RSL), or vi. The applicant or a member of their household own a property or have sufficient financial resources to secure a suitable property by way of purchase of rental in the private sector, or

		<p>vii. The applicant does not have a local connection with Peterborough, or</p> <p>viii. The applicant does <u>not</u> fall into at least one of the reasonable preference categories as set out in s.166A(3) of the Housing Act 1996</p>
Description of change	Current Policy	Proposed policy
		<p>a) people who are accepted as homeless (within the meaning of Part 7 of the Housing Act 1996) <i>this includes people who are intentionally homeless, and those who are not in priority need</i></p> <p>b) people who are owed a duty by any housing authority under section 190(2), 193(2) or 195(2) of the 1996 Act (or under section 65(2) or 68(2) of the Housing Act 1985) or who are occupying accommodation secured by any housing authority under s.192(3)</p> <p>c) people occupying insanitary or overcrowded housing or otherwise living in unsatisfactory housing conditions (see section 9.6 for further information)</p> <p>d) people who need to move on medical or welfare grounds, including grounds relating to a disability, and</p> <p>e) people who need to move to a particular locality in the district of the housing authority, where failure to meet that need would cause hardship (to themselves or others).</p>
Additional Preference	There is no provision to give additional preference under the current allocations policy	<p>It is proposed that in Peterborough additional preference will be awarded where applicants can demonstrate:</p> <p>i. a strong local connection with Peterborough, or</p> <p>ii. a commitment to and contribute towards the economic</p>

		<p>growth of the Peterborough City Council district as working households, or</p> <p>iii. that they make a significant impact by their contribution to their local community, or</p> <p>iv. that they are a former member of the armed forces (where the application is made within 5 years of discharge)</p>
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Description of change	Current Policy	Proposed policy
<p>Bedroom Standards Policy</p>	<p>The current bedroom standards policy is quite generous and calculates the number of bedrooms required as follows:</p> <ul style="list-style-type: none"> • one bedroom for the applicant and partner (over 16 - including same sex couples) • one bedroom for any other person aged 10 or over • one bedroom for any two children of the same sex aged under 10, except where there are more than 5 years age difference between them • one bedroom for any other child <p>We will also allocate an extra bedroom when a disabled member of the household, or someone with a long term health condition, has a proven need for overnight care and this is provided by a non-resident carer and where medical advice has established that a larger property is required on medical grounds.</p>	<p>In light of the recent welfare benefits reforms and the in particular the reduction in housing benefit, which will be applied to working age tenants where they are under occupying social housing it is proposed that the future bedrooms standards policy mirrors the eligibility criteria applied when assessing Local Housing Allowance (LHA).</p> <p>LHA is calculated on the number of rooms the applicant's household needs not the number of rooms in the property or the amount of rent charged. The number of bedrooms needed is based on the number, age and gender of people who form their household. It is proposed that the bedroom requirement is calculated as follows:</p> <ul style="list-style-type: none"> • one bedroom for the claimant and partner (over 16 - including same sex couples) • one bedroom for any other person aged 16 or over • one bedroom for any two children of the same sex aged under 16 • one bedroom for any two children regardless of sex who are less than ten years old • one bedroom for any other child <p>We will also allocate an extra bedroom when a disabled member of the household, or someone with a long term health condition, has a proven need for overnight care and this is provided by a non-resident carer and where medical advice has established that a larger property is required on medical grounds.</p> <p>We will also allow discretion to award an extra bedroom entitlement to those who require it because they have a member</p>

		of the household who is disabled and to registered foster carers.
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Hyde Minster
Making a lasting difference



**Peterborough
Homes**



The Common Housing Register Allocations Policy Consultation



Summary of Responses



**Growing the right way for
a bigger, better Peterborough**

1. Introduction

- 1.1. Peterborough City Council is required by law to have a housing allocations scheme which shows how the council prioritises applications for housing and the procedures they follow in allocating those homes.
- 1.2. Although the council no longer owns or manages any social housing in the city it has existing agreements in place with 10 registered social landlords (RSL), which allows us to allocate their available properties.
- 1.3. The Localism Act 2011 made an amendment to the Housing Act 1996, which gave local authorities the power to set their own qualifying criteria for people who are allowed to join the housing register. This allows councils to restrict their housing register to allow entry to only those who are in the most urgent housing need as well as allowing exclusions for other reasons based on other locally set criteria.
- 1.4. In addition recent government guidance highlighted that councils have the power to frame their allocations policies to give additional preference to particular groups of people. The guidance recommends councils consider how they can use their allocation policies to support those households who want to work, as well as those who, while unable to engage in paid employment, are contributing to their community in other ways, for example, through voluntary work.
- 1.5. The introduction of the Welfare Reform Act 2012 has made changes to housing benefit which will impact on social housing tenants (council and housing association tenants) from 1 April 2013. The changes will mean tenants of a working age will only receive housing benefit according to the number of bedrooms a household needs.
- 1.6. On 03 October 2012, following a period of consultation with our housing association partners, we published a draft allocations policy and sent a consultation questionnaire to all of the current live applicants on the housing register. We sent an electronic copy to all of our partner and support agencies, who currently receive correspondence relating to our choice based lettings scheme and we published a copy of the draft policy and consultation questionnaire on the city councils website.
- 1.7. The consultation process ended on the 30 December 2012.
- 1.8. We have now considered all the responses received. Chapters 2 & 3 of this document summarise the responses to the consultation. Chapter 4 highlights any changes or additions to the proposed policy in light of the consultation responses.

2. Summary of Responses

- 2.1. In total we received 563 responses to the consultation. These were from representatives from our partner housing associations; other departments in the council; professionals working in a housing field and members of the public.

2.2. Not all of the questionnaires were fully completed and a number of responses were not submitted in the questionnaire format. Therefore some of the question tables in Chapter 3 may not tally with previous questions.

3. Responses to questions

Question 1: To help us make best use of the information you provide, please tell us if you are a:

Member of the public	500	Representing an organisation	13
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513 people responded to this question

Question 2: Do you agree with the proposal to restrict entry to the Housing Register as detailed below?

ELIGIBILITY TO JOIN THE HOUSING REGISTER

We are proposing to restrict entry to the housing register to those who are in the most urgent housing need, this includes:

1. Homeless households
2. Those who are threatened with homelessness
3. Those living in insanitary or unsatisfactory housing conditions
4. Those who need to move for social/welfare reasons, or
5. Those for whom failure to assist in moving will cause particular hardship

Why are we making this proposal?

Currently Peterborough operates an open Housing Register, which means it is open to all who may wish to apply as long as they are 16 or over, except where:

1. They do not have a right to reside in the UK, or
2. They have previously been guilty of unacceptable behaviour, which would make them unsuitable to be a tenant.

Having such an open register has meant that over the last few years we have seen a large increase in the number of live applications. In July 2012 there were 9324 live applications being considered, these were prioritised into 5 bands (where band 1 is the highest priority) determined by the applicant's housing need and were broken down as follows:

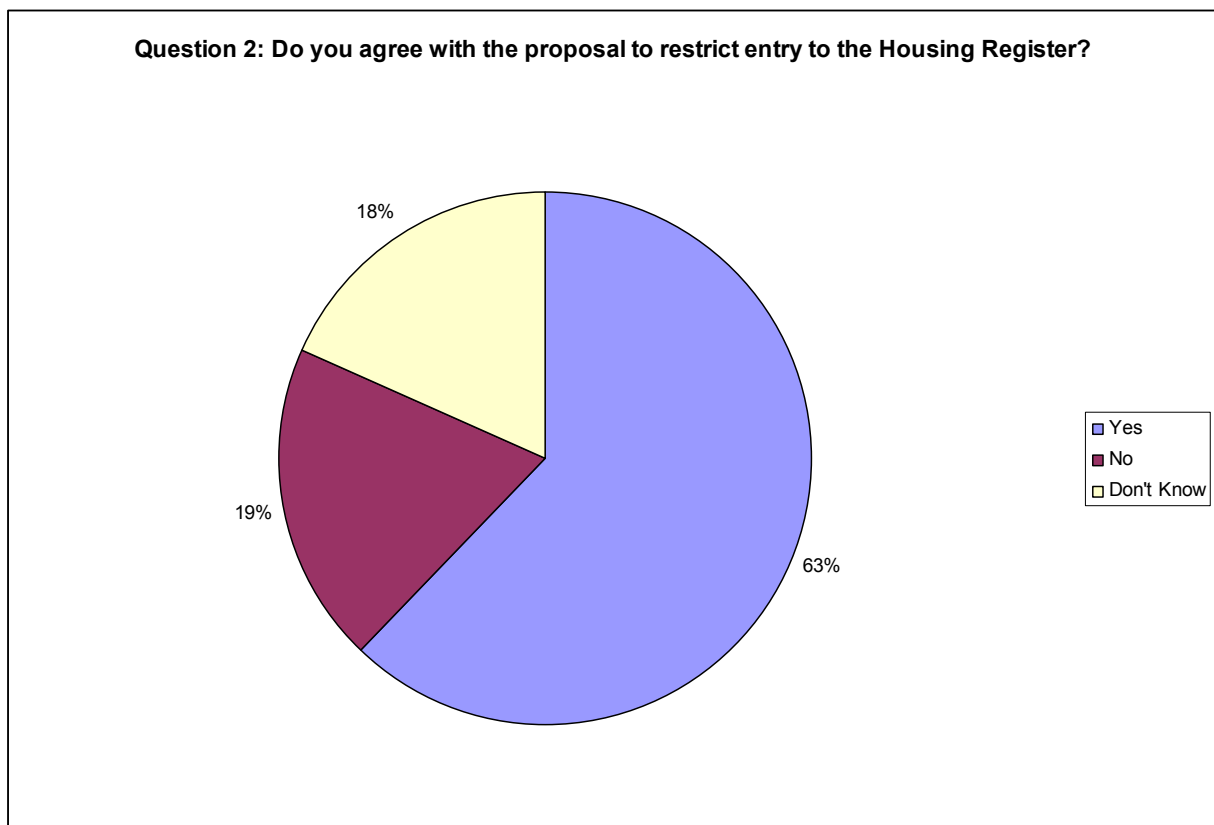
- 311 Applicants in band 1
- 3137 Applicants in band 2
- 1280 Applicants in band 3
- 3338 Applicants in band 4
- 1258 Applicants in band 5

Last year April 11- April 12 we allocated 1208 properties through our choice based lettings scheme. In the same time we accepted 2678 new applications.

Unfortunately such is the demand for general needs accommodation most of the applicants in band 4 & 5 will never be successful for an allocation of accommodation.

526 people responded to this question.

Yes	328	No	101	Don't Know	97
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“Agree strongly - people with means could get a mortgage or rent in the Private Sector” Member of the public

“Agree - Homeless/threatened with eviction must be dealt with first” Member of the public

“Disagree - Families on low income should always be housed” Member of the public

“Agree - Must have restrictions as so many want housing” Member of the public

“Disagree - Everyone deserves place of their own” Member of the public

“Agree - Housing help is for needy, not just for everyone” Member of the public

Question 3: Do you agree with the proposal to restrict entry to the housing register to those who have a local connection with Peterborough as detailed below?

LOCAL CONNECTION

It is proposed that we will only accept applications from those who have a connection with Peterborough. A connection will be established by:

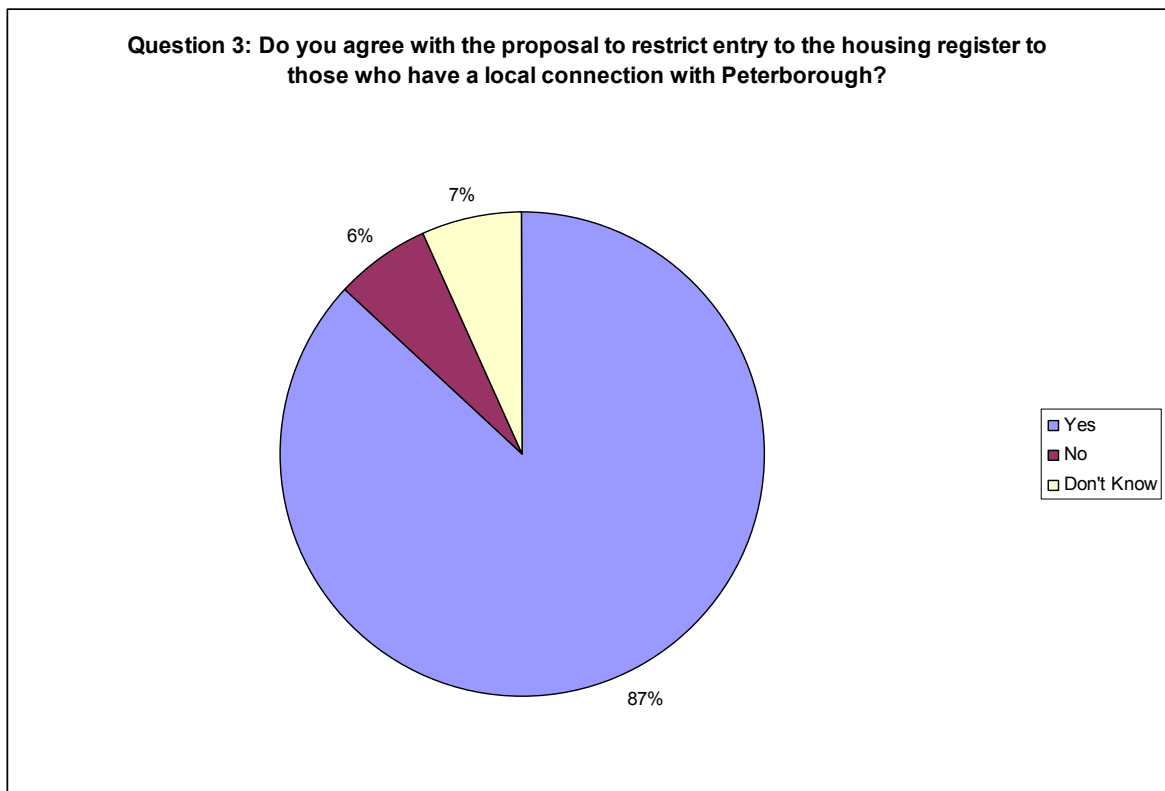
1. having lived in the area for six of the last 12 months or three of the last five years, or
2. having immediate family members who live in the area and have done for the last five years, or
3. those who are working in the city, or
4. those who need to move to the area for special reasons e.g. in order to receive specialist medical care

Why are we making this proposal?

As previously demonstrated social housing in Peterborough is in significant demand and most who register will never be successful in being allocated a property. We propose that the people from Peterborough or those with a connection should be given priority over those that don't.

547 people responded to this question.

Yes	475	No	35	Don't Know	37
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“Agree - Each council should take care of its own residents” Member of the public

“Agree - Local people shouldn't be disadvantaged due to mass immigration” Member of the public

“Disagree - Should be just Peterborough people that get places” Member of the public

“Disagree - Everyone should be able to get housing” Member of the public

“Agree - Stop assumption that move into area = automatically get house” Member of the public

“Agree - 6 of the last 12 months seems too short a time and almost makes local connection as a qualifying criteria and "reward" for local people irrelevant. I don't think living somewhere for 6 months means you have a local connection.” Organisation

Question 4: Do you agree with the proposal to exclude those who have previously behaved in an unacceptable manner, which would make them unsuitable to be a tenant of a social landlord as detailed below?

Unacceptable behaviour would be defined as follows:

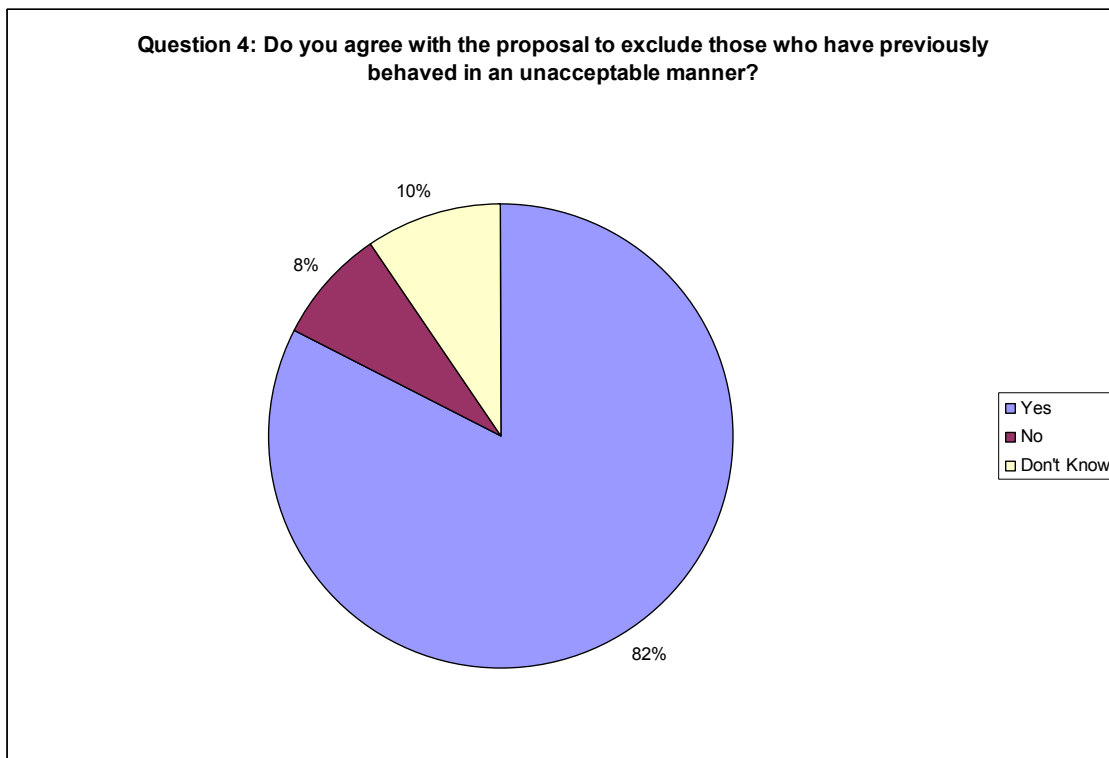
1. Behaviour, which is considered serious enough that if the applicant or a member of their household were a council tenant there, would be sufficient evidence for the council to obtain at least a suspended possession order. Such behaviour may include:
 - i. failing to pay the rent
 - ii. breaking the terms of a tenancy agreement
 - iii. causing nuisance to neighbours or anti social behaviour
 - iv. being convicted of using the home for immoral or illegal purposes
 - v. being convicted of an arrestable offence committed in, or in the vicinity of the home
 - vi. causing the condition of the property to deteriorate by a deliberate act, or by neglect
 - vii. making a false statement to obtain a tenancy, or
2. The applicant or a member of their household has been served with an injunction by a council or their landlord to stop them behaving in a way which causes nuisance or annoyance to others, or
3. The applicant or a member of their household has current tenancy arrears in excess of 8 weeks rent, or
4. The applicant or a member of their household has any outstanding former tenant arrears

Why are we making this proposal?

As previously demonstrated social housing in Peterborough is in significant demand and most who register will never be successful in being allocated a property. We propose that the people who behave in an anti-social manner or do not meet their primary obligations as a tenant and ensure their rent is paid should not be permitted to apply for another property.

535 people responded to this question.

Yes	442	No	42	Don't Know	51
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“Agree - Councils responsibility to reinforce law and order” Member of the public

“Don't Know - Depending on circumstances as all individuals should have a second chance” Member of the public

“Agree - Makes it fairer on people who do everything right, i.e. pay rent, don't cause nuisance etc.” Member of the public

“Disagree - People grow and change - why write them off?” Member of the public

“Agree - All comes down to respect for the law” Member of the public

Question 5: Do you agree with the proposal to exclude those who are assessed as having sufficient resources from savings and income to secure and sustain alternative accommodation by way of outright purchase, obtaining a mortgage or renting privately as detailed below?

SUFFICIENT RESOURCES

Currently we do not look at applicant’s assets or savings when deciding if they can join the housing register. We propose that those applicants who own a property or have sufficient resources from

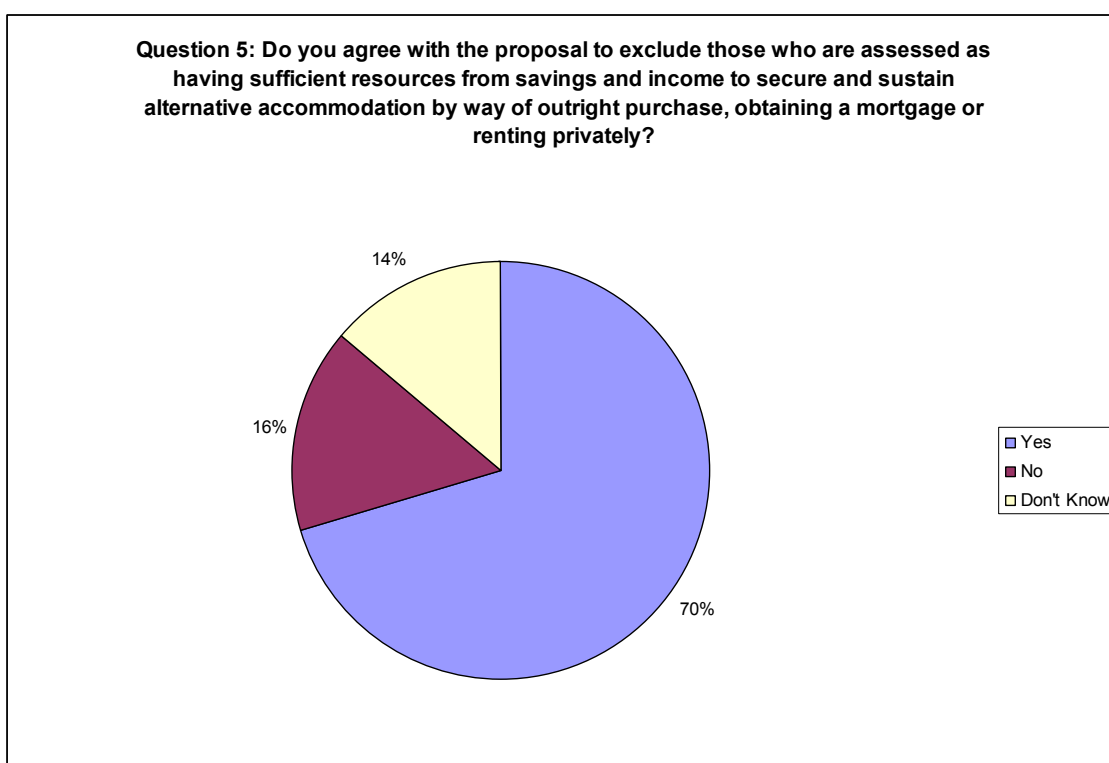
savings or income to secure and sustain alternative accommodation by way of outright purchase, obtaining a mortgage or renting privately should not be permitted to join the housing register.

Why are we making this proposal?

With demand so great we are only in a position to assist those in the most urgent housing need. Those who can afford to secure accommodation from other sources should not be denying accommodation from those who can't.

536 people responded to this question.

Yes	376	No	86	Don't Know	74
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“Agree - If they can afford it they should not use the Council” Member of the public

“Agree - Only for those in genuine need” Member of the Public

“Agree - As long as people who work are not unfairly excluded as they help create balanced communities and not only a many private rented properties in poor repair and expensive, they offer no security at a time when many cannot get a mortgage even if they want to” Organisation

“Disagree - This is unfair to people who were born and bred in Peterborough and who have been on the list for more than 30 years” Member of the Public

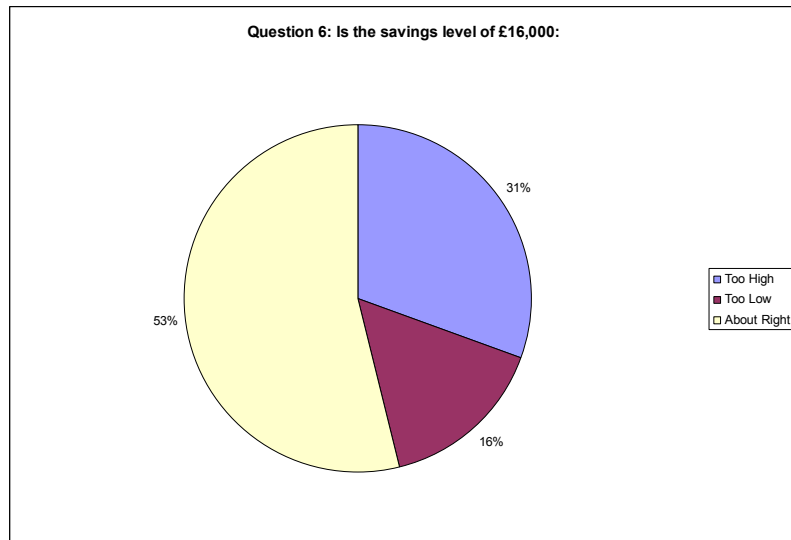
“Don't Know - Think all should be able to get on Housing Register” Member of the public

In deciding the level of sufficient resources we will look at applicants' savings and income. It is proposed that those with savings in excess of £16,000 or those with a household income in excess of £60,000 per annum should not be allowed to apply.

Question 6: Is the savings level of £16,000 a reasonable threshold:

530 people responded to this question

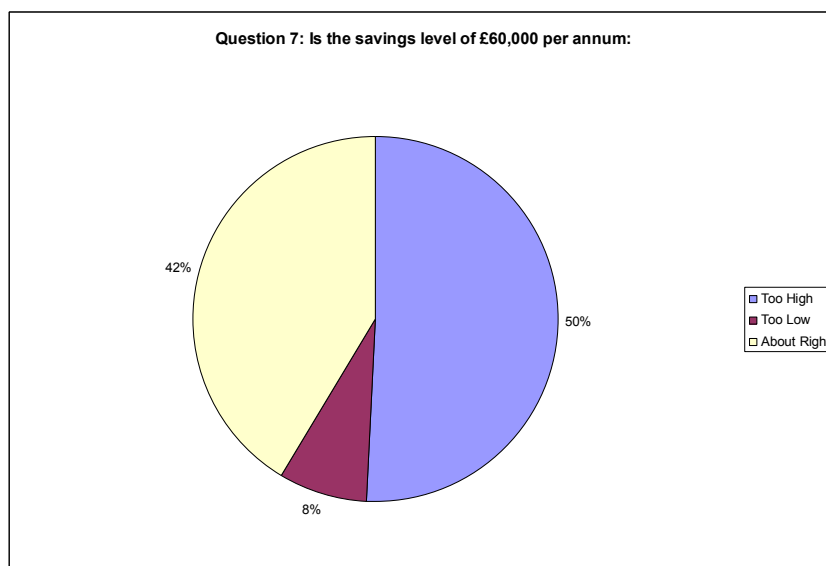
Too High	162	Too Low	83	About Right	285
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Question 7: Is the income level in excess of £60,000 per annum a reasonable threshold:

525 people responded to this question

Too High	267	Too Low	40	About Right	218
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“Too High - My husband works part time, £16k too high for us. £60k dream for us. Very high from our thoughts” Member of the public

“Too High - People with that amount of savings should have enough money to rent privately; not fair on people without savings/on little income” Member of the public

“Too Low - No-one should be turned away because of money” Member of the public

“Too High - £16k savings more than enough for private rent” Member of public

“Too Low - Why exclude those who can pay rent for those who live on benefits and pay no council tax?” Member of public

Question 8: Do you agree with the proposal to determine the number of bedrooms a household needs based on the criteria set out below?

BEDROOM ELIGIBILITY

We are proposing that, when determining the number of bedrooms a household needs, we will allocate a separate bedroom to:

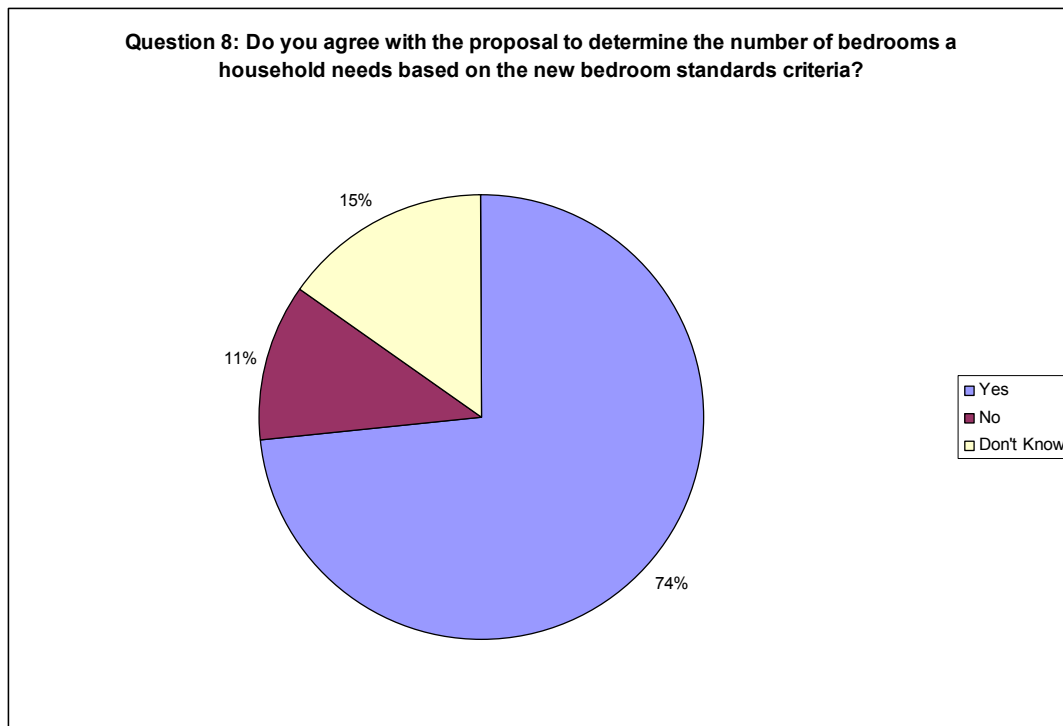
- Each married or cohabiting couple or single parent
- Any other person aged 16 years or more
- Two children of either sex under 10 years
- Two children of the same sex aged under 16 years
- Any person who cannot be paired

Why are we making this proposal?

By making this change we will ensure that we do not allocate bedrooms above the bedroom criteria. This will mean that both prospective and current tenants who experience a change in circumstances and require housing benefit assistance will not be left with a financial shortfall if their property is deemed larger than they need thereby causing financial hardship.

535 people responded to this question

Yes	392	No	61	Don't Know	82
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“Agree - Every room must be fully utilised, not as play room or office” Member of the public

“Disagree - Children have different sleeping patterns, esp disabled” Member of the public

“Agree - Should be made available to tenants with greater need” Member of the public

“Disagree - Medical reasons shouldn't be punished” Member of the public

“Disagree - Make provision for couples who can't sleep together due to health reasons” Member of the public

“Disagree - I think the bedroom criteria in the proposed changes to the common housing register should be guidance and advisory and not to exclude people from bidding for larger accommodation if they wish. Ultimately it is for us as the landlords to refuse or accept applications and if we believe there are good management reasons for letting a property we should take the risk on Housing Benefit. Housing policy should not be driven by welfare policy - they are not the same!” Organisation

Question 9: Do you agree with the proposal to give social housing tenants who are under occupying their property band 1 priority as detailed below?

UNDER OCCUPATION

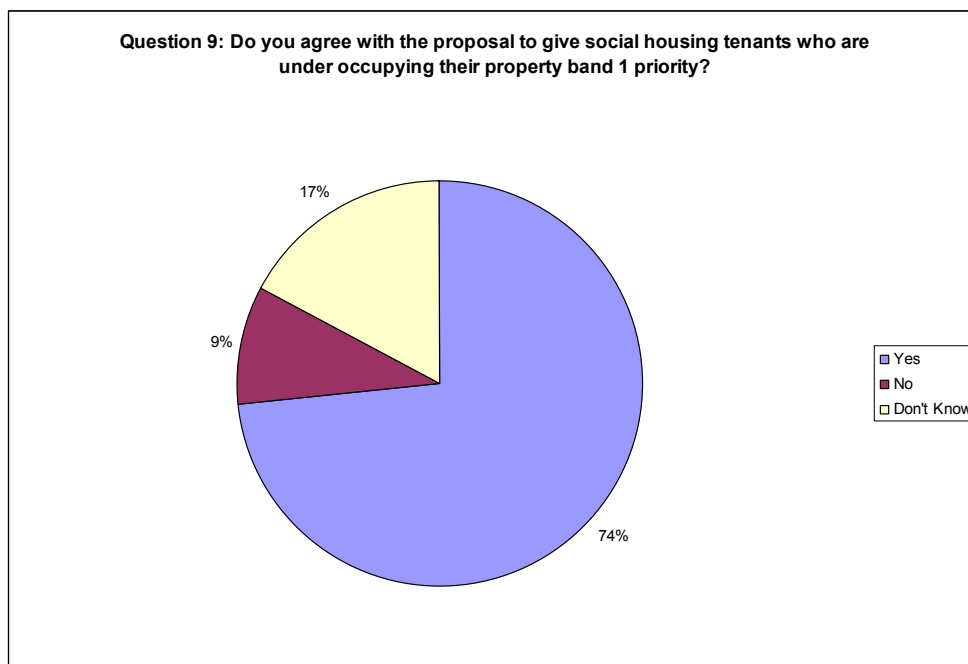
We are proposing that social tenants who are under-occupying their property will be given Band 1 priority.

Why are we making this proposal?

This proposed change will give greater priority to existing social tenants who are under-occupying their homes. Those who are under-occupying accommodation and in receipt of housing benefit will be at risk of financial hardship if they are not given assistance to move. In addition we are committed to making the best use of the limited housing stock available. Family sized homes released through this additional priority will be allocated to other households on the Housing Register.

539 people responded to this question

Yes	395	No	51	Don't Know	93
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“Don't Know - Not sure if greater priority should be given to those who need to relocate” Member of the public

“Disagree - Band 1 should just be for people who don't have a house” Member of the public

“Agree - Keeping 1/2 persons in big family house not fair” Member of the public

“Disagree - People shouldn't be forced out of family home when one child leaves” Member of the public

“Strongly agree - property should be made available immediately for an appropriately sized family” Member of the public

Question 10: Do you agree with the proposal to only allow an extra bedroom allocation on health grounds where there is an assessed need for an overnight carer as detailed below?

ACCESS, HEALTH, CARE AND SUPPORT ASSESSMENTS

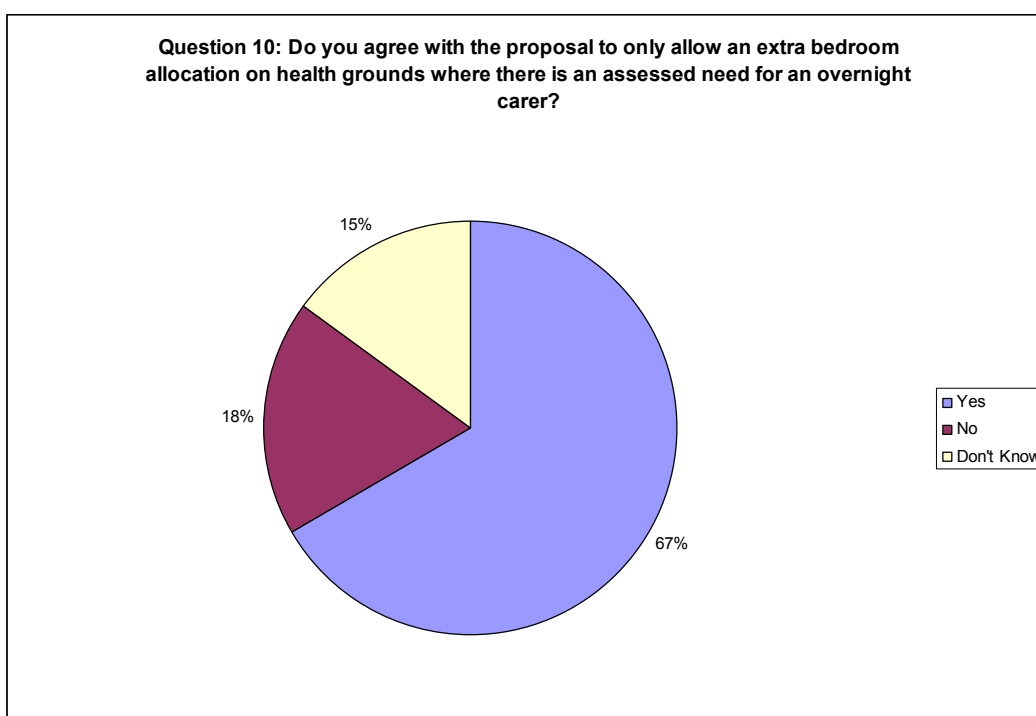
We are proposing consideration is only given for an additional bedroom on health grounds where there is a need for an overnight carer.

Why are we making this proposal?

Housing benefit payments will only cover bedrooms where there is an assessed need for overnight carers. It will not cover payments for other health needs i.e. extra bedrooms for storage of medical equipment or additional bedrooms for behavioural reasons etc.

530 people responded to this question

Yes	353	No	98	Don't Know	79
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“Agree - To live successfully in independent accommodation people with a learning disability or with autistic spectrum disorder may require an additional bedroom due to behavioural reasons, however it is recognised that as housing benefit will not fund this it would be inappropriate to agree a social housing allocation policy which may lead to tenancy failure due to rent arrears.” Professional body

“Disagree - People with medical equipment? Must consider quality of life.” Member of the public

“Disagree - Need to store medical equipment should be taken into consideration” Member of the public

“Disagree - Need to store medical equipment should be taken into consideration” Member of the public

“Agree - Those who need overnight help should get extra bedroom” Member of the public

Question 11: Do you agree with the proposal to give certain groups of people priority over other who may of a similar housing need as detailed below?

ADDITIONAL PREFERENCE

We are proposing that applications received from certain groups of people are given priority over others who may be in a similar level of housing need. These groups are:

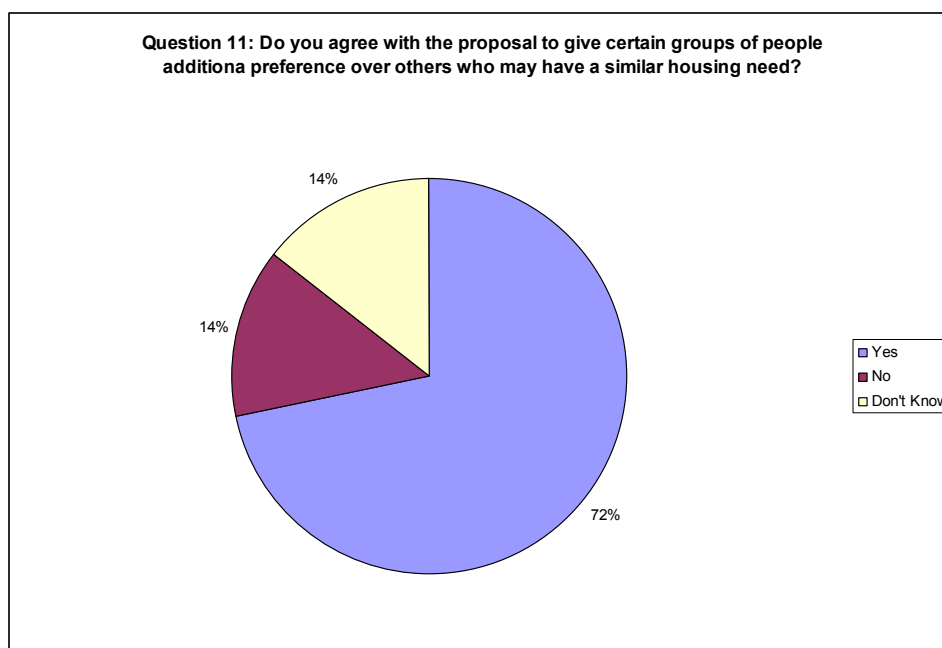
1. Armed Forces Personnel
2. Working Households
3. Those making a voluntary contribution to their community
4. Those with a long standing local connection with Peterborough

Why are we making this proposal?

Peterborough City Council believes that those who have a long-standing connection with the city, those who are working or actively seeking work and those who are playing a part in making their neighbourhood a good place to live should be rewarded for doing so. In addition we are now required to give additional preference to those serving and former members of the armed forces.

538 people responded to this question

Yes	385	No	76	Don't Know	77
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“Agree - Should be helped if fighting for country” Member of the public

“Agree - Acceptable that those who contribute are given preference” Member of the public

“Disagree - Not everyone has opportunity to do what's proposed” Member of the public

“Agree - It should be recognised that additional preference in terms of making a voluntary contribution to their community for people with a learning disability for those with autistic spectrum disorder may entail supporting voluntary organisations based outside their own neighbourhood” Professional body

“Disagree - Why can't Army house their people?” Member of the public

Question 12: Do you feel that the proposed changes to the allocations policy will have a disproportionate effect on the following groups of people?

Particular age groups	Yes	177	No	176	Don't know	165
Disabled People	Yes	221	No	180	Don't know	118
Married Couples or those entered into a civil partnership	Yes	129	No	224	Don't know	163
Pregnant women or women on maternity leave	Yes	142	No	204	Don't know	170
Particular ethnic groups	Yes	95	No	232	Don't know	183
Those of a particular religion or who hold a particular belief	Yes	61	No	267	Don't know	183
Male/Female	Yes	96	No	260	Don't know	160
Those proposing to undergo, currently undergoing or have undergone gender reassignment	Yes	45	No	231	Don't know	234
Sexual orientation	Yes	43	No	258	Don't know	211

“I am particularly worried about families with disabled people and specialist needs” Organisation

“The proposals have the potential to negatively impact on families where a child has a learning disability or autism spectrum disorder unless housing authority staff has an understanding and

awareness of these disabilities, and apply the policy in a way that does not indirectly discriminate against them.” Organisation

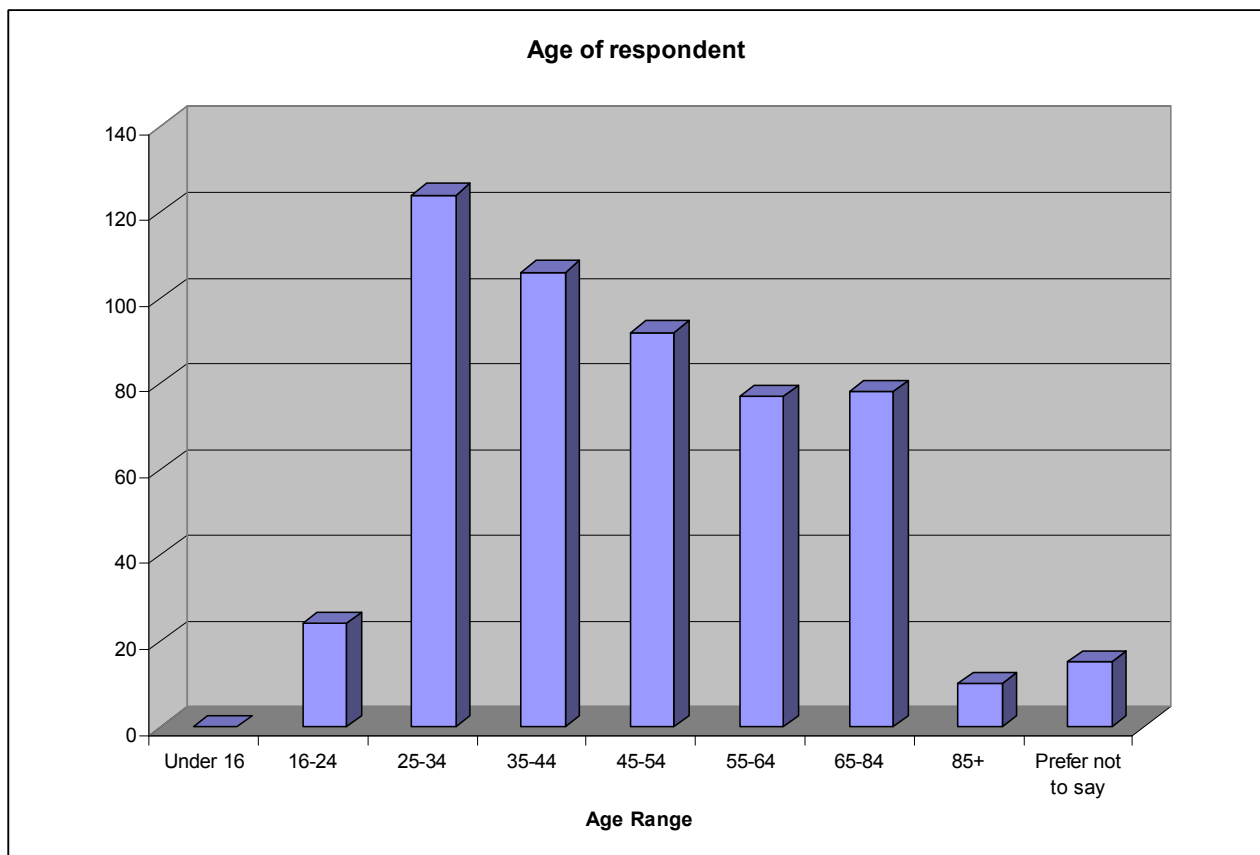
“age and disability - children having to move house too often. Older people not being able to have an extra bedroom. Disabled people not being allowed enough space to store equipment relating to their needs.” Member of the public

“Disabled people will probably be affected the worst by having to give up living space for their equipment that they need, Young children of different sex would be affected as it could mentally traumatize them sharing a room with their sibling who is budding or menstruating etc.” Member of the public

EQUALITY MONITORING

Age of respondent

Under 16	0	Aged 16-24	24	Aged 25-34	124	Aged 35-44	106
Aged 45-54	92	Aged 55-64	77	Aged 65-84	78	Aged 85+	10
Prefer not say	15						

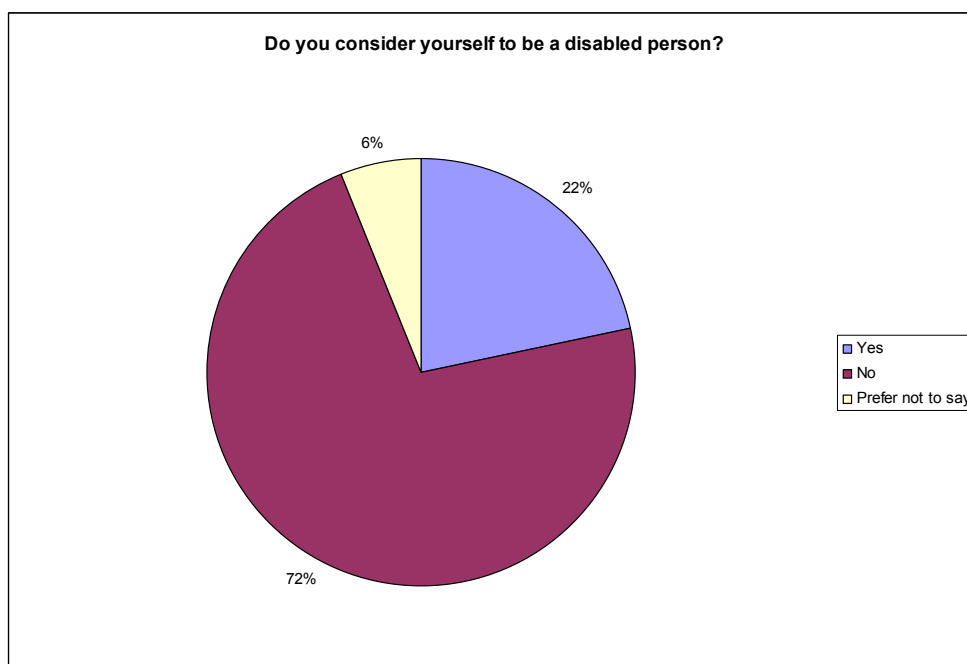


Disability

The Disability Discrimination Act (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long-term effect on their ability to carry out normal day-to-day activities and has lasted or is likely to last for at least 12 months. Since 2005 people with HIV, cancer, multiple sclerosis (MS) and severe disfigurement are covered by the DDA.

Do you consider yourself to be a disabled person?

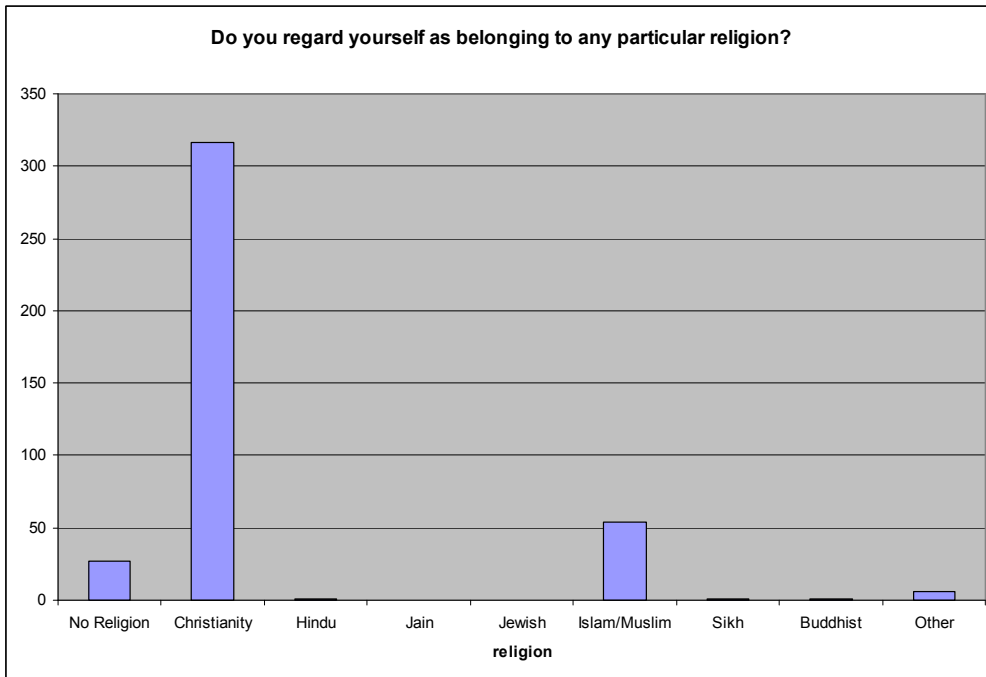
Yes	115	No	386	Prefer not to say	32
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Religion or belief

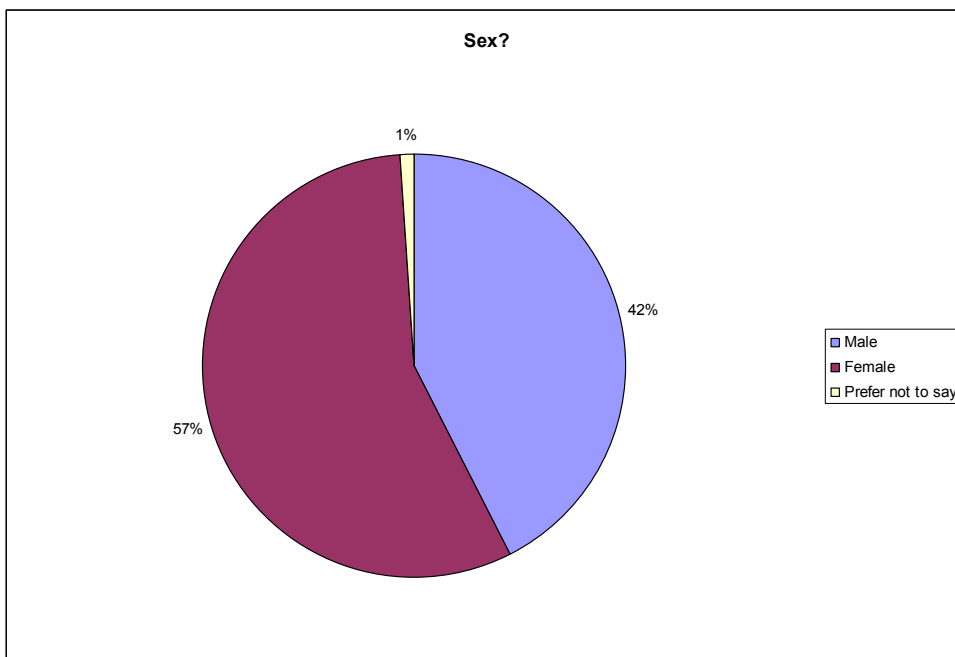
Do you regard yourself as belonging to any particular religion?

No religion	27	Christianity	316	Hindu	1	Jain	0
Jewish	0	Islam/Muslim	54	Sikh	1	Buddhist	1
Other	6						



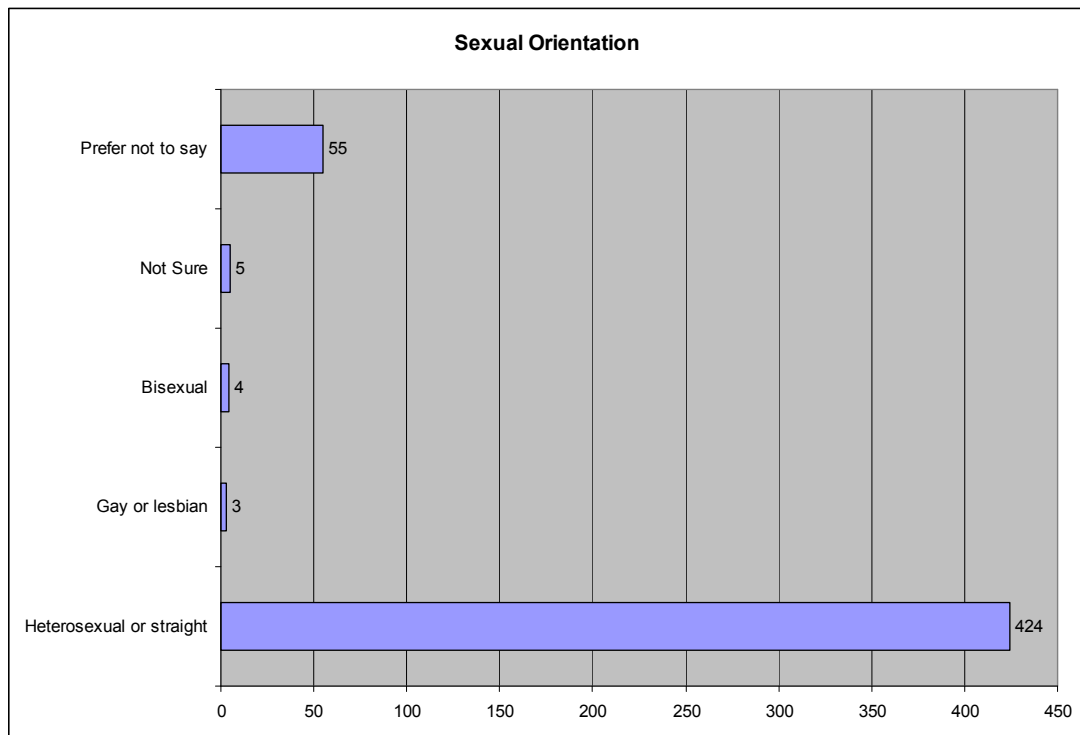
Gender

Male	223	Female	297	Prefer not to say	6
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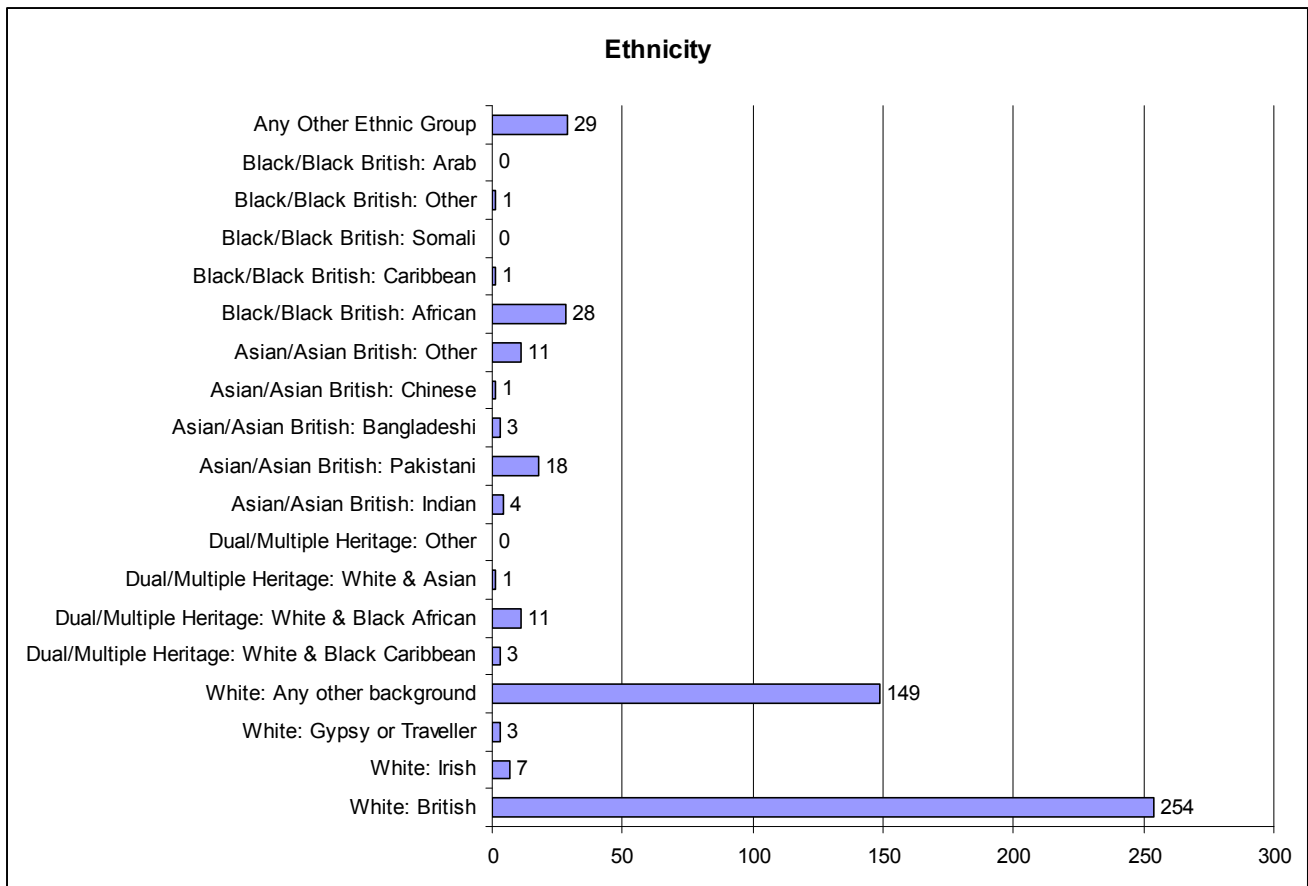
Sexual Orientation

Heterosexual or straight	424	Gay or lesbian	3	Bisexual	4	Not sure	5	Prefer not to say	55
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Ethnicity

White: British	254	White: Irish	7	White: Gypsy or Traveller	3	White: Any other background	149
Dual/Multiple Heritage: White & Black Caribbean	3	Dual/Multiple Heritage: White & Black African	11	Dual/Multiple Heritage: White & Asian	1	Dual/Multiple Heritage: Other	0
Asian/Asian British: Indian	4	Asian/Asian British: Pakistani	18	Asian/Asian British: Bangladeshi	3	Asian/Asian British: Chinese	1
Asian/Asian British: Other	11	Black/Black British: African	28	Black/Black British: Caribbean	1	Black/Black British: Somali	0
Black/Black British: Other	1	Other Ethnic Group: Arab	0	Any other Ethnic Group	29		



Additional Comments

As part of the consultation process the proposed allocations policy was presented to the Scrutiny Commission for Rural Communities. Following the presentation the commission requested that as part of the amendments, cabinet should consider the possibility of including awarding local preference for allocations to those who have a connection with the villages in local authority area.

While we are not against the idea of awarding additional preference to those who have a particular connection with a village, the purpose of the review of the allocations policy is to meet the needs of those most in housing need. It is felt that it would be unfair to include this provision as it would have a disproportionate effect on those living outside of the villages. If we were to include the provision, in order to not disadvantage others we would have to apply this across the whole of the local authority area. For example an applicant with a connection to Dogsthorpe would receive priority over someone who doesn't even if their priority for a move was lower. This would leave those who have been resident in, or have a connection with a village at a particular disadvantage, as they would only be considered a priority for a property in their village and the numbers of properties available in these locations every year are very few.

We do however encourage village parishes to consider suggesting sites, which could be developed as rural exception sites. An exception site is one that would not usually secure planning permission for housing, for example agricultural land next to but not within a local settlement area. The Council's Policy CS8 Meeting Housing Needs contained within the Peterborough Core Strategy states that the

Council may release a site adjacent to a village envelope for the provision of affordable housing, as an exception to the normal policy of development restraint in the countryside, provided that:

- The site is otherwise suitable for residential development in the light of all other policies in the development plan; and
- A specific local need for affordable housing has been demonstrated, over and above that which could be met through the operation of the affordable housing policy;
- The proposed housing would provide affordable housing of a number and type which meets (or contributes towards meeting) the **local need**.

A Rural Exception Site should seek to address the needs of the local community by accommodating households who are either current residents or have an existing family or employment connection, whilst also ensuring that rural areas continue to develop as sustainable, mixed, inclusive communities.

On the 16th January 2013 the proposed policy and summary of responses was presented to the Strong & Supportive Scrutiny Committee. While the committee were in agreement with the proposed changes they recommended to cabinet that they consider removing the following criteria when assessing an applicant's local connection for entry onto the housing register.

- the applicant or a member of their household has resided in the Council's district for 6 months out of the last 12 months, or 3 out of the last 5 years and that residence is or was of his own choice, unless the reason that they came to the district was to attend an educational establishment;
- the applicant or a member of their household has immediate family (parents, children, brothers, sisters and other family members if there is a particularly close relationship) who have lived in the district for at least the previous 5 years

We recommend that the cabinet does not adopt this proposed change however as the local connection criteria in the proposed policy mirrors that of the local authority agreement in relation to the councils duties to homeless households. If the proposed change is inserted into the final policy the council could find itself in a position where we have a full housing duty to a homeless household, but we are unable to discharge that duty as the household do not meet the eligibility criteria to join the housing register. This would leave the council open to increased costs relating to that households stay in emergency accommodation and possible judicial review.

The committee also requested that cabinet further consider the income level, which is considered sufficient to be able to find and secure suitable alternative accommodation by way of outright purchase, by way of mortgage or renting privately excluded from the housing register. The committee felt that the level of £60,000 was excessive and beyond the reach of most households in Peterborough. They also felt that the proposal to lower this level to £40,000 per annum did not go far enough and asked cabinet to consider reducing the level further to somewhere around £30,000 per annum.

While we recognise that an annual income in excess of £40,200 per annum is beyond the reach of many families in Peterborough we recommend that cabinet agree to this level as reducing it further may dampen the aspirations of those applying to find better paid employment. This would also fly

against our proposals to give additional priority to those who are working and contributing to Peterborough's economy as it may appear that we are encouraging households to get into employment, but only to a point and could be counter productive.

In addition many sustainable communities are built on the base of a good mix of residents of differing backgrounds. Restricting the income level too far could compromise this and turn areas with a high density of social housing into areas of high levels of deprivation.

4. Next steps

In the light of consultation, we have decided to recommend a number of changes to the proposed policy.

Sufficient Resources

As part of the changes we intend to restrict entry to the register to those households who have sufficient financial resources to resolve their own housing situation by way of out right property purchase, being able to obtain a mortgage or by renting in the private sector. As part of the consultation we asked how much was a reasonable level of income and/or savings to set as the limit for entry to the register.

In the consultation questionnaire we set the limit on income to £60,000 as this was also the lower figure in the High Income Social Tenants Pay to Stay Consultation paper, which the department of communities and local government put out in June and the savings limit to £16,000 as this is the maximum amount of savings you are allowed to still be eligible to receive Housing Benefit.

Of those that had responded 267 felt the income limit of £60,000 was too high, 218 felt it was about right and only 40 felt it was too low. Many of the respondents suggested that an income limit of around £40,000 would be more appropriate. Therefore in the final draft of the proposed policy those with a household income in excess of £40,200 will be excluded from applying, except where they are aged over 55 years of age and would like to be considered for sheltered accommodation, but they will only be considered for accommodation of this type.

Most of the respondents felt that the savings limit of £16,000 was about right so this will be unchanged in the final draft.

Bedroom Standards Policy

We also propose to amend the current bedroom standards policy to mirror that used by the Department of Work and Pensions in assessing housing benefit entitlement for those renting in the private sector. The criteria is as follows:

1 Bedroom for:

- every adult/couple
- any other adult aged 16 or over
- any two children of the same sex
- any two children regardless of sex under age 10
- any other child

Changes as a result of the Welfare Reform Act 2011 due to be implemented in April 2013 mean that any household assessed under these criteria who is deemed to be occupying a social housing tenancy and is in receipt of housing benefit will have a reduction applied. The reductions are:

- 14% if they are under occupying by 1 bedroom, or
- 25% if they are under occupying by 2 or more bedrooms

By bringing the bedrooms standards policy in line with the criteria to be applied from April 2013 we are attempting to reduce the risk of more families being placed into poverty – a reduction of housing benefit would mean they would have to find the rent shortfall from other benefit income.

In addition this places an additional burden on our Housing Association partners as they are likely to see an increase in families in rent arrears as they are unable to meet the shortfall in benefit. This could ultimately lead to households being subject to eviction action and becoming homeless as a result.

As part of the consultation we asked whether the respondents agreed with these proposals. Of those that completed the questionnaires 392 agreed and 61 disagreed, 82 were not sure. While the large majority agreed with the proposals many that disagreed made strong comments around the difficulties of children with learning and physical disabilities sharing bedrooms.

Therefore after consulting with the Housing Needs medical advisor we have proposed in the final draft of the policy to allow discretion to award an extra bedroom entitlement to those who require it because they have a member of the household who is disabled and to registered foster carers.

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CABINET	AGENDA ITEM No. 8
25 FEBRUARY 2013	PUBLIC REPORT

Cabinet Member(s) responsible:	Councillor Sheila Scott, Cabinet Member for Children's Services	
Contact Officer(s):	Sue Westcott, Executive Director Children's Services	Tel. 863606

IMPROVING CHILDREN'S SERVICES UPDATE

R E C O M M E N D A T I O N S	
FROM : Executive Director Children's Services	Deadline date : n/a
1. That Cabinet notes the improvement activity and progress within Children's Services	

1. ORIGIN OF REPORT

1.1 This report is the first of a quarterly update on progress in implementing the actions and recommendations arising from the Ofsted Inspection.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to update Cabinet with details of improvement actions undertaken since the November Cabinet meeting in response to the findings of the Ofsted Inspection of Safeguarding carried out in August 2011.

2.2 This report is for Cabinet to consider under its Terms of Reference No. 3.2.3. To take a leading role in promoting the economic, environmental and social well-being of the area.

3. TIMESCALE

Is this a Major Policy Item/Statutory Plan?	NO
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4. PROGRESS REPORT

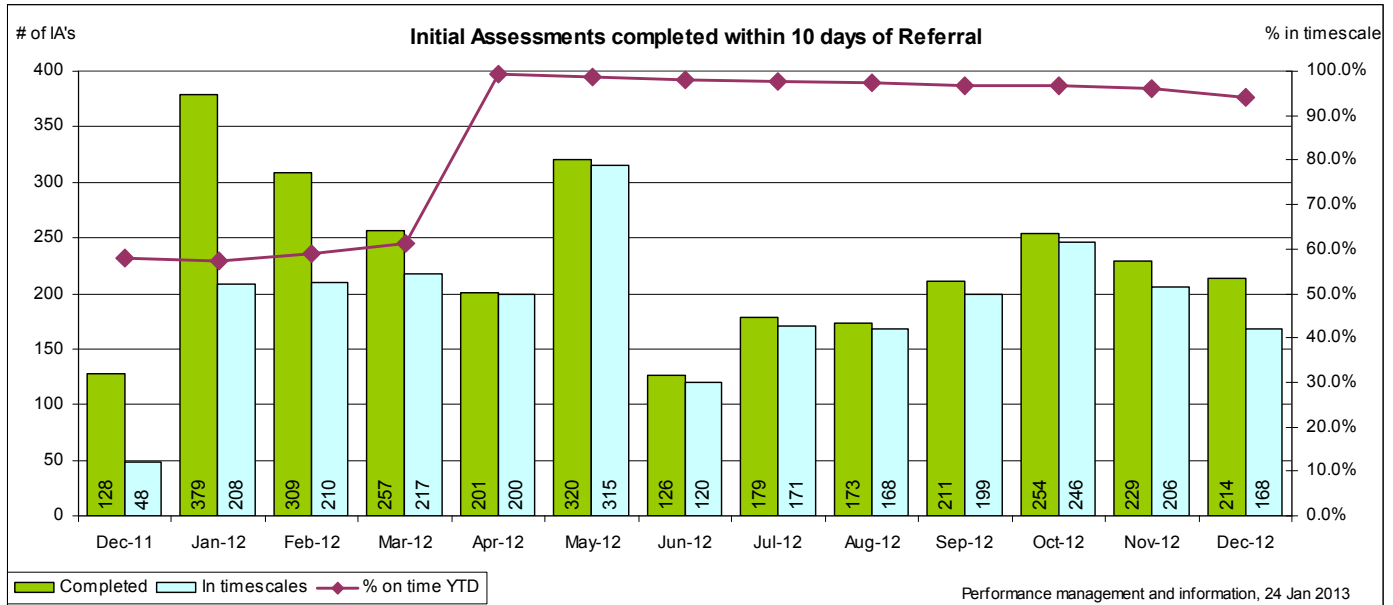
4.1 This report provides the Cabinet with an overview summary of the Council's performance since the last quarterly report to Cabinet in November 2012.

4.2 Referrals

Weekly referrals into Social Care are stabilising after a peak in May 2012. The current rate is 34.3%, higher than target (Dec 2012). In December 2012, the number of referrals was 216 as opposed to 451 in May 2012.

4.3 Initial Assessments

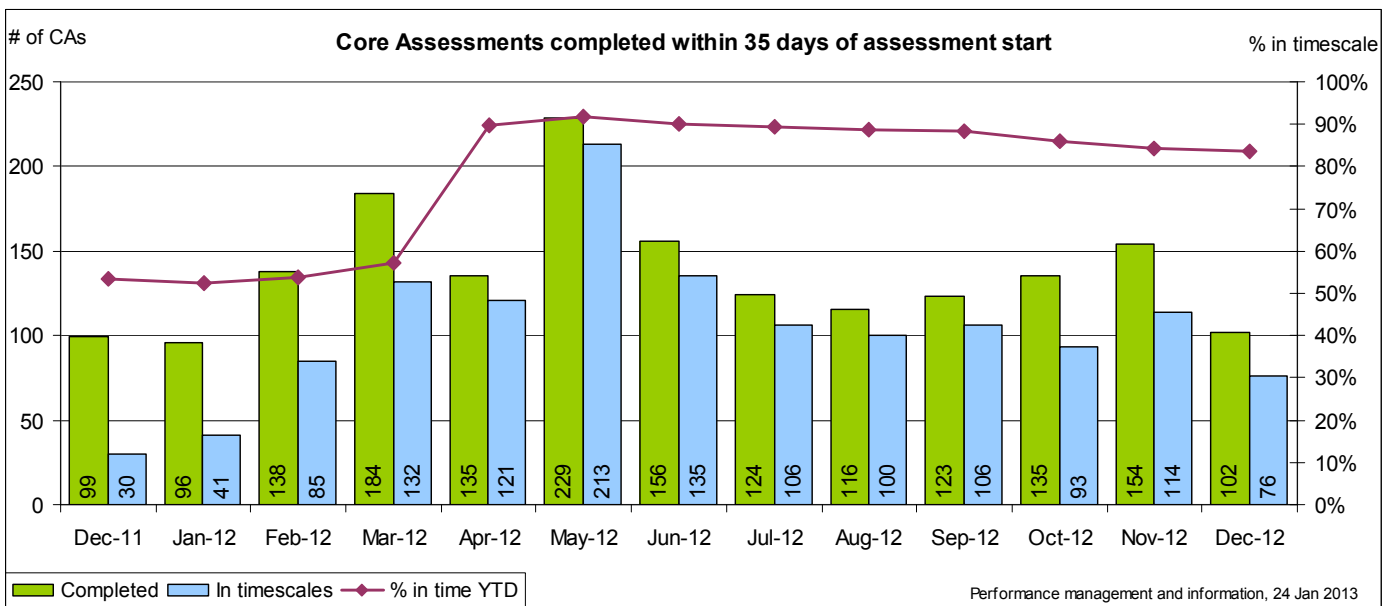
Timeliness of initial assessments remains good. The latest data for December 2012 shows 94% of Initial Assessments were completed in timescale. Although this is a 2% point drop from the previous month, the indicator is demonstrating strong performance and has remained consistently above target since April 2012.

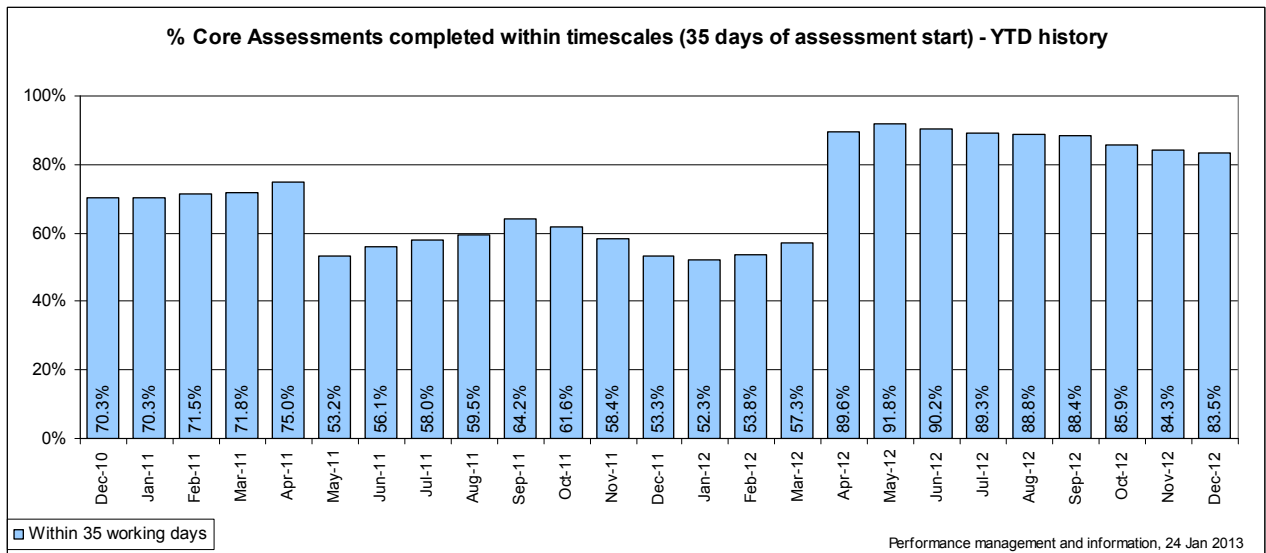


The number of re-referrals at the end of December 2012 is 36.3%. This is a 12.4 percentage point above target since March 2012 (36.1%). This number is too high (the SN result is 23.8%) and we are currently undertaking an audit to understand the reasons for this. The greater identification of need and historic underworking of cases could account for this.

4.4 Core Assessments

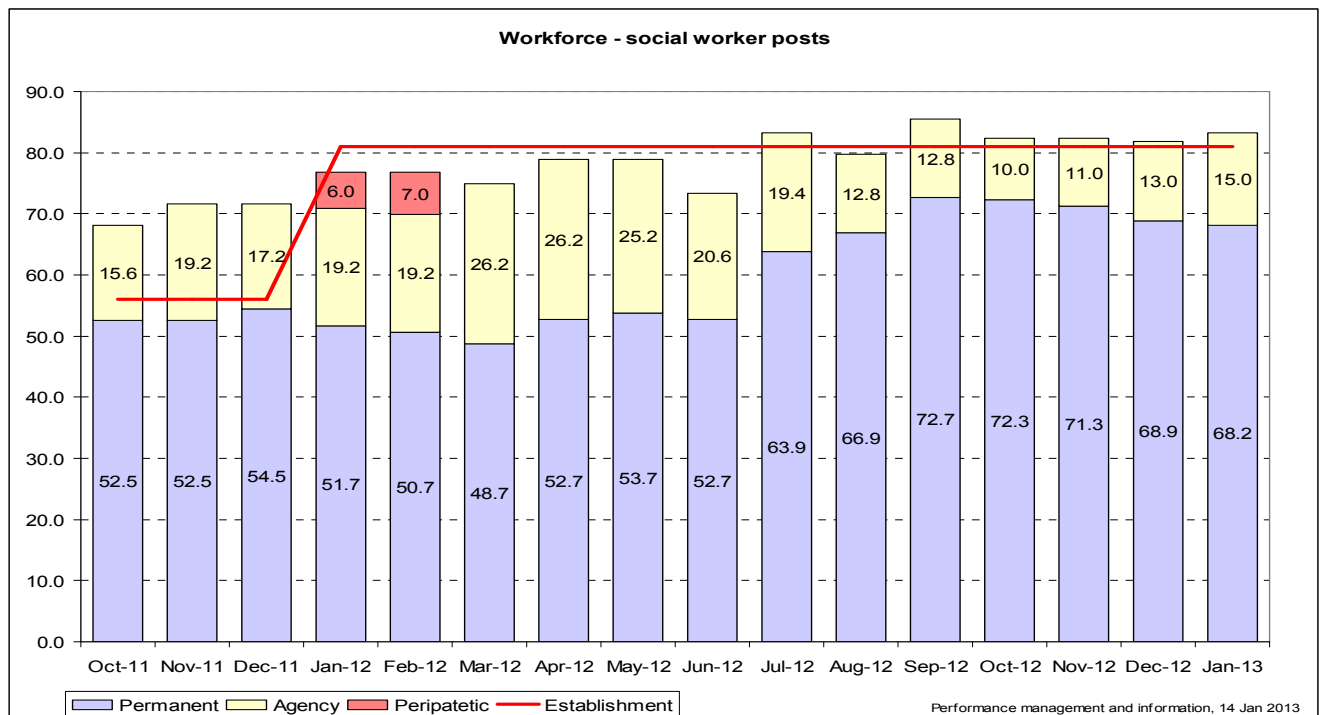
The number of Core Assessments completed in December 2012 is exactly the same as the previous year, so remains unchanged at 386 per 10,000 of the child population. However this is more than double the target of 173 per 10,000. The reason for this increase is predominantly the rise in the number of Section 47's (Child Protection enquiries). There have been 730 Section 47 enquiries completed between April and December 2012 of which only 38.4% had an outcome of a CP conference. This indicates that there is over use of the Section 47 as few meet the threshold for a conference. The Managers have been requested to fully interrogate the referral prior to designating it as a CP enquiry. This in conjunction with discussions with the police should decrease the number of Section 47's. This is important, not least because it is less punitive to children and families.





4.5 Staffing

The number of agency staff within social care remains low against a staff establishment of 81, excluding adoption and fostering. There are currently 10.7fte vacancies (which includes 4 social workers appointed and currently awaiting a start date, and 1 social worker scheduled to leave at the end of February). 2 staff departures have been for personal reasons. The number of agency staff in place takes us over and above the establishment of 81 (by 2.2fte) due to the need to cover social workers on maternity leave. We are looking at refreshing our recruitment campaign as we cannot afford this to slip.



4.6 Management Changes

Sue Westcott took up her role as DCS on 22 December 2012, following Malcolm Newsam's departure. Jean Imray took over from Sue Westcott as AD Safeguarding on that date. In this way there has been continuity in leadership.

The third tier posts at Head of Service level went out for advert and attracted 18 applications, 15 of which were interviewed. Appointments have now been made to all three posts: Head of Quality Assurance, Head of Referral /Assessment and Family Support and Head of Service for Family Support and Disability. The first two appointments were external, whilst the latter was the present Interim Head of Family Support .The two successful candidates are very experienced current Heads of Service in authorities rated 'good' by OFSTED . The response to this advertisement was excellent and demonstrates that quality professionals want to come and work here. One candidate aims to relocate.

The permanent post for the Assistant Director of Safeguarding is currently being recruited to with the aim of appointing in March to come into post May 2013.

The three vacant posts for Team Managers are currently out for national advertisement in the same publication that attracted the Heads of Service. All of these posts are currently covered by agency Team Managers. Our aim remains to establish a permanent and stable workforce.

We have been unsuccessful in recruiting to the Chair of the Peterborough Safeguarding Children Board despite what was considered a good field at interview. Unfortunately the candidates did not meet our requirements .We are currently re advertising with the aim of appointing in February. Meanwhile, the Assistant Chief Constable is chairing the Board.

4.7 Refreshed Vision and Priorities

Children's Services DMT has refreshed its vision and priorities within an updated Improvement Plan.

Our vision is: “One Children’s Service – Helping children be their best”

Our priorities are:

- Providing Children and Families with Early Support
- Helping Families with Problems and Keeping Children Safe
- Giving the best Opportunities to Children and Young People in Care
- Working in Partnership with Schools and others to make sure Children Succeed
- Supporting our staff to be outstanding

I have set key actions for a delivery plan which is realistic and achievable and builds upon our improvement journey. The new improvement plan includes actions to improve our education attainment and to deliver on our Early Intervention and Prevention Strategy. Our CP External Improvement Board will continue to monitor our CP priorities and actions.

5. CONSULTATION

- 5.1 Partner agencies through the Peterborough Safeguarding Children's Board and the External Improvement Board are involved in the improvement activity. Members, led by the Cabinet Member for Children's Services, continue to be actively engaged in challenging and supporting this improvement activity. A Member Task and Finish Group continues to meet regularly to examine the improvement programme and the evidence around for progress. Regular progress reports have also been considered by the Creating Opportunities and Tackling Inequalities Scrutiny Committee.

6. ANTICIPATED OUTCOMES

- 6.1 The improvement activity has been planned to secure the following outcomes laid out in the Children's Services Improvement programme:
- Providing confident leadership across children's services

- Putting in place effective front-line practice
- Creating an organisation fit for purpose
- Strengthening partnerships to make a difference
- Becoming the employer of choice in the region
- Robustly managing performance

7. REASONS FOR RECOMMENDATIONS

- 7.1 The Council needs to continue to deliver improvements to safeguard children and in the longer term put in place a sustainable high quality Children's Service in Peterborough.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 Not applicable

9. IMPLICATIONS

- 9.1 The cost of the improvement programme can be met from within existing budgets. Resources are available to secure improvement in the immediate and longer term.
- 9.2 The Secretary of State has the power to issue a statutory notice if he or she deems this is required to secure the necessary improvements within a failing service.

10. BACKGROUND DOCUMENTS

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

None

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