

## CABINET

**MONDAY 18 NOVEMBER 2019**

**10.00 AM**

**Bourges/Viersen Room - Town Hall**

Contact – philippa.turvey@peterborough.gov.uk, 01733 452268

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*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 THE SHAREHOLDER CABINET SUB-COMMITTEE MEETING  
HELD AT 10:00AM, ON  
MONDAY, 16 SEPTEMBER 2019  
BOURGES/VIERSEN ROOM, TOWN HALL, PETERBOROUGH**

**Members Present:** Councillor Fitzgerald (Chair), Councillor Allen, Councillor Seaton, Councillor Walsh

**4. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Cereste.

**5. DECLARATIONS OF INTEREST**

Councillor Allen declared that he held the position of Blue Sky Peterborough Board Member.

Agenda Item 4, 'NPS Peterborough Limited 2018-19'

Councillor Seaton declared that he had previously held the position of NPS Peterborough Limited Board Member, but no longer did so.

**6. ARAGON DIRECT SERVICES**

The Shareholder Cabinet Committee received an overview report in relation Aragon Direct Services.

The purpose of this report was to provide the Shareholder Cabinet Committee with an overview of all the key areas of the contract and of the Key Performance Indicators (KPIs), along with a general update on the mobilisation and performance of each of the departments within the contract.

James Collingridge, Head of Environmental Partnerships, and Kieron King, Interim Managing Director, addressed the Shareholder Cabinet Committee and advised that the service had been live for four months in the form of a like for like offer with previous providers, Amey. The transition had gone well, with no rise in complaints and a steady delivery in service. A reduction in sickness levels had also been observed in staff, with a staff satisfaction survey soon to be undertaken. The Cabinet Committee was advised that a new Managing Director had been recruited and would be pursuing growth and third party income generation. The refuse collection fleet would be replaced in three years and options for this were currently under investigation.

The Shareholder Cabinet Committee debated the report and in summary, key points raised and responses to questions included:

- It was confirmed that replacement 'hot washing' equipment had been sourced and was a newer model of the previously outsourced machine.
- The company currently had 50 out of 80 suppliers set up. More suppliers were sought in order to become more commercially competitive.

- The next twelve months would involve service improvements around management processes, mobile technology, and generating third party income.
- The company was in the process of seeking accreditations that would enable it to compete with the private sector.
- Work was being undertaken with another company to test whether bin sensors would work with the needle bins.
- In relation to fly-tipping it was advised that, in consultation with the Prevention and Enforcement Service, consideration was being given to empowering Aragon to collect evidence from small fly-tips, in order to avoid multiple-visits.
- It was clarified that 'whip planting' referred to the planting of less mature, smaller tree stems.
- The use of new play area equipment was monitored, however, work needed to be done to establish how the Council can get the most information out of the app to see which type of equipment is used most regularly.
- Officers agreed that the cleaning up of unauthorised encampments should be included as a KPI.
- The Cabinet Committee was advised that all staff were trained 'bio-cleaning' and supervisors always visited as site before cleaning was undertaken to carry out a risk assessment.
- Complaint figure results were queried and the Cabinet Committee was advised that it was not uncommon for Member complaints and public complaints to diverge. It was considered that more comparable data on complaint figures was needed in order to observe a pattern.
- It was noted that Aragon operatives were empowered and encouraged to proactively collect fly-tipping without a corresponding report, however, had to take into consideration the loading capabilities of their vehicle and schedule for the day when doing so.
- The Cabinet Committee advised officers that they would like to see more strategic level detail in reports going forward.
- It was felt that the aims of the company should be to improve the service to residents and to reduce costs to the Council through revenue generation.
- Members were interested to see how Peterborough City Council compared to other authorities on garden waste collection.
- It was considered that Aragon's aims and timetable for growth should be included within future reports.
- Concern was raised by Members in relation to the split in responsibility between the property services and Aragon that needed clarification between the two partners.
- It was questioned whether there was a team in place, or plans to create a team that would be able to sell Aragon services with the relevant expertise.
- Members suggested that a further report be submitted to the Shareholder Cabinet Committee in six months time, including a two year view, and plans for service improvement and income generation.
- It was noted that Aragon were using the Council's Communications Team to ensure that information about the service was provided to the public.

The Shareholder Cabinet Committee considered the report and **RESOLVED** to noted the contents of the report and requested that a further report be provided in 6 months' time including detail on Aragon Direct Services' two year plan, plans for income generation, and suggestions as to how the service could be improved.

## **REASONS FOR THE DECISION**

The reason for the recommendation was to ensure that the Shareholder Cabinet Committee were up to date on the operation of the Aragon Direct Services and have an overview of the mobilisation and current service delivery.

## **ALTERNATIVE OPTIONS CONSIDERED**

The alternative option was to not present this report to the Shareholder Cabinet Committee, this option was not taken forwards as it was important that the new contract arrangement will benefit from the input of the committee.

## **7. NPS PETERBOROUGH LIMITED 2018-19**

The Shareholder Cabinet Committee received an overview report in relation to NPS Peterborough Limited for 2018/19.

The purpose of this report was to provide the Shareholder Cabinet Committee to consider and questions officers of the Council and NPS Peterborough Joint Venture Director on the performance of NPS Peterborough during 2018/19.

Alex Gee, Operations Director, and Sally House, Partnership Director, addressed the Shareholder Cabinet Committee and advised that Peterborough NPS Limited had five directors; two from the Council, two from NPS, and an Operations Director. The profit from the company, generated from £347 million worth of assets, was split 50/50 between the Council and NPS. This comprised operation buildings, tenant holdings on rural estates and over 135 retail units. The Cabinet Committee were advised that the Board approved annual business plan set out a plan for external growth. The 2018/19 profit share for the Council was £121,000, which represented £33,500 growth.

It was noted that Peterborough NPS Limited's remit did not cover any of the education estate, though the School's Capital Programme Team were able to use them as a resource.

Community Assets Transfers were highlighted as a particular challenge for the company, with six completed and 12 in progress.

The Shareholder Cabinet Committee debated the report and in summary, key points raised and responses to questions included:

- It was clarified that, when Peterborough NPS delivered services to other local authorities, the overall profit of the scheme was returned to the company to split evenly between Peterborough City Council and NPS.
- It was noted that the previous year's disposals target had been exceeded by £5 million. The current year's disposals target was nil, as the disposal of the football stadium and Allia Centre was being dealt with by the Council directly.
- Members were pleased that relationships with rural estate tenants had improved.
- Members emphasised that all assets, prior to disposal, were reviewed in relation to their beneficial use and their value to the Council.
- It was advised that profit made did not correlate to the size of the assets maintained. The Council was seeing a 10% return on their investment, which was considered to be performing well.
- Comment was made that future reports would benefit from the inclusion of strategic vision and ambition, as well as investment and growth aims.
- Concern was raised in relation to a number of anecdotal accounts of instances where administration process that were undertaken poorly.

- It relation to the Community Asset Transfer Programme, it was considered important to ensure that communities were aware of the potential implications of not taking on responsibility for the community assets in their areas.
- Members noted that the decision on what to communicate to communities was political, however, once this was established, advice could be taken from NPS as experts in the area.
- It was advised that one of the key challenges for NPS in delivering house was predicting the demand, as if incorrect could result in extra units. Members queried whether it could be established if extra units would be more cost effective than the cost of homelessness.

The Shareholder Cabinet Committee considered the report and **RESOLVED** to:

1. Noted the contents of the report and requested that future reports include detail on NPS's strategic plan, targets for growth and where this could be achieved, and suggestion as to how the service could be improved.
2. Requested that the Acting Corporate Director of Resources write to the Corporate Management Team to obtain a collective view on the performance of NPS and makes any appropriate recommendations to the Committee as necessary.
3. Recommended that representatives from NPS, Aragon Direct Services and Peterborough City Council's legal, finance and schools teams met to discuss their collective roles and responsibilities. The outcome of this meeting would be communicated to Shareholder Cabinet Committee members prior to March 2020
4. Recommended, once a timeline was available for communication to communities in relation to the end of the community asset transfer programme, that NPS work with Peterborough City Council to formulate a plan for the future.

#### **REASONS FOR THE DECISION**

Service delivery of major partnership contracts should be reviewed annually and outcomes of these reviews should be used to improve service provision.

#### **ALTERNATIVE OPTIONS CONSIDERED**

This report set out performance of an operational contract. Alternative options would be considered if service delivery was not being delivery, shown via budget spend and Performance Indicator delivery.

#### **8. SHAREHOLDER CABINET COMMITTEE WORK PROGRAMME**

The Shareholder Cabinet Committee reviewed their work programme and it was noted that should the Cabinet Committee wish to consider business plans, meetings may need to be held in exempt session, as these could be commercially sensitive.

The Shareholder Cabinet Committee **RESOLVED** to note the latest version of the work programme, with the following amendments:

##### 2 December 2019

Should 'Empower Peterborough' not be necessary, officers would consider whether sufficient information was available for 'Aragon Direct Services' and 'NPS Peterborough Limited' to return to the Cabinet Committee.

##### 2 March 2020

The addition of 'Aragon Direct Services'.

Chairman  
10:00am – 12:19am  
16 September 2019

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**MINUTES OF THE CABINET MEETING  
HELD AT 10:00AM, ON  
MONDAY, 4 NOVEMBER 2019  
BOURGES/VIERSON ROOM, TOWN HALL, PETERBOROUGH**

**Cabinet Members Present:** Councillor Holdich (Chair), Councillor Allen, Councillor Ayres, Councillor Cereste, Councillor Farooq, Councillor Fitzgerald, Councillor Hiller, Councillor Seaton, Councillor Walsh

**Cabinet Advisors Present:** Councillor Bashir

**32. APOLOGIES FOR ABSENCE**

No apologies for absence were received.

**33. DECLARATIONS OF INTEREST**

No declarations of interest were received.

**34. MINUTES OF CABINET MEETING HELD ON 23 SEPTEMBER**

The minutes of the Cabinet meeting held on 23 September 2019 were agreed as a true and accurate record.

**STRATEGIC DECISIONS**

**35. MEDIUM TERM FINANCIAL STRATEGY 2020/21 TO 2022/23 – TRANCHE ONE**

The Cabinet received a report as part of the Council's formal budget process as set out within the constitution and as per legislative requirements to set a balanced and sustainable budget for 2020/21-2022/23.

The purpose of this report was to, recommend that Cabinet approve the Tranche One service proposals, recommend that Cabinet approve the budget assumptions to update the Medium Term Financial Strategy (MTFS) to ensure estimates reflect the most up to date information available, outline the financial challenges facing the council in setting a sustainable and balanced budget for MTFS 2020/21-2022/23, and outline the strategic approach the Council was taking to close the budget gap over the three year budget planning horizon to deliver a sustainable budget.

The Cabinet Director for Finance introduced the report and expressed disappointment that no members of the Labour Group were in attendance at the meeting, and had not attended the Budget Cross Party Working Group Meetings. It was advised that the MTFS set out the ongoing savings to be made by the Council, which did not include any one off savings. The savings themselves amounted to £14 million, which, combined with the provision local government finance settlement, and changes to council tax, the deficit position to be delivered in the next financial year was £5.5 million.

The areas in which savings were to be made included a £1.7 million reduction in spending on care packages by reviewing the needs of users on a more frequent basis, a change to the Serco business support contract for £4.5 million, and a £2.5 million Council department restructure. All 43 separate saving proposals were included in the consultation document, including Equality Impact Assessments and Carbon Impact Assessments.

It was further advised that the capital programme was now at a more management level, with further details to be included in the final budget report.

Cabinet debated the report and in summary, key points raised and responses to questions included:

- Members expressed disappointment in the misrepresentations of the budget situation by local news.
- It was clarified that officers were confident that the Information Advice and Guidance point would still be available to those with a disability in Peterborough and that this service would not be negatively impacted by the proposals.
- The Council would continue to fund Shopmobility in the short term and was keep to engage with Disability Peterborough and Queensgate to seek alternative sources of revenue.
- In relation to accessibility issues in around Queensgate shopping centre following a Disability Forum audit process, any changes or improvements were the responsibility of Queensgate as a private business.
- It was further noted that 'Dial' services had not been cut, but that the organisation did not tender for the contract.
- Comment was made that there would be no reduction in fly-tipping, but collections would be undertaken in a more efficient manner by area.
- Members were conscious of the projected redundancy figures set out in the proposals and stressed that staff were a valued asset. The Council would do all it could to help that employees affected to be retrained and upskilled.
- It was noted that there was competition within the 3<sup>rd</sup> Sector and if one group did not receive work, this did not mean that it was not being undertaken.
- It was suggest that vulnerable members of society should not be made the subject of political debates in the period prior to the election.

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

1. The Tranche One service proposals, outlined in Appendix C to the report as the basis for public consultation.
2. The updated budget assumptions, to be incorporated within the Medium Term Financial Strategy 2020/21 – 2022/23. These were outlined in section 5.2 and 5.3 of the report.
3. The additional resourcing required to deliver the outlined proposals, in order to achieve future financial benefits. These were outlined in section 5.4 (strategic approach) and section 6 (reserves) of the report.
4. The revised capital programme outlined in section 5.5 of the report and referencing Appendix B to the report.
5. The Medium Term Financial Strategy 2020/21 – 2022/23-Tranche One, as set out in the body of the report and the following appendices to the report:

- Appendix A – 2020/21 – 2022/23 MTFS Detailed Budget Position – Tranche One
- Appendix B – Capital Programme Schemes 2020/21- 2024/25
- Appendix C – Budget Consultation Document, including Tranche One Budget Proposal detail
- Appendix D – Equality Impact Assessments
- Appendix E – Carbon Impact Assessments- draft

Cabinet **RESOLVED** to note:

6. The future strategic direction for the Council outlined in section 5.4 of the report.
7. The forecast reserves position, outlined within section 6 of the report.

### **REASONS FOR THE DECISION**

The Council must set a lawful and balanced budget. The approach outlined in this report worked towards this requirement.

### **ALTERNATIVE OPTIONS CONSIDERED**

No alternative option had been considered as the Cabinet was responsible under the constitution for initiating budget proposals and the Council was statutorily obliged to set a lawful and balanced budget by 11 March annually.

### **MONITORING ITEMS**

#### **36. BUDGET CONTROL REPORT SEPTEMBER 2019**

The Cabinet received a report in relation to the Budget Control Report for September 2019.

The purpose of this report was to provide Cabinet with an early indication of the forecast for 2019/20 at the September 2019 budgetary control position.

The Cabinet Director for Finance introduced the report and advised that this was the first budget control report following the reprofiling of the budget in the June report, which resolved structural budget issues. If the full £20 million of savings were delivered, then £3 million would be moved back into the Council's reserves. It was also advised that just under half of the savings targets for the year had been validated. Following examination, capital receipts would not be used to repay minimum revenue position from next year. In comparison to the June Budget Control Report, the deficit gap had been closed and the council was not projected to overspend.

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

1. The Budgetary Control position for 2019/20 at September 2019 included a forecast overspend of £5.811m against budget.
2. The key variance analysis and explanations were contained in Appendix A to the report.
3. The estimated reserves position for 2019/20 at September 2019 outlined in Appendix B to the report.

4. In year budget risks for 2019/20 at September 2019 were highlighted in Appendix C to the report.
5. The Asset Investment and Treasury Budget Report was contained in Appendix D to the report.

**REASONS FOR THE DECISION**

The report updated Cabinet on the September 2019 budgetary control position.

**ALTERNATIVE OPTIONS CONSIDERED**

There had been no alternative options considered.

Chairman  
10:00am – 10:31am  
4 November 2019

|                         |                          |
|-------------------------|--------------------------|
| <b>CABINET</b>          | <b>AGENDA ITEM No. 6</b> |
| <b>18 NOVEMBER 2019</b> | <b>PUBLIC REPORT</b>     |

|                                |   |             |
|--------------------------------|---|-------------|
| Report of:                     | Wendi Ogle-Welbourn, Executive Director, People & Communities                                 |             |
| Cabinet Member(s) responsible: | Cllr Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University |             |
| Contact Officer(s):            | Helen Gregg, Partnership Manager  | Tel. 863618 |

## **BEST START IN LIFE (BSiL) STRATEGY 2019-2024**

| R E C O M M E N D A T I O N S  |                           |
|--|---------------------------|
| <b>FROM:</b> Wendi Ogle-Welbourn, Executive Director, People and Communities, Peterborough and Cambridgeshire Councils and Dr Liz Robin, Director of Public Health, Peterborough and Cambridgeshire Councils | <b>Deadline date:</b> N/A |
| It is recommended that Cabinet approve the Draft Joint Best Start in Life Strategy 2019-2024 (attached as Appendix 1 to the report).   |                           |

### **1. ORIGIN OF REPORT**

- 1.1 This report is submitted to Cabinet at the request of Wendi Ogle-Welbourn, Executive Director, People and Communities and Dr Liz Robin, Director of Public Health.

### **2. PURPOSE AND REASON FOR REPORT**

- 2.1 The key purpose is to ensure that there is co-ordinated and integrated multi-agency agreement on the delivery of pre-birth to 5 services that is tailored appropriately to local need.
- 2.2 This report is for Cabinet to consider under its Terms of Reference No. 3.2.4., "To promote the Council's corporate and key strategies and Peterborough's Community Strategy and approve strategies and cross-cutting programmes not included within the Council's major policy and budget framework."

### **3. TIMESCALES**

|   |           |                                  |            |
|---|-----------|----------------------------------|------------|
| Is this a Major Policy Item/Statutory Plan? | <b>NO</b> | If yes, date for Cabinet meeting | <b>N/A</b> |
|---|-----------|----------------------------------|------------|

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

- 4.1 Best Start in Life is a 5 year strategy which aims to improve life chances of children (pre-birth to 5 years) in Cambridgeshire and Peterborough by addressing inequalities, narrowing the gap in attainment and improving outcomes for all children, including disadvantaged children and families.
- 4.2 The strategy development was led jointly by Cambridgeshire and Peterborough local authorities, working with a wide range of stakeholders. It is built on knowledge of local need

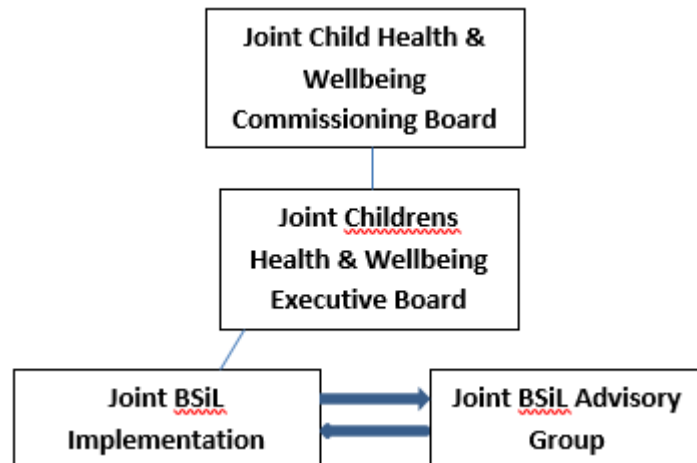
and what the evidence says works in improving outcomes during the early years. Local user research also informed the process.

- 4.3 The strategy reflects the national and local policy context, including: Better Births, The Government’s Prevention Vision, NHS Long Term Plan and the Government’s plan for improving social mobility through education, Think Communities, Cambridgeshire and Peterborough’s child poverty strategies and healthy weight strategies, SEND Strategy
- 4.4 Cambridgeshire and Peterborough have worked together over the past seven months to develop ‘Best Start in Life’ – an ambitious high-level strategy to improve the outcomes of children in the early years. The vision is that “Every child will be given the best start in life supported by families, communities and high quality integrated services”. We recognise that children and families face many challenges, not all of which can be resolved by the strategy’s proposals. The aim is to ensure that available resources are used to best effect and with a focus on key outcomes, through integrated working across the organisations involved and with communities.
- 4.5 An intensive discovery phase was undertaken during November 2018 to March 2019 resulting in the production of a draft Joint BSiL Strategy. This phase involved extensive engagement with both existing research, data and evidence, alongside local parents and communities.
- 4.6 The Best Start in Life strategy focusses on three key outcomes which represent our ambition for children in Cambridgeshire and Peterborough:
- Children live healthy lives
  - Children are safe from harm
  - Children are confident and resilient with an aptitude and enthusiasm for learning
- 4.7 The core of the Best Start in Life Start strategy consists of five themes of integrated delivery – these describe how we intend to improve outcomes, by focussing on:
1. Healthy pregnancy, parents and children
  2. Vulnerable parents - identified early and supported
  3. Well prepared parents
  4. Good attachment and bonding
  5. Supporting child development
- 4.8 The five themes are underpinned by nine building blocks, which will ensure that the aims of the strategy are met and sustained over time:



## Governance

4.9 A new governance structure has been established, as shown in the image below:



4.10 A co-produced implementation plan is being developed to monitor the progress and impact of the strategy. A 'strategy on a page' approach to engage families further will also be included within this implementation plan. A communications sub-group is being established to support the work of the BSiL implementation and advisory groups.

4.11 The Joint Children's Health & Wellbeing Executive Board will monitor the progress of the implementation plan and direct activities through the joint implementation and advisory groups to ensure key measures and deliverables are achieved and at the right pace.

4.12 The BSiL strategy and implementation plan are being developed at a time of reducing resources and we will be seeking to deliver these in the most efficient and effective way possible.

4.13 The current, second phase of the BSiL programme runs until September. The aim of the second phase is to identify options for an integrated delivery of early years provision. The third phase will work towards commencing the new model in April 2020. This will include further work to ensure that evaluation is built in from the start, using appropriate methodologies.

## 5. CONSULTATION

5.1 Engagement with the public and communities is central to the BSiL strategy development and implementation. The approach adopted to date is ethnographic user research. This is an example of human centred design and allows us to understand and empathise with our users in order to design services to meet their needs.

5.2 As part of the Best Start in Life strategy development, a multi-disciplinary team of service specialists and designers went out over 2 weeks to settings, services, public places, health centres and homes to learn about people's lives. We wanted to find out what motivates and drives them, what is important to them, what the hardest aspects of parenting are and how they source help and support.

5.3 Below are some insights from the user research programme along with some representative quotes:

- Parents value social connection and networks with others and they offer each other advice and support in parenthood. Parents also seek personalised, professional advice and support and seek this during touchpoints with health visitors and also community groups. "I trust the advice from a professional. Families and friends have

their own opinions and ways of doing things that is right for them.” They also value seeing the same professional again, with whom they build up a relationship and trust. “It was really nice when the Health Visitor recognised me and my baby at the weighing clinic and asked how we were - it made me feel special”

- It can be hard to ask for help if you are struggling with a new baby and there was a feeling that you have to know what the right questions to ask are. One mum with post-natal depression said "you have to ask for help, which is the hardest thing because when the health visitor comes you are trying to impress them. No-one says "I'm really struggling" because they are scared of having their baby taken away so you put the brave face on and hide it
- Parents like groups led by volunteers and parents because they feel less watched and judged. “The groups I attend are parent led rather than run by trained professionals, where it can feel like there is a social worker around.”
- There are many community groups that aim to cater for parent’s needs and are highly attended and successful. The most successful ones focus and succeed in giving parents a warm welcome, creating a non-judgemental environment, making activities available for children, giving parents a chance to relax and socialise with other parents and offering support from professionals. The groups that provide high quality refreshments help make parents feel valued. “Bumps & Babies had a really welcoming atmosphere, it felt safe, friendly, chilled out and calm. They had AMAZING coffee too! Great for bonding time.”
- There is a lack of community provision specifically for fathers. [When you’re the only Dad at a parenting group] “It’s quite isolating, you don’t feel included and you do feel vulnerable.”
- Most people know what it takes to be healthy (eating well and moving more) but most people know that they don’t do the ‘right’ things all the time. Getting children out and about walking and playing at the park is seen as important for their wellbeing. “My son is awful with eating the right things - he thinks we are trying to trick him”
- Pre-schools are very good at helping to prepare children for school, especially those that are linked to a school where the transition is more seamless. “Pre-school Piglets really helped with the transition - they talked to the children about what a typical school day looked like, told them about uniform, how the desks would be set up and that they could get used to the environment. They also arranged for the pre-schoolers to join in a lunchtime at the school from Easter time.”
- Parents of children with disabilities or undiagnosed problems find navigating services, entitlement and regular form filling to be a significant ‘pain point’. Parents find the process of explaining their situation and accessing the help and support they need very challenging. “I love being Molly’s mummy but I don’t like the managerial/administrative side of it. It could be simpler. Molly will need an EHCP and SEND support and I find it so overwhelming I push it away...I don’t know where to start with it all.”
- There is a perceived lack of support for children aged 2 to 5 and sometimes parents are not clear about what development milestones they should be helping their children to achieve and by when. “There is a real lack of advice available from 2-5 years old and that it's assumed you've got it now - it's there if you need it, but you really have to seek it out yourself. It's a shock from the first two years when you have health visitors and regular appointments to just having nothing”

5.4 A further programme of user research and engagement is planned for two weeks in July 2019 which will be used to inform the co-produced strategy implementation plan, which will be supported by a communications strategy. The intention is to reach more of the public and professionals who represent the wide diversity across Cambridgeshire and Peterborough.

5.5 The BSiL Strategy was presented to Children and Education Scrutiny Committee on 11 September 2019 and Health Scrutiny Committee on 18 September 2019. The strategy was endorsed at both committees.

## 6. ANTICIPATED OUTCOMES OR IMPACT



6.1 Cabinet is expected to review the information contained within this report and respond / approve accordingly.

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

7.1 To ensure members have been consulted on the strategy and are kept regularly informed of progress made on the priorities identified within the strategy.

## **8. ALTERNATIVE OPTIONS CONSIDERED**

8.1 The Best Start in Life Strategy could have been taken to Children and Education Scrutiny Committee only. It was felt to be important to also bring the Strategy to Cabinet because children's services are core to the Council.

## **9. IMPLICATIONS**

### **Financial Implications**

9.1 There are no significant implications within this category.

### **Legal Implications**

9.2 There are no significant implications within this category.

### **Equalities Implications**

9.3 There are no significant implications within this category.

### **Carbon Impact Assessment**

9.4 The BID is an exciting project which offers the possibility of reconfiguring services in the City Centre in a way which embraces issues of sustainability and enables the Council to reduce its carbon impact in the long term.

## **10. BACKGROUND DOCUMENTS**

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

10.1 N/A

## **11. APPENDICES**

11.1 Appendix 1: Best Start in Strategy 2019-2024

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# Best Start in Life Strategy 2019-2024

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## Executive Summary

### Our Vision

*Every child will be given the best start in life supported by families, communities and high quality integrated services.*

Best Start in Life is a 5 year strategy which aims to improve life chances of children (pre-birth to 5 years) in Cambridgeshire and Peterborough by addressing inequalities, narrowing the gap in attainment and improving outcomes for all children, including disadvantaged children and families.

### Why We Need Strategy

All children have the right to grow up with the best health possible, to be protected from harm and to have access to an education that enables them to fulfil their potential<sup>1</sup>.

Whilst on many measures, the health and wellbeing of young children in Cambridgeshire and Peterborough compares well to other similar areas, this is not the case for all children. This creates unacceptable and avoidable inequalities which impacts on their future health and life chances.

For example, whilst the level of 'school readiness' in Cambridgeshire is similar to England as a whole, in Peterborough it is worse and they reside in lowest 10% of all local authorities. However, for children taking free school meals, Cambridgeshire is worse than Peterborough and England and has declined since 2015/16<sup>2</sup>.

Many children also face a number of other challenges growing up, including; the effects of smoking in pregnancy, poor oral health, low vaccine uptake, parental mental health problems, domestic abuse and parental substance misuse.

Poor outcomes for children also have a significant social and economic cost. For example, high levels of accident and emergency department attendance and increasing pressures on Children's Social Care create unsustainable levels of demand for services. Public services are part of a wider local system which includes families, communities, local organisations and institutions, the voluntary sector and businesses. We believe it is only through taking a preventative approach and involving this wider system that our vision can be achieved<sup>3</sup>.

Cambridgeshire and Peterborough has a huge range of services and innovative programmes available for children and families. However, evidence suggests that the best practice is not always available to all and that services are not always provided in a joined up way which is helpful to families<sup>4</sup>. There is much to be gained by creating a more integrated approach which maximises the benefits of services working together better and involving the public and communities at every stage.

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<sup>1</sup> United Nations Convention on the Rights of the Child (UNCRC) 1989

<sup>2</sup> <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

<sup>3</sup> Prevention is better than cure: Our vision to help you live well for longer. Department of Health and Social Care. November 2018

<sup>4</sup> Early Years Social Mobility Pilot Peer Review of Peterborough and Cambridgeshire. Local Government Association. 2018.

## What We Are Trying To Achieve

We have an opportunity improve outcomes for children by bringing all the strands of early years provision together, into an integrated strategy and model of delivery.

The Best Start in Life strategy focusses on three key outcomes which represent our ambition for children in Cambridgeshire and Peterborough.

- Children live healthy lives
- Children are safe from harm
- Children are confident and resilient with an aptitude and enthusiasm for learning

The strategy will measure its success through a shared outcomes framework and developing a process for evaluation at an 'intervention' and 'system' level.

## How We Will Achieve Our Goals

The core of the Best Start in Life Start strategy consists of;

**Five themes<sup>5</sup>** for integrated delivery – these describe how we intend to improve outcomes, by focussing on;

1. Healthy pregnancy for parents and children
2. Vulnerable parents - identified early and supported
3. Well prepared parents
4. Good attachment and bonding
5. Supporting child development

See page 32.

**Nine building blocks** – these form the foundations for creating a long term system wide collaboration which we believe will be required to improve outcomes for children. See page 33.

For example, central to the strategy is an acknowledgement that in order to create the change we want to see, it will require a change in culture and a co-ordinated approach across the whole workforce. This means everyone should know what it means to give children the Best Start in Life and how they can contribute to this vision.

## How The Strategy Was Developed

The strategy development was led jointly by Cambridgeshire and Peterborough local authorities, working with a wide range of stakeholders. It is built on knowledge of local need and what the evidence says works in improving outcomes during the early years. Local user research also informed the process.

The strategy reflects the national and local policy context, including: Maternity Transformation - Better Births, The Government's Prevention Vision, the NHS Long Term Plan and the Government's plan for improving social mobility through education, Think Communities and Cambridgeshire and Peterborough's child poverty, healthy weight and SEND strategies.

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<sup>5</sup> The 'Five Themes' have been adapted from the Leeds 'Best Start' Plan 2015-19.

## Programme Plan

Phases 2 and 3 of the strategy run from May 2019 to March 2020.

Phase 2 (May to September 2019) will further develop the strategy and identify options for the future integrated delivery model.

Phase 3 (October to March 2020) will focus on arrangements for implementing the new model in April 2020, including development of the 'building blocks' which underpin the strategy.



# Best Start in Life

Our vision

Every child will be given the best start in life supported by families, communities and high quality integrated services.



3 Key impacts

Children live healthy lives  
Children are safe from harm  
Children are confident and resilient with an aptitude and enthusiasm for learning



Outcome measures

Smoking and obesity during pregnancy Low birth weight ✦ Infant mortality ✦ Breastfeeding ✦ A&E attendances ✦ Unintentional and deliberate injuries ✦ Dental decay ✦ Excess weight ✦ Immunisations ✦ Rates of looked after children ✦ Children in need plans ✦ Child protection plans ✦ Appropriate referrals to social care ✦ School readiness (good level of development and phonics) ✦ 2-2 ½yr HCP review (ASQ3) ✦ 2 year early education progress check ✦ Uptake of funded education

# Integrated Delivery

5 Themes

Healthy pregnancy, parents and children  
Vulnerable parents identified early and supported  
Well prepared parents  
Good attachment and bonding  
Supporting child development



9 Building Blocks

|   |  |                             |
|---|--|-----------------------------|
| A collaborative leadership and governance structure | Place-Based Strategies & Plans               | Outcomes & Accountability   |
| Funding & Commissioning                             | Culture Change & People Development          | Integrated Service Delivery |
| Data, Evidence & Evaluation                         | Collaborative Physical and Digital Platforms | Communications & Engagement |

## Introduction

Best Start in Life is a 5-year strategy which aims to improve life chances of children in Cambridgeshire and Peterborough by; addressing inequalities, narrowing the gap in attainment, and improving outcomes for all children including disadvantaged children and families.

Evidence is clear that the early years (pre-birth to 5 years) are a crucial period of change. The experiences of parents, babies and children during this time lay the foundations for their future, and shape their development, educational attainment and life chances.

It is therefore a period of great opportunity, where the combined efforts of parents, communities and services can make a real and lasting difference. The Best Start in Life strategy aims to take this opportunity by being bold and acting to ensure that its vision and outcomes are a shared responsibility and ambition across all partners who provide a service to children and their parents. It sets out new arrangements for providing an integrated early years provision across Cambridgeshire and Peterborough.

A cultural shift is needed in the understanding of the 3 prime areas of development (personal, social and emotional; communication and language; and physical) and how to foster and promote secure and positive parent-child relationships. This means recognising that everyone can play a role, and ensuring that all professionals coming into contact with children or their parents feel a shared purpose and understanding of how they can contribute to giving children the Best Start in Life.

Finally, it is only by engaging and empowering parents and communities that we can ensure that they feel supported, in a positive way when they need it. The strategy will ensure that they know where to go for safe and consistent information, advice and support. Whilst for many, universal preventative approaches will be the right approach, some children and families will need more targeted and specialist support and this should be available close to where they live.

## Background

Following a recent Early Years Social Mobility Pilot Peer Review of Peterborough and Cambridgeshire, undertaken by the Local Government Association (LGA), a recommendation was made that the local authorities develop a holistic early years strategy that brings together all the strands of the early years offer,<sup>6</sup> so that children across the county have the best start in life and are 'school ready'.

The review found a number of areas of innovative and impactful practice. This included the START<sup>7</sup> programme in Peterborough and the Wisbech Literacy Project. It reported that where services work together, there is a positive impact on children and their families. Examples included; co-ordination between Special Educational Needs Co-ordinators (SENCOs) and Portage Home Visitors<sup>8</sup>; working relationships around school clusters.

The review also identified a number of strategic issues and challenges, including;

- a lack of universal understanding about how early years, early help and early support join together to ensure that services are provided to families in a way that is right for them

<sup>6</sup> Including Better Births, Healthy Child Programme, Children's Centres and Early Years Education Settings

<sup>7</sup> A practical guide for parents and professionals on how to prepare children for school.

<https://www.peterborough.gov.uk/residents/schools-and-education/school-readiness/>

<sup>8</sup> Portage is a home visiting educational service for pre-school children with additional support needs and their families.

- recruitment and retention of professional staff and budget reductions
- a lack of clarity around strategic leadership in health which creates issues for accountability and responsibility
- a need to align with the new SEND strategy – in particular early identification and joined up response to needs

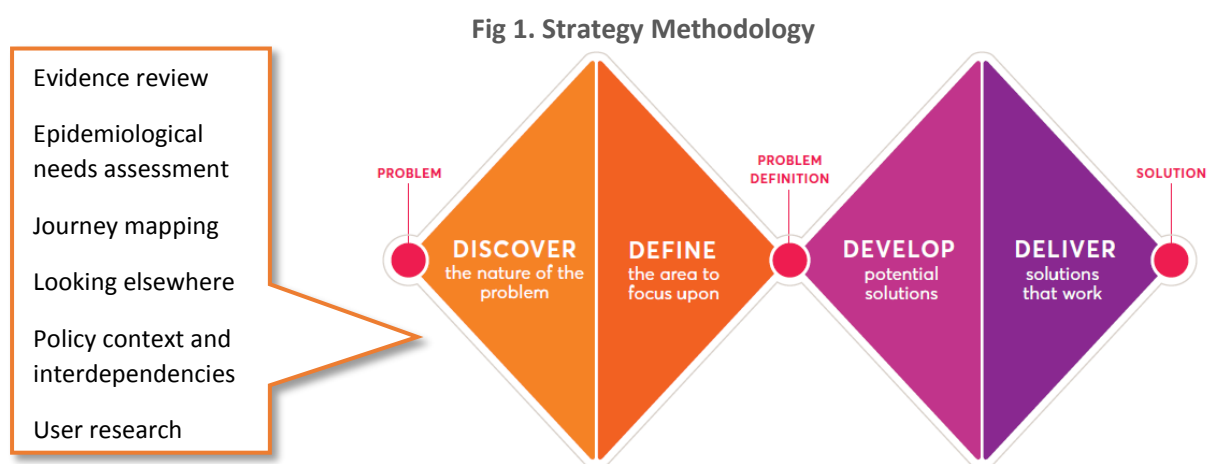
The creation of a multi-agency early years strategy is an opportunity to address these issues and bring all the strands of early years provision together to ensure that the children in Peterborough and Cambridgeshire have the Best Start in Life.

The Child Health Joint Commissioning Unit has worked with the providers of health visiting, school nursing, children’s centres, early years education and early help services to review the delivery of early years provision. This work has taken into account national policy and guidance including ‘Better Births’<sup>9</sup> and ‘Best start in life and beyond’<sup>10</sup> and is set in the context of continuing financial constraints. In November 2018 it established a process for developing a Best Start in Life Strategy bringing together a wide range of stakeholders.

## Strategy Development

The process to develop a Best Start in Life Start Strategy began in November 2018. A core strategy group met every two weeks to progress the work. Another, larger stakeholder group has met every 6 weeks. This has served as a reference group and also a forum for exploring or generating ideas, through a workshop format. See Appendix 1 for the groups membership.

The methodology used the four stages of design outlined in Fig 1. Initial phase of the project involved bringing together and synthesising the data, evidence, user research and journey mapping. It also included a look for integrated strategies elsewhere in the country. The elements of the draft strategy were then presented to the stakeholder group for agreement.



<sup>9</sup> Better Births: Improving outcomes of maternity services in England. A Five Year Forward View for maternity care. National Maternity Review.

<sup>10</sup> Best start in life and beyond: Improving public health outcomes for children, young people and families  
Guidance to support the commissioning of the Healthy Child Programme 0-19: Health visiting and school nursing services  
Commissioning guide 2: Model specification for 0-19 Healthy Child Programme: Health visiting and school nursing services.  
Revised March 2018. Public Health England

## Best Start in Life Vision

*Every child will be given the best start in life supported by families, communities and high quality integrated services.*

## Key Impact Statements

The Best Start in Life strategy focusses on three key outcomes which represent our ambition for children in Cambridgeshire and Peterborough;

- Children live healthy lives
- Children are safe from harm
- Children are confident and resilient with an aptitude and enthusiasm for learning

## Guiding Principles

The strategy aims to give children the best start in life. We will achieve this by;

- Ensuring the opportunity to thrive is available to all children - leaving no one behind
- Recognising the diversity of our population
- Addressing inequalities in outcomes and access to advice and help
- Placing children and families at the centre of all that we do
- Empowering and supporting parents, families and communities to play a role
- Ensuring services work together well and overcome barriers to doing so
- Recognising that every professional has a role to play
- Ensuring the workforce are trained and supported to provide high quality and consistent advice and support
- Using the best available evidence and examples of good practice
- Achieving best value for money and effective use of the resources available
- Being bold in our vision and creative in our approach

## Discover and Define

### User Research

#### Best Start in Life Research

Engagement with the public and communities is central to the Best Start in Life strategy development and implementation. The approach adopted to date is ethnographic user research. This is an example of human centred design and allows us to understand and empathise with our users in order to design services to meet their needs.

As part of the Best Start in Life strategy development, a multi-disciplinary team of service specialists and designers went out over 2 weeks to settings, services, public places, health centres and homes to learn about people's lives. We wanted to find out what motivates and drives them, what is important to them, what the hardest aspects of parenting are and how they source help and support.

Below are some insights from the user research programme along with some representative quotes:

- **Parents value social connection and networks with others and they offer each other advice and support in parenthood.** Parents also seek personalised, professional advice and support and seek this during touchpoints with health visitors and also community groups. "I trust the advice from a professional. Families and friends have their own opinions and ways of doing things that is right for them." They also value seeing the same professional again, with whom they build up a relationship and trust. "It was really nice when the Health Visitor recognised me and my baby at the weighing clinic and asked how we were – it made me feel special"
- **It can be hard to ask for help if you are struggling with a new baby and there was a feeling that you have to know what the right questions to ask are.** One mum with post-natal depression said "you have to ask for help, which is the hardest thing because when the health visitor comes you are trying to impress them. No-one says "I'm really struggling" because they are scared of having their baby taken away so you put the brave face on and hide it"
- **Parents like groups led by volunteers and parents because they feel less watched and judged.** "The groups I attend are parent led rather than run by trained professionals, where it can feel like there is a social worker around."
- **There are many community groups that aim to cater for parent's needs and are highly attended and successful.** The most successful focus and succeed in giving parents a warm welcome, creating a non-judgemental environment, making activities available for children, giving parents a chance to relax and socialise with other parents and offering support from professionals. The groups that provide high quality refreshments help make parents feel valued. "Bumps and Babies had a really welcoming atmosphere, it felt safe, friendly, chilled out and calm. They had AMAZING coffee too! Great for bonding time."
- **There is a lack of community provision specifically for fathers.** [When you're the only Dad at a parenting group] "It's quite isolating, you don't feel included and you do feel vulnerable."
- **Most people know what it takes to be healthy (eating well and moving more) but most people know that they don't do the 'right' things all the time.** Getting children out and about walking and playing at the park is seen as important for their wellbeing. "My son is awful with eating the right things - he thinks we are trying to trick him"
- **Pre-schools are very good at helping to prepare children for school,** especially those that are linked to a school where the transition is more seamless. "Pre-school Piglets really helped with

the transition - they talked to the children about what a typical school day looked like, told them about uniform, how the desks would be set up and that they could get used to the environment. They also arranged for the pre-schoolers to join in a lunchtime at the school from Easter time.”

- **Parents of children with disabilities or undiagnosed problems find navigating services, entitlement and regular form filling to be a significant ‘pain point’.** Parents find the process of explaining their situation and accessing the help and support they need very challenging. “I love being Molly’s mummy but I don’t like the managerial/administrative side of it. It could be simpler. Molly will need an EHCP and SEND support and I find it so overwhelming I push it away...I don’t know where to start with it all.”
- **There is a perceived lack of support for children aged 2 to 5 and sometimes parents are not clear about what development milestones they should be** helping their children to achieve and by when. “There is a real lack of advice available from 2-5 years old and that it is assumed you’ve got it now – it’s there if you need it, but you really have to seek it out yourself. It’s a shock from the first two years when you have health visitors and regular appointments to just having nothing”

A further programme of user research and engagement is planned for two weeks in July 2019 which will be used to inform the co-produced strategy implementation plan, which will be supported by a communications strategy. The intention is to reach more of the public and professionals who represent the wide diversity across Cambridgeshire and Peterborough.

#### Cambridgeshire Children’s Centre Consultation – July-September 2017.

The Best Start in Life Strategy is concerned with all aspects of early years provision and so public views on the use of children’s centres is an important consideration. Questions 1-4 below related to children’s centres across the local authority. Questions 5-9 related to specific district related plans and are not included below.

**Question 1.** Do you support our Children’s Centres meeting the needs of a wider age range, from expectant parents to young adults?

#### You said:

You support us offering services across a broader age range.

There were concerns this would cost more money, and would require staff with different skills.

**Question 2.** To what degree do you support the proposal to focus services on those families that need them most?

#### You said:

Many of you agree we should focus our services on those who need us most.

Early Intervention is important to our residents.

We need to ensure our access routes to services is clear

**Question 3.** To what degree do you support the proposal to focus services on those families that need them most?

**You said:**

Having health services based with Children's Centre services could make it easier for people to access.

There were concerns this could create a space that was too clinical, and not welcoming.

**Question 4.** Our Child and Family Services will include the following:

- Maintaining some of our existing Children's Centres
- Delivering services in shared community spaces
- Providing outreach programmes at a local level
- A greater online offer. To what degree do you support this?

**You said:**

Many of you are attached to the building you currently use, even if they are underutilised.

Some people feel positively about services being delivered in other spaces, and feel it makes sense.

Many respondents have accessed outreach provision already.

## Key Challenges

### Impact 1: Children live healthy lives<sup>11</sup>

**Smoking in pregnancy** has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers also have more complications during pregnancy and labour. Rates are particularly high for mothers attending Queen Elizabeth Hospital and Peterborough City Hospital where 22% and 14% of mothers report smoking respectively at time of delivery. This compares to 11% nationally.

**Breastfeeding** has benefits for both child and the mother. Exclusive breastfeeding is recommended for the first 6 months of life. Breastfeeding prevalence at 6-8 weeks is higher in Cambridgeshire than nationally and slightly higher in Peterborough. Trends are relatively static. However, breastfeeding prevalence increases as levels of relative deprivation decrease.

**Low birth weight** is strongly associated with increased risk of infant death and poorer outcomes for the health and development of the child. It is influenced by a range of factors including the mother's age and general well-being, ethnicity, smoking, nutrition, socio-economic position. Rates are statistically significantly high in most deprived quintile in Peterborough however there are hotspots across the county.

**Vaccination coverage** is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. This varies across the county and by vaccination type, with potential areas of concern in Cambridge City, where uptake is below 90% for 5 out of the 8 vaccinations reported. Two doses of MMR by 5 years olds are low in Cambridgeshire and Peterborough, but uptake is increasing. There are concerning downward trends in the uptake of most of the vaccinations in Peterborough.

**Obesity** remains one of the biggest public health challenges facing the UK and other developed countries. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Whilst levels of excess weight in reception year are similar to or better than the national averages, the picture across the county is variable. A fifth of children in Peterborough and Fenland enter reception with excess weight and overall the proportion of obese pupils doubles during primary school. Prevalence of overweight in reception is higher in some ethnic groups including, Black African and Bangladeshi children compared to the county as a whole.

**Tooth decay** is one of the most common preventable childhood diseases and can often be arrested and reversed in its early stages. Dental health is generally good in Cambridgeshire and the districts, with the proportion of decay in 3 and 5 year olds being significantly better than England. However, dental decay in 5 year olds is significantly worse in Peterborough, with a 32% of children experiencing decay (England = 23%).

**A & E attendances** in children aged under five years are often preventable, and commonly caused by accidental injury or by minor illnesses which could have been treated in primary care. For children aged 0-4 years, attendance are high in Peterborough compared to England, and lower in Cambridgeshire. There is a strong correlation to deprivation with A&E attendances being significantly high from the most deprived areas of Cambridgeshire and Peterborough.

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<sup>11</sup> Data Source: Best Start in Life Start in Life Data Pack Feb 2019. Helen Whyman, Public Health Directorate



**Hospital admission rates for unintentional and deliberate injuries** in children aged under 5 years are similar to England in Peterborough and better than England in Cambridgeshire, with both areas experiencing downward trends in such admissions. However, within the areas there is a correlation to deprivation, with admission rates higher from the more deprived areas

Impact 2: Children are safe from harm<sup>12</sup>

**Nationally, Children's Social Care are experiencing unprecedented levels of demand.** Research shows that between 2010-11 and 2017-18, referrals increased by 7% (broadly in line with population growth of 5.2%), while child protection assessments increased by 77%. The most expensive cases, where children are taken into care, have risen by almost triple the rate of population growth (15%) over the same period.

**There are also significant local pressures.** The number of child protection plans per 10,000 children aged under 18 years, between 2012/13 and 2017/18 have decreased in Peterborough (60 to 51) and **increased significantly in Cambridgeshire** (16 to 35). In Cambridgeshire, this represents an increase from 202 plans to 476 (at March 2018).

**The rate of children in care (0-17) has increased in Cambridgeshire between 2011 and 2018**, and has the 10<sup>th</sup> highest rate compared to its 16 statistical neighbours. Whilst the rate remains significantly lower than the national average there has been an increase from 470 to 705 children in care over that time period.

**The rate of children in care (0-17) has decreased slightly in Peterborough, between 2011 and 2018**, and has the 5<sup>th</sup> lowest rate compared to its 16 statistical neighbours. **This remains significantly higher than the national average** and there has been an increase from 310 to 370 children in care over that time period.

In December 2018,

- 901 children (aged 0-5) in Cambridgeshire were known to Children's Social Care. Of which; 60% were subject to child in need plans (CIN), 23% were subject to child protection plans and 17% were in care.
- 541 children (aged 0-5) in Peterborough were known to Children's Social Care. Of which; 70% were subject to child in need plans (CIN), 19% were subject to child protection plans (CP) and 11% were in care.

**There is good evidence that the key causes of child maltreatment relate to the individual or combined effects of parental substance misuse, parental mental health problems and domestic abuse<sup>13</sup>.**

Local analysis suggests that for children aged 0-5 years there are,

- 4,700 living with an adult who has experienced domestic violence and abuse in the last year
- 2,900 living with an adult dependent on alcohol or drugs
- 7,500 living with an adult who has with severe symptoms of mental or psychiatric disorders

<sup>12</sup> Data Source: Best Start in Life Start in Life Data Pack Feb 2019. Helen Whyman, Public Health Directorate

<sup>13</sup> Early Intervention Foundation What Works To Enhance The Effectiveness Of The Healthy Child Programme: An Evidence Update Summary. 2018

- 21,000 living in household where an adult has a moderate or severe mental health problem. This represents a third of children aged 0-5.

### Impact 3: Children are confident and resilient with an aptitude and enthusiasm for learning<sup>14</sup>

**School readiness** is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally. Children are considered 'school ready' if they have reached a good level of development (GLD) at the end of the Early Years Foundation Stage (last term of Reception year, aged 5yrs).

**Children are defined as having a good level of development (GLD)** if they achieved at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development, physical development and communication and language) and in the specific areas of mathematics and literacy.

**In Peterborough** school readiness is worse than England and despite improving slowly is in the lowest 10% of local authorities in England. In 2017/18, 67% of children were school ready.

**In Cambridgeshire** school readiness is the same as England but improving slowly. In 2017/18, 71% of children were school ready.

**For children eligible for free school meals** Cambridgeshire is worse than Peterborough and England and on the decline since 2015/16. In 2017/18, only 47% of these children were school ready.

**Funded Pre-School Entitlement.** Research shows that attending any pre-school, compared to none, is predictive of higher total GCSE scores, higher grades in GCSE English and maths, and the likelihood of achieving 5 or more GCSEs at grade A\*-C.

Funded education uptake in January 2018 is shown in table 1 below. Cambridgeshire and Peterborough have lower proportions of funded early education children recorded as having a special education need compared to England, most notably in Cambridgeshire.

**Table 1. Funded Early Education Uptake, Jan 2018<sup>15</sup>**

|                | 2 year olds | 3 year olds | 4 year olds | 3 and 4 year olds |
|----------------|-------------|-------------|-------------|-------------------|
| Cambridgeshire | 68%         | 95%         | 95%         | 95%               |
| Peterborough   | 69%         | 88%         | 95%         | 91%               |
| England        | 72%         | 92%         | 95%         | 94%               |

<sup>14</sup> Data Source: Best Start in Life Start in Life Data Pack Feb 2019. Helen Whyman, Public Health Directorate

<sup>15</sup> Source: Provision for children aged under 5 years of age, January 2018, Department of Education. Children benefitting from funded early education in private, voluntary and independent providers, and in maintained nursery, primary, secondary and special schools.

## Evidence Base

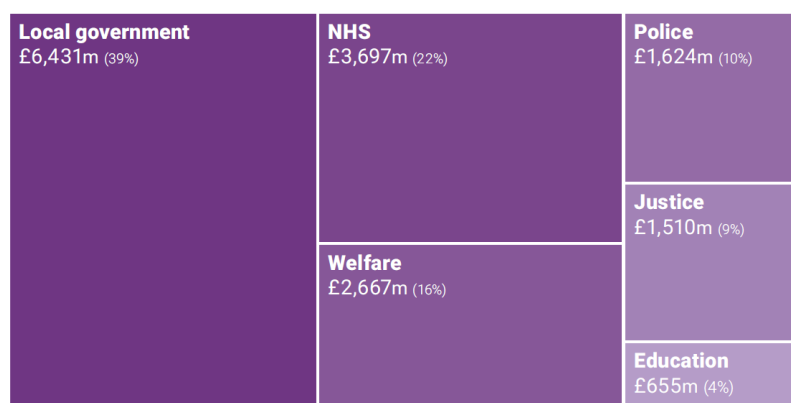
### The Case for Investment

Producing robust estimates of how the costs of intervening compare with the long-term benefits to society is difficult. However, there is a compelling argument that the costs of intervening early are often likely to pay off to society in overall economic terms and that investing earlier rather than later will lead to cumulative benefits i.e. the skills acquired earlier in childhood will lead to greater additional gains as children get older.<sup>16</sup>

For example, it is estimated that failing to deal adequately with peri-natal health problems comes at a cost of £8.1 billion each year. Social Return on Investment Studies showed a returns of between £1.37 and £9.20 for every £1 invested.<sup>17</sup>

EIF has previously estimated that the costs of late intervention for children and young people add up to £17 billion a year across England and Wales (in 2016/17 prices)<sup>18</sup>. See Fig 2.

**Fig 2. EIF estimate of the cost of late intervention**



Source: EIF (2016) *The cost of late intervention: EIF analysis 2016, 2016/17 prices.*

### Early Years Risk Factors

Studies show that early intervention works best when it is made available to children experiencing particular risks.<sup>19</sup> Risk factors exist at different levels and interact in complex ways, which are not fully understood. Some, such as antenatal development, occur at the level of the individual child whilst others work at the family level, community or societal level. Some risk factors are particularly pervasive, such as childhood poverty. See Appendix 2.

These risk factors are not predictive at an individual level but they can help to identify children who are vulnerable and who may need extra support.

Protective factors also operate at each level and can mitigate these risks. In many cases, risk and protective factors are two sides of the same coin. For example, good parental mental health can

<sup>16</sup> Realising the Potential of Early Interventions. EIF 2018.

<sup>17</sup> <https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life>

<sup>18</sup> EIF (2016) *The cost of late intervention: EIF analysis 2016, 2016/17 prices.*

<sup>19</sup> EIF 2018. *Realising the Potential of Early Intervention*

underpin consistent and responsive parenting, but where there are problems it can have a wide-ranging impact on family life and child development.

### Adverse Childhood Experiences (ACE)

ACE are stressful events occurring during childhood that directly affect a child (e.g. child maltreatment) or affect the environment in which they live (e.g. growing up in a house where there is domestic violence)

Research suggests that a high number of ACEs are associated with poorer outcomes in later life.

According to one study<sup>20</sup>, those with 4 or more ACEs are:

- 4 times more likely to have had sex while under 16 years old or to have smoked cannabis
- 4 times more likely to have had or caused an unintended pregnancy
- 8 times more likely to have been a victim of violence (12 months) or incarcerated (lifetime)
- 10 times more likely to have been a perpetrator of violence (12 months)

ACE theory is helpful for understanding importance of early years experiences on child development and providing a common language for early years practitioners, however the evidence is not yet advanced enough to be used for identify those at risk at an individual level or setting thresholds for help.

### Reducing the Risk of Child Maltreatment

Over half of child protection cases involving an unborn child or infant are based on concerns related to child neglect. For a third of children, the initial concern is emotional abuse<sup>21</sup>.

Studies consistently show that children are at a greater risk of maltreatment when<sup>22</sup>;

- one or both parents have a mental health problem
- there is ongoing interparental violence in the home
- one or both parents misuse drugs or alcohol

Other factors known to increase the likelihood of child maltreatment include;

- high levels of economic disadvantage
- a low birthweight or premature birth
- higher numbers of children per household
- low levels of social support or single parenthood
- a history of parental maltreatment in childhood.
- children with special educational needs

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<sup>20</sup>PHE and Liverpool John Moores University (2016): Adverse childhood experiences (ACE) study in Hertfordshire, Luton and Northamptonshire. <http://www.cph.org.uk/publication/adverse-childhood-experiences-aces-in-hertfordshire-luton-and-northamptonshire/>

<sup>21</sup> Office for National Statistics. <https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2017-to-2018>

<sup>22</sup> Early Intervention Foundation What Works To Enhance The Effectiveness Of The Healthy Child Programme: An Evidence Update Summary. 2018

## Reducing Child Obesity

Obesity is a complex problem with many drivers, including: behaviour, environment, genetics and culture. Public Health England recommend a number of ways to reduce obesity in children. These include,

- Decreasing pre-schoolers' screen time
- Decreasing consumption of high fat/calorie drinks/foods
- Increasing physical exercise
- Increasing sleep
- Modifying parental attitudes to feeding
- Promoting authoritative parenting
- Involving whole families (parents and children) in interventions that promote both healthier diet and more exercise

The Change for Life promotional campaign includes advice regarding diet and exercise, aimed at children. This includes, 'Sugar Swaps', 'Me Size Meals', '5 a Day' and 'Up & About'<sup>23</sup>. The Chief Medical Officer recommends that mobile under 5s should be physically active for at least 3 hours per day, spread throughout the day<sup>24</sup>.

There are also a range of approaches that can be used to change the 'food environment' to promote healthier food and drink choices for parents and children. This includes using planning law to restrict the location and concentration of hot food takeaway outlets. Many local authorities are now working with outlets to encourage and incentivise the provision of healthier ingredients, menus and cooking practices<sup>25</sup>.

Schools and early years settings can also play a part in encouraging healthier eating and physical activity.<sup>26</sup>

## Improving School Readiness

In terms of what works to improve school readiness, the Department for Education has identified the following<sup>27</sup>,

- Good maternal mental health
- Learning activities, including speaking to your baby and reading with your child
- Enhancing physical activity
- Parenting support programmes
- High-quality early education

Through its plan for improving social mobility, and closing the 'word gap', the Government has set a number of challenges which include; ensuring more disadvantaged children are able to experience a language rich early environment; improving the availability and take-up of high quality early years

<sup>23</sup> <https://www.nhs.uk/change4life>

<sup>24</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213737/dh\\_128142.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213737/dh_128142.pdf)

<sup>25</sup> Healthier Catering Guidance for Different Types of Businesses Tips on providing and promoting healthier food and drink for children and families. Public Health England. March 2017

<sup>26</sup> Strategies for Encouraging Healthier 'Out of Home' Food Provision. A toolkit for local councils working with small food businesses. Public Health England and Local Government Association. March 2017.

<sup>27</sup> Department of Education, Department of Health (2011) Families in the foundation years evidence pack

provision by disadvantaged children and in challenging areas; improving the quality of early years provision in challenging areas by spreading best practice<sup>28</sup>.

### Evidence Based Interventions

Given the finite financial resources and the vast array of interventions available, it is more important than ever to be clear about which approaches have been shown to improve child outcomes and which ones have not.

Our evidence review considered 3 main sources of information;

- Early Intervention Foundation (EIF) – part of the What Works Network. The EIF Guidebook contains information on over 100 early intervention programmes that have been shown to improve outcomes for children and young people.
- Public Health England (PHE)
- National Institute for Health and Care Excellence (NICE)

The EIF adopt a widely used framework for categorising interventions according to need<sup>29</sup>. See table 2 below. Appendix 3 provides a summary of the evidence using this framework.

**Table 2. Levels of Intervention**

| Universal   | Targeted – selective   | Targeted – indicated  |
|---|--|---|
| Services/interventions which can be made available to all families, including immunisations, developmental reviews and antenatal care | These are offered to children or families based on demographic risks, such as low family income, single parenthood or adolescent parenthood. | Services/interventions for families with a child or parent with a pre-identified issue or diagnosed problem requiring more intensive support. |

The evidence base should be considered alongside other factors like cost and existing local resources. Table 3 below shows the 3 interventions for which the EIF have given their highest evidence rating<sup>30</sup>. It clearly show the range of costs involved (5=highest<sup>31</sup>) and the extent to which this is likely to be an important local consideration.

**Table 3. Interventions (0-5yrs) with evidence rating > 4. Source: EIF<sup>32</sup>**

| Programme                           | Age        | Targeting          | Evidence Rating | Cost Rating |
|-------------------------------------|------------|--------------------|-----------------|-------------|
| Family Foundations                  | Peri-natal | Universal          | 4               | 1           |
| Family Nurse Partnership (FNP)      | Peri-natal | Targeted Selective | 4+              | 5           |
| The Incredible Years (IY) Preschool | Pre-school | Targeted Indicated | 4+              | 2           |

<sup>32</sup> <https://guidebook.eif.org.uk/>

## Evaluation and Monitoring

It is important to know whether the services or interventions provided are beneficial for the children and families who most need them and evidence about ‘what works’ is available to help guide commissioners and planners.

However, this evidence is usually at an intervention rather ‘system’ level, where a number of agencies, services and interventions are at work. As BSIL has an ambition to create an integrated model for early years it is important to consider how we can generate evidence of impact across the system. This is important for a number of reasons,

- 1) It is helpful to know which approaches are most promising or which features of the integrated system make the most difference
- 2) The BSIL strategy extends beyond traditional service delivery, and includes elements such as community engagement and culture change
- 3) The strategy is committed to building a shared accountability for outcomes across the system

The strategy therefore embeds the principles of evaluation and monitoring at two main levels; System and Service Delivery.

### System Level

A draft BSIL Outcomes Framework is detailed in Table 4.

The ‘building blocks’ of the BSIL strategy includes a commitment to build local accountability through shared outcomes and metrics. As stated previously the strategy aims to explore how measures of impact at system level can be developed.

We aim to measure what is important to citizens and communities. This means thinking beyond traditional measures of user experience for specific services (e.g. children’s centres, parenting groups) and working in collaboration with the public to understand what is important to them during the early years.

### Service Delivery

It is essential to undertake regular service evaluation. Whilst many interventions may be ‘evidence based’, it is important to know whether they are producing the expected outcomes locally. For novel or adapted interventions, it provides an additional assurance that the resources are well used and creates an opportunity to share and extend promising new approaches.

The BSIL strategy is an opportunity to explore new evaluation methodologies such as the ‘Rapid Cycle Adaptation and Testing’<sup>33</sup> or the 10 step framework advocated by the EIF<sup>34</sup>. It is also an opportunity to

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<sup>29</sup> Hardiker, P., Exton, K., & Barker, M. (1991). The social policy contexts of prevention in child care. *British Journal of Social Work*, 341–359

<sup>30</sup> Level 4 evidence rating = long-term positive impact through multiple rigorous evaluations. At least one of these studies must have evidence of improving a child outcome lasting a year or longer

<sup>31</sup> Level 5 cost rating = indicates that a programme has a high cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of more than £2,000.

<sup>32</sup> <https://guidebook.eif.org.uk/>

<sup>33</sup> <https://dartington.org.uk/responding-to-change-by-changing/>

<sup>34</sup> 10 steps for evaluation success. Early Intervention Foundation. March 2019

consider how involvement in evaluation and research can be extended to parents and professionals who might not normally get involved.

**Table 4. Best Start in Life Start in Life Outcomes Framework - Draft**

| <b>Key Impact 1: Children Live Healthy Lives</b>  |
|---|
| Smoking at time of delivery   |
| Low birth weight of term babies   |
| Infant mortality  |
| Breastfeeding initiation  |
| Breastfeeding at 6-8 wks  |
| A&E attendances - 0-4 years   |
| Hospital admissions caused by unintentional and deliberate injuries in children - 0-4 yrs |
| Three and five year old children free from dental decay                                   |
| Excess weight (overweight and obese) at Reception   |
| Obesity at Reception  |
| Immunisation targets met - 1 year olds (3 immunisations)                                  |
| Immunisation targets met - 2 year olds (4 immunisations)                                  |
| Immunisation targets met - 5 year olds (3 immunisations)                                  |

| <b>Key Impact 2: Children Are Safe From Harm</b>  |
|---|
| Rates of looked after children  |
| Rates of child protection plans   |
| Rates of child in need plans  |
| Inappropriate referrals to Children's Social Care   |
| Hospital admissions caused by unintentional and deliberate injuries in children - 0-4 yrs |

| <b>Key Impact 3: Children are confident and resilient with an aptitude and enthusiasm for learning</b>                                     |
|--|
| Two year progress check (early education)  |
| 2 – 2 ½ year HCP review (ASQ3)   |
| School Readiness: The percentage of children achieving a good level of development at the end of reception                                 |
| School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception    |
| School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check                              |
| School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check |
| Uptake of funded 2,3,4 year old education entitlement  |



## National Policy Context

Sir Michael Marmot's review of health inequalities in 2010<sup>35</sup> stressed,

*“what happens in these early years, starting in the womb, has lifelong effects” on a person's health, wellbeing and life chances*

The importance of focusing on the early years of child's life is reflected in a number of recent Government policy documents and parliamentary publications.

**The Government's Prevention Vision**<sup>36</sup> includes within it an aspiration to give every child the best start in life, including.

- Encouraging healthier pregnancies (reducing smoking before or during pregnancy)
- Working to improve language acquisition and reading skills in the early years, including by supporting parents to help their children's language development at home
- Helping families by taking a whole family approach. This involves coordinating support for those that need it across a range of important areas, including: mental and physical health, housing, debt and employment, reducing parental conflict
- Improving dental health in children
- Protecting and improving children's mental health
- Encouraging healthier food and drink choices

This will be supported by the work of a **new Early Years and Family Support Ministerial Group** announced in July 2018<sup>37</sup>. This was preceded some years previously by the launch of **The 1001 Critical Days Manifesto**<sup>38</sup>, a cross party manifesto setting out a vision for the provision of services in the UK for the early years period.

**The NHS Long Term Plan** includes a focus on providing children with a 'strong start in life', including

- implementing recommendations from the **National Maternity Review: Better Births**, implemented through Local Maternity Systems
- improving access to and quality of perinatal mental health care ( up to 24mths)
- prioritising improvements in childhood immunisation
- reducing unnecessary A&E attendance
- new clinical networks for long-term conditions

The National Maternity Review (2016) in its report - **Better Births**<sup>39</sup> – set out the vision to improve the outcomes of maternity services in England so that they are personal and safe. It included a recommendation to create 'Community Hubs' where maternity services, particularly ante- and postnatally, are provided alongside other family-orientated health and social services

<sup>35</sup> Professor Sir Michael Marmot, Fair Society, Healthy Lives. The Marmot Review. 2010.

<sup>36</sup> Prevention is better than cure: Our vision to help you live well for longer. Department of Health and Social Care. November 2018

<sup>37</sup> Office of the Leader of the House of Commons, Cabinet Office and Rt Hon. Andrea Leadsom MP, Leader of the commons to chair ministerial group on family support from conception to the age of two, 27 July 2018

<sup>38</sup> The 1001 Critical Days. The Importance of the Conception to Age Two Period. A cross-party manifesto. Andrea Leadsom, Frank Field, Paul Burstow, Caroline Lucas. 2013.

<sup>39</sup> Better Births. Improving outcomes of maternity services in England. A Five Year Forward View for maternity care. National Maternity Review. NHS England. 2016

provided by statutory and voluntary agencies. They may be located in children's centres, GP surgeries, or midwife-led units.

They have two key purposes:

- To act as "one stop shops" for many services. This means different teams operating out of the same facility
- To provide a fast and effective referral service to the right expert if a woman and her baby need more specialised services.

The recently published **Health and Social Care Committee report, 'First 1000 days of life'** sets out the case for investment in the early years and strong national leadership. It suggests the need for a compelling, long-term strategic vision for giving every child the best start in life nationally as well as locally. In terms of local delivery it advocates 'proportionate universalism'<sup>40</sup>, underpinned by,

- focus on prevention and early intervention
- co-design of services with the local community
- engaging with and supporting marginalised communities
- multi-agency working
- delivering evidence-based interventions

It also makes some recommendations regarding the Healthy Child Programme (including an additional mandated visit at 3-3 ½ years), workforce, funding and information sharing.

The Governments report '**Unlocking Talent, Fulfilling Potential. A plan for improving social mobility through education**'<sup>41</sup> sets out a number of ambitions for children and young people in order to "level up opportunity across the country" and "leave no community behind". This includes,

- Closing the 'word gap' in the early years
- Closing the attainment gap in school while continuing to raise standards for all

**The Healthy Child Programme**<sup>42</sup> for the early life stages focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting. Since 2015 local authorities have been mandated to provide five 'health visitor reviews' to all families within their area, during set periods in a child's development.

**Troubled Families** is a programme of targeted intervention for families with multiple problems, including crime, anti-social behaviour, truancy, unemployment, mental health problems and domestic abuse. It began in 2012 and is known locally as the 'Think Family Approach' in Cambridgeshire and 'Connecting Families' in Peterborough.

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<sup>40</sup> An approach to reducing health inequalities with a balance of universal and targeted services, whereby those services are delivered in proportion to the level of need (Marmot Review 2010)

<sup>41</sup> Unlocking Talent, Fulfilling Potential. A plan for improving social mobility through education. Department for Education. December 2017.

<sup>42</sup> Healthy Child Programme Pregnancy and the first five years of life. Department of Health. 2009

## Local Policy Context

**Think Communities** is Cambridgeshire and Peterborough’s approach for creating a shared vision, approach and priorities for building community resilience across the county and reducing demand for statutory services. It is a ‘place based’ approach which has a strong emphasis on community involvement and creating the right conditions for long term system change i.e. one in which people, communities and services can work together effectively.

The **LGA Early Years Social Mobility Peer Review for Cambridgeshire and Peterborough** last year recommended that the local authorities develop a holistic early years strategy that brings together all the strands of the early years offer so that children across the county have the best start in life and are ‘school ready’.

The new **Special Educational Needs and Disabilities (SEND) Strategy 2019-24** sets out the vision, principles and priorities to ensure that we are working together effectively to identify and meet the needs of Cambridgeshire and Peterborough’s children and young people with Special Educational Needs and / or Disabilities (SEND) from birth to the age of 25. It has identified 3 priority areas for action.

- 1) **SEND is everybody’s business** - embedding the vision of the SEND Strategy into the practice of everyone who works with children and families in ways that strengthen families
- 2) **Identify and respond to needs early** - a holistic and joined up early identification of and graduated response to needs
- 3) **Deliver in the right place at the right time** - improving outcomes for children and young people through making best use of resources, ensuring a graduated response and high quality local support and provision

**The Fenland and East Cambridgeshire Opportunity Area (OA)** was launched by the Government in January 2017 as one of 12 OAs across England. The aim is to raise education standards locally, providing every child and young person in the area with the chance to reach their full potential.

The first of its 4 priorities is to “Accelerate the progress of disadvantaged children and young people in the acquisition and development of communication, language and reading”. Activity includes the launch of an Early Years Improvement Fund and a phonics project to upskill school staff.

Cambridgeshire County Council’s Communities and Partnership Programme have developed a **strategy for tackling poverty and improving social mobility**. Amongst its 4 priorities are,

- Priority Two: Improving early literacy, education standards and raising skills
- Priority Three: Strengthening families and communities

Peterborough City Council’s **Child Poverty Strategy (2016-21)**. It acknowledges the pervasive effect of poverty on children’s life chances, the need to close the attainment gap and develop greater resilience within families. Amongst its 5 priorities, it acknowledges the need to address barriers to work through supporting families with complex needs, improving school attainment and aspirations, supporting children with special educational needs and disabilities (SEND).

**Early Help Strategies** for both Cambridgeshire and Peterborough set out how 'early help' services are organised across the county. They describe a number of themes, which emerge for the data and provide a focus for how services and interventions are delivered. These include,

- Reducing parental conflict
- Domestic abuse
- Emotional health and well being
- Exploitation
- Challenging / concerning behaviours and parenting support
- Neglect

The current **Healthy Weight Strategies** for Cambridgeshire (2016-19) and Peterborough (2019-2022, draft) emphasise the importance of a joined up 'whole system approach', formed of three main components across the life course, namely;

- the physical environment (e.g. minimise local promotion of unhealthy foods)
- work and educational settings (e.g. policies that support healthy eating and physical activity in pre-school settings)
- information and skills (e.g. equipping professionals to help others)

This is tied to the ambitions of the Government's Childhood Obesity Plan<sup>43</sup>.

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<sup>43</sup> <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action>

## Current Service Delivery

### The Healthy Child Programme (0-5)

The Healthy Child programme (HCP) follows a ‘progressive universalism’ approach, with all families receiving basic elements of the programme and additional services being provided to those with specific needs and risks. Elements of the service include, screening tests, developmental reviews, and information and guidance to support parenting and healthy choices.

The HCP uses the 4-5-6 model. See Appendix 4. This means,

- **4** – levels: Community, Universal, Universal Plus (single service response) and Universal Partnership Plus (multi-agency response for children with complex needs)
- **5** – universal, mandated checks (after 28 weeks into pregnancy; 1 day to 2 weeks after birth; 6 to 8 weeks after birth; 9 to 15 months after birth; and 2 to 2.5 years after birth)
- **6** – high impact areas (parenthood and early weeks; maternal mental health; breastfeeding; healthy weight; minor illness and accidents; healthy 2 year olds getting ready for school.

The service is primarily delivered by health visitors and nursery nurses employed by Cambridgeshire Community Services (CCS) and Cambridgeshire and Peterborough Foundation Trust (CPFT).

### The Family Nurse Partnership (FNP)

The FNP is delivered as part of the HCP. It is an in-depth, structured, home visiting programme which aims to improve pregnancy outcomes by supporting mothers-to-be to make informed choices about healthy pregnancy behaviours. This was originally offered to first time parents under the age of 19 at time of conception. However, in 2016, the National FNP Unit introduced the option to modify the eligibility criteria according to local circumstances.

Currently, in Cambridgeshire and Peterborough first time mothers<sup>44</sup> aged 19 years or under who meet the ‘fixed’ or ‘high risk’ criteria<sup>45</sup> are eligible for FNP and assigned a Family Nurse as the core offer, with the aim of enrolling women as early as possible in pregnancy, ideally before 16 weeks and by the 28th week of pregnancy. See Appendix 4 for more detail.

For those teenagers not meeting the criteria for FNP, the local commissioned HCP now includes an [Enhanced Teenage Parent Pathway](#), led by FNP, working with the wider locality teams. This includes additional antenatal visits and at least monthly contact for the baby’s first year of life. One hundred places are available.

### Early Help

Ofsted consider early help to be required for;

*“Those children and young people at risk of harm (but who have not yet reached the “significant harm” threshold and for whom a preventative service would reduce the likelihood of that risk or harm escalating) identified by local authorities youth offending teams, probation trusts, police, adult social*

<sup>44</sup> Also available to other mothers who did not receive FNP with their first child.

<sup>45</sup> Fixed criteria include very young women (<16yrs) and children in need. High risk criteria include – mental health problems, ever a child in care, no or low educational qualifications (GCSEs)

*care, schools, primary, mental and acute health services, children's centres and all local safeguarding Children Board partners including the voluntary sector where services are provided or commissioned"*

### Cambridgeshire Early Help Delivery Model

Requests for Early Help are received by the Early Help Hub which forms part of the Integrated Front Door, working alongside Multi-Agency Safeguarding Hub (MASH).

Requests will either be sent direct to the Early Help Hub through an Early Help Assessment<sup>46</sup>, from the MASH or assessment teams if the threshold of Children's Social Care has not been met. The Early Help Assessment is shared when appropriate [and where there is consent] with other professionals who are working in a co-ordinated way to support the family.

### Cambridgeshire Early Help Teams

Early Help teams are multidisciplinary<sup>47</sup> and integrated with Children's Social Care. They support children, young people and families across the 0-19 age range.

They are aligned with District & City Council boundaries. Each team is managed by a District Manager who reports to either the Head of Service North, or Head of Service South.

The 7 teams are:

- East Cambridgeshire
- South Cambridgeshire
- Cambridge City
- March, Chatteris & Whittlesey
- Wisbech
- Huntingdon & St Ives
- Ramsey, Sawtry, Yaxley and St Neots

### Peterborough Early Help Delivery Model

Early Help in Peterborough is based on a commissioning model. The Local Authority Early Help Service supports practitioners and professionals in the field to take on the role of Lead Professional, complete Early Help Assessments and co-ordinate services around the family.

Interventions and services to support families are, in the main, commissioned and delivered by external partners, many of whom are third sector organisations. Examples include, supporting young people not in employment, education or training (NEET), youth workers, Healthy Child Programme, Mind, YMCA, NSPCC, Little Miracles (supporting children with additional needs, disabilities and life limiting conditions), CHUMS (emotional health and well-being), Project for Schools (mental health nurses working in primary schools) and Carers Trust.

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<sup>46</sup> Early Help Assessment (EHA) as a holistic assessment that captures the family's strengths and unmet needs. They are completed by any professional or partner agency who comes into direct contact with families, and who has identified more than one unmet need that would benefit from a multi-agency support approach.

<sup>47</sup> Early Help Teams - Family workers, Young People's Services, Child and Family Centre delivery, Educational Inclusion Officers, Senior Transition Advisors, transition advisors and Youth Offending Service.

For those children requiring additional, more targeted support, this is accessed through an 'Early Help Panel'. Three outcomes are then available,

- Early Support Pathway (for children with complex health, education, or care needs)
- Multi-Agency Support Group (families requiring more targeted and co-ordinated support)
- Primary Behaviour Panel (for children whose behaviour is putting their school placement at risk)

The Early Help Service maintains a role in monitoring the progress of children through the pathway, at 1 and 6 months.

### Children's Centres

Children's centres form part of the Government's agenda to improve outcomes for children, providing a place where families with children under 5 years can access a range of services. Their function and the responsibilities of local authorities are covered by statutory guidance<sup>48</sup>.

The purpose of children's centre services is to improve outcomes for young children and their families, with a particular focus on the most disadvantaged families, in order to reduce inequalities in child development and school readiness. This is supported by improving,

- parenting aspirations, self-esteem and parenting skill
- child and family health and life chances

### Child and Family Centres - Cambridgeshire

The provision of children's centres was redesigned in April 2018 following a public and staff consultation in 2017. There are 10 Child and Family Centres (some split over 2 sites) across the five districts, plus additional 'Child and Family Zones' (facilities where there is a shared building use). See Table 5 below.

All are managed 'in house' with the exception of South Fenland (March, Chatteris & Whittlesey) where services are delivered by Ormiston. A memorandum of agreement is in place with two nurseries, at Huntingdon Town and the Fields.

Child and Family Centres offer a range of groups, activities and one to one support delivered by Child and Family Centre Workers and Family Workers. The latter provide specific support to children and families known to Children's Social Care.

Centre activity varies across the area, and is provided based on local needs and available resources. However examples include,

- Parent/carer drop-ins
- 'Stay and play' groups
- Targeted parenting groups, school transitions
- Baby Rhyme Time, Messy Play
- Voluntary led toddler groups
- Creative families – talking together project
- Multi-agency early years conferences and safeguarding meetings

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<sup>48</sup>Sure Start children's centres statutory guidance. For local authorities, commissioners of local health services and Jobcentre Plus April 2013

The Centres also provide a base for Healthy Child Programme activity (e.g. breastfeeding support, weigh-ins, drop-in clinics, peri-natal mental health support) and midwifery (e.g. antenatal clinics and antenatal classes).

| Table 5. Cambridgeshire - Child and Family Centre Offer |   |  |
|---|---|--|
|   | Child and Family Centres  | Child and Family Zones                   |
| Fenland   | Wisbech (Wisbech Town and Wisbech South)  |  |
|   | March, Chatteris  | Whittlesey                               |
| East Cambridgeshire                                     | Ely, Littleport   | Soham                                    |
| Cambridge City  | Chesterton/North Cambridge (split Site),<br>Abbey Child and Family Centre (The Fields)          | Trumpington, Peacock Centre              |
| South Cambridgeshire                                    | Cambourne   | Waterbeach, Sawston, Melbourn, Northstow |
| Huntingdon  | Eaton Socon/Eynesbury (split Site),<br>Huntingdon Nursery/ Huntingdon Youth Centre (split site) | Sawtry, Ramsey, St Ives                  |

### Children's Centres – Peterborough

There are four children's centre 'hubs' in Peterborough, with a further three linked sites. They are commissioned externally and provided by Barnardos and Spurgeons. See Table 6. The centres provide a range of services and activity, similar to that provided in Cambridgeshire.

| Table 6. Peterborough – Children Centres |  |
|--|--|
| Central<br>(Barnardos)                   | East Children's Centre – Dogsthorpe                                  |
|  | The Acorn Centre – Welland   |
|  | <i>linked sites</i> at Fulbridge School and Gladstone Primary School |
| North<br>(Spurgeons)                     | Honeyhill Centre – Paston  |
|  | <i>linked site</i> at Watergall School                               |
| South<br>(Spurgeons)                     | Orton Children's Centre - based at Orton Malbourne, Herlington       |

### Early Years Services - Education

Local authorities are required to secure sufficient early years education and childcare provision<sup>49</sup>. This includes an entitlement of 570 hours of free early education entitlement per year for eligible 2 year olds to be taken over no fewer than 38 weeks, equating on average to 15 hours/week<sup>50</sup>. This is also available universally to working parents of 3 and 4 year olds. If both parents are working, most<sup>51</sup> are also entitled to an additional 570 hours per year.

The majority of early education and childcare provision is operated by private, voluntary or independent (PVI) groups. The maintained (council run) sector accounts for a small proportion of

<sup>49</sup> Childcare Act 2006

<sup>50</sup> Eligibility criteria include parental receipt of benefits, children with a statement of special educational needs, children with an education, health and care plan, children in receipt of disability living allowance, children looked after by a local authority.

<sup>51</sup> Where both parents earn a weekly minimum equivalent to 16hrs at national minimum wage or national living wage and less than £100,000.



groups based settings in Peterborough and Cambridgeshire. Childminders are also a vital element within the overall childcare mix in the county.

Delivering services to meet the needs of families requires a partnership approach between the Councils and the PVI sector. Direct delivery by the council is only considered where there is no alternative, an approach encouraged by the Government.

The Early Years Services in Cambridgeshire and Peterborough have a role in supporting early years settings and monitoring the quality of their provision. This is achieved through a range of activity, including training and site visits.

The Early Years Services also co-ordinate or contribute to a range of projects and programme across the county which support early education. This includes,

- Speech, language and communication needs (SLCN). 1 year PHE/DfE led training for health visitors in SLCN
- I CAN and EasyPeasy – home learning environment. 1 year programme starting March 2019
- Talking Together in Cambridgeshire –language and literacy project in deprived communities
- East Cambs and Fenland Opportunity Area Phonics Project
- Cambridgeshire Early Years Service on behalf of the East Cambs and Fenland Opportunity Area. Targeted - 60 practitioners developing phonics skills and confidence through champions and cascade training to others. (October 2018 –June 2019)
- Early Talk Boost - targeted intervention for practitioners in Cambridgeshire settings to work with children with language delay.

### Maternity Provision and Better Births

The Better Births agenda is being taken forward locally by Local Maternity System, which brings together the user voice (including Maternity Voice Partnerships and Healthwatch), the voluntary sector, commissioners and providers of statutory maternity services.

Within Cambridgeshire and Peterborough CCG this is overseen by the Senior Responsible Officer and the Maternity Transformation - Better Births Programme Manager.

Through partnership with local authority children’s commissioners, three community hub launches have taken place these are based in children’s centres. This work stream also includes the development of ‘Pathways to Parenting’, a universal antenatal parenting programme which is in pilot form and due to roll out geographically across Cambridgeshire and Peterborough.

## Best Start in Life Strategy Proposal

### Five Key Themes

The Best Start in Life Start strategy proposes that 5 key themes provide the framework for a new integrated model for early years. Within each theme, detail is provided regarding the areas of focus. This will be delivered through a mix of universal and targeted approaches, and use a variety of methods (face to face, digital, telephone). Wherever possible, a standardised approach will be used, however it may need to be modified locally to be effective.

#### Healthy pregnancy, parents and children

- Healthy weight – diet and physical activity (incl. mother and baby nutrition)
- High quality maternity services – Better Births & maternity community hubs
- Reduce unplanned teenage pregnancies and support teenage parents
- Improve breast feeding rates
- Increase smoking cessation in pregnancy
- Improve oral health and immunisation uptake
- Reduce childhood accidents



#### Vulnerable parents will be identified early and supported

- Perinatal mental health support – extended to mild/emerging problems, including infant mental health pathway (identify attachment difficulties early offer support)
- Support parents to reduce use of alcohol, drugs and tobacco
- Support parents to reduce levels of domestic violence/parental conflict



#### Well prepared parents

- High quality education on sex and relationships
- Antenatal education programmes and postnatal programmes – universal and targeted (e.g. Pathway to Parenting, Baby Steps, FNP)
- Evidence based parenting programmes – universal and targeted
- Promote awareness of specific risks - safe sleeping and accidents
- Parents with an understanding of; their role in child development and learning; how to access services



#### Positive attachment and bonding

- Perinatal mental health support – extended to mild/emerging problems, including infant mental health pathway (identify attachment difficulties early and offer support)
- Promote positive parent- child interaction (e.g. Five to Thrive - Respond · Cuddle · Relax · Play · Talk, Big Little Moments)



#### Supporting child development

- Raise awareness of parents about 3 prime areas of development - personal, social and emotional; communication and language; and physical
- Promote early play and communication opportunities
- Promote positive ways to help of help children thrive – through interaction, social contact, first hand experiences e.g. 50 Things to do before you're 5
- Early identification and assessment of need (ASQ, integrated review) - including children with SEND



## Building Blocks

As outlined in *Building Collaborative Places: Infrastructure for System Change*, the move to an integrated approach to supporting children pre-birth to five requires the deliberate creation of shared infrastructure as well as the right conditions to ‘connect people and organisations and help align the incentives driving individual organisations, creating a gravitational pull that is towards collaboration for shared outcomes.’<sup>52</sup> This view places public services (including local authorities, health bodies, and police) within a wider local system which includes people, families, communities, local organisations and institutions, the voluntary sector and businesses – clearly indicating that the public sector alone cannot solve complex social problems.

Drawing from systems change research and more mature early years integration efforts, we propose that our work to implement the Best Start in Life Strategy also include the establishment of key ‘building blocks’ to support system wide collaboration, as articulated by Collaborate CIC and Lankelly Chase in their 2017 report:

- **Place Based Plans:** These plans set out the social and economic vision for place as a shared challenge among local partners and citizens, and core operating principles for local public services. These plans will be co-produced with families and young children, with particular care and attention to reflecting the cultural and linguistic diversity of our communities. In Cambridgeshire and Peterborough, this work should consider and wherever possible, align with other local programmes of place-based change, including Think Communities and the new [primary care networks](#).<sup>53</sup>
- **Leadership and Governance:** In order to deliver the Best Start in Life strategy, a collaborative system leadership forum which includes community representatives as well as public and voluntary sector representatives and share a commitment to create the necessary conditions to enable collaborative problem solving and embed new shared operating principles.
- **Outcomes and accountability:** Identifying shared outcomes to support children’s health, safety and school readiness. Outcomes which reflect the social and economic challenges and aspirations of our places and hold the entire system to account. In this context, organisational outcomes are aligned with place-based outcomes, measuring what is important to citizens and communities and avoiding targets which ‘miss the point.’
- **Funding and commissioning:** Considering opportunities for collaborative funding arrangements which support achievement of shared outcome and help reduce duplication and waste, developed in collaboration with service users and flexible to accommodate ongoing learning.
- **Culture change and people development:** Culture change and organisational development programmes designed to develop the capacity of our workforce to work across organisational boundaries. The purposeful creation of a shared culture across our early years workforce where individuals can clearly see their role in giving our youngest children a best start in life. The development of shared knowledge and practice tied to the key areas of focus of the Best Start in Life strategy and its underpinning principles.

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<sup>52</sup> Building Collaborative Places: Infrastructure for System Change. Collaborate and Lankelly Chase February 2017

<sup>53</sup> Primary care networks will be based on GP registered lists, typically serving natural communities of around 30,000 to 50,000.

- **Integrated delivery:** Collaborative service models bringing education, early help and community health together in meaningful ways where it makes sense to do so, supporting working relationships built on trust. This will include the iterative design and delivery of interventions, developed with input frontline staff and families and a focus on effective prevention and targeted early intervention. Staff work across organisational boundaries to provide a more coherent approach.
- **Data, evidence and evaluation:** Shared data, both quantitative and qualitative (reflecting the lived experience of children, parents and professionals) used effectively to understand and address root causes of issues and demand. A collaborative 'test and learn' approach that allows for a flexible response to early years interventions.
- **Collaborative digital and physical platforms:** Physical and virtual spaces that bring together people and organisations, enabling them to connect, develop networks and share information. This could include a dedicated website which provides or signposts parents and service providers to trusted information and delivers digital interventions. Enhancing existing public sector co-location, supporting collaboration and the design of joint solutions by cross-sector teams.
- **Communications and engagement:** Clear and consistent information and insight shared fluidly throughout the system: vertically (top-down and bottom-up) and horizontally (across sectors), enabling real-time collaboration and adaptive delivery. Providing families with easy access to reliable, consistent and up-to-date ideas, advice and services. A fundamental commitment to partnership with parents (volunteering, local delivery, service design).

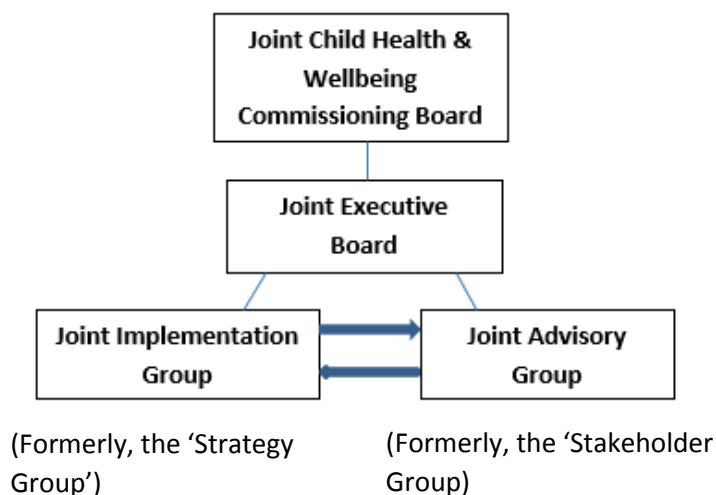
## Next Steps

Phases 2 and 3 of the strategy run from May 2019 to March 2020.

Phase 2 (May to September 2019) will further develop the strategy and identify options for the future integrated delivery model.

Phase 3 (October to March 2020) will focus on arrangements for implementing the new model in April 2020, including development of the 'building blocks' which underpin the strategy.

A new governance structure will be used, with a direct reporting line through to the Joint Child Health and Wellbeing Commissioning Board. The indicative schedule until September 2019 is outlined below.



## Timeline – May – September 2019

| May                             |  | June  |   | July  |
|---------------------------------|--|---|---|---|
| w/c 6th                         | w/c 27th   | w/c 10th  | w/c 24th  | w/c 8th   |
| Understanding system conditions | Evidence about what matters/local priorities<br><br>Consolidating insights from families and communities | System/service and asset mapping                              | System, service and asset mapping<br><br>1-day Summit | Opportunities for evidence informed practice, improvement and innovation      |
| July                            | August   |   | September   |   |
| w/c 22th                        | w/c 5th  | w/c 19th  | w/c 2nd   | w/c 16th  |
| Workforce and System Leadership | Theory of change for Integrated Delivery Model   | Local theory of change to reflect geographical prioritisation | 1-day summit  | Refine integrated delivery model and finalise work plan for Oct 19 – March 20 |

## Appendix 1 – Best Start in Life Group Membership

### Strategy/Implementation Group

|   |  |
|---|--|
| Chair   | John Peberdy, Director of Children's Services, Cambridgeshire Community Services                                 |
| Public Health Lead/Co-ordinator                       | Ben Brown, Specialty Registrar Public Health (PCC and CCC)   |
| Transformation Team Lead/Co-ordinator                 | Gwendolyn Casazza (CCC)<br>Rebecca Pentelow (CCC)<br>Emily Sanderson (CCC)                                       |
| Early Years leads                                     | Karen Hingston (PCC)<br>Annette Brooker (CCC)  |
| Early Help leads                                      | Lisa Riddle/Sarah Tabbitt (CCC)<br>Karen Moody (PCC)   |
| Health Visiting leads                                 | Andrea Graves/ Verity Trynka-Watson (CCS)  |
| Children's Commissioning Lead                         | Pam Setterfield (PCC and CCC)  |
| Commissioning Team Manager- Healthy Child Programme   | Helen Freeman, Public Health (PCC and CCC)   |
| Speech and Language Therapy, Nutrition and Dietetics. | Alison Hanson, Cambridgeshire Community Services   |
| Children and Family Centre Providers                  | Kat Band, Assistant Director of Children Services at Barnardos   |
| LGSS Digital  | Kat Sexton   |
| Communications  | Jo Dickson (CCC)   |
| Project planning and management                       | Tess Campbell, Public Health (PCC and CCC)<br>Helen Gregg, Partnership Manager, People & Communities Directorate |

### Stakeholder Group

|                                       |   |
|---------------------------------------|---|
| Co-Chairs                             | Dr Liz Robin, Director of Public Health (PCC and CCC)<br>Wendi Ogle-Welbourn, Executive Director People and Communities (PCC and CCC) |
| Public Health Consultant              | Dr Raj Lakshman, (PCC and CCC)  |
| Public Health Lead/co-ordinator       | Ben Brown, Specialty Registrar Public Health (PCC and CCC)  |
| Transformation Team lead/co-ordinator | Gwendolyn Casazza (CCC)   |
| Early Years leads                     | Karen Hingston (PCC)<br>Annette Brooker (CCC)   |

|  |  |
|--|--|
| Early Years Providers                                | Jayne Chapman (Harlequin Childcare)<br>Caroline Maryon (PACEY Project Manager)   |
| SEND leads   | Marian Cullen and Jo Middleditch (CCC)<br>Sheelagh Sullivan (PCC)  |
| Children's Commissioning Lead                        | Pam Setterfield (PCC)  |
| Commissioning Team Manager- Healthy Child Programme  | Helen Freeman, Public Health (PCC and CCC)   |
| Children's Social Care Assistant Directors           | Sarah-Jane Smedmor (CCC)<br>Nicola Curley (PCC)  |
| Education leads                                      | Clare Hawking (Early Years Lead, Virtual School, CCC)  |
| Early Help leads                                     | Lisa Riddle/Sarah Tabbitt (CCC)<br>Karen Moody (PCC)   |
| Children Centre Providers                            | Kat Band, Barnardos<br>Lynn McNish, Barnardos<br>Amanda Newman, Ormiston<br>Jason Wilson, Spurgeons  |
| Healthy Child Programme                              | John Peberdy (CCS)<br>Andrea Graves (CCS)<br>Verity Trynka-Watson (CCS)  |
| Speech and Language Therapy, Nutrition and Dietetics | Alison Hanson (CCS)  |
| Primary Care Leads                                   | Dr Becky Jones   |
| Clinical Commissioning Group                         | Liz Phillips, Better Births Programme Manager (CCG)<br>Ruth Kern - Perinatal Mental Health – (CCG)<br><br>Sarah Hamilton, Designated Nurse Safeguarding Children (CCG)<br><br>Karlene Allen, Children's Commissioner (CCG) |
| Support Cambridgeshire                               | Julie Farrow   |
| Stakeholder group planning                           | Helen Gregg, Partnership Manager, CCC/PCC  |

## Corresponding Stakeholder Group Members

|                                   |   |
|-----------------------------------|---|
| Communications lead               | Joanne Dickson, Communications & Marketing Manager, CCC |
| Finance leads                     | Martin Wade (CCC)<br>Fiona Chapman (PCC)                |
| Information and intelligence lead | Helen Whyman  |

Appendix 2 – Childhood Risk Factors





## Appendix 3 – Summary of Evidence

## Universal

Family support via children’s centres, key workers, outreach to families **(Marmot Review)**

Teenage pregnancy prevention– (prevention, choice, support)

Transition to parenthood – Family Foundations -reduces parental stress & attachment related behaviours when offered to couples expecting their first child **(EIF)**

Universal screening for mental health problems during pregnancy **(EIF,NICE)** and for mothers if combined with treatment **(EIF)**

Healthy Child Programme 0-5 (4-5-6 model) **(PHE)**

Identifying risks @ 5 key HCP contacts **(NICE)**

SIDS advice re sleeping position **(EIF)**

Individual breastfeeding advice – pre/post natal **(EIF)**  
UNICEF Baby Friendly Initiative **(PHE)**  
PHE’s Start4Life campaign **(PHE)**

Home safety equipment schemes – increase parental knowledge **(EIF)**

Oral health promotion -best evidence and fluoridation of public water supplies **(PHE)**

Obesity – multi-component and holistic approach **(PHE)**

Early cognitive and language development (e.g. Let’s play in tandem, Raising early achievement in literacy) **(EIF)**

Speech and language skill assessed @ 2-2 ½ year review **(NICE)**

Pre-school attendance **(DfE)**

## Targeted – selective

Attachment programmes (e.g. FNP, Family Foundations, Infant–Parent Psychotherapy, Child First) **(EIF)**

Pre and post-natal care programmes (e.g. Nurse – Family Partnerships) **(GLA)**

FNP for reducing IPV among first time teenage mothers **(EIF)**

Home safety equipment schemes - increase parents’ knowledge of home safety **(EIF)**

Preventing unintentional injuries in the home – targeting, working in partnership, co-ordinated delivery, assessments and follow-up **(NICE)**

Providing and fitting free or low-cost home safety equipment (incl. thermostatic mixing valves) **(PHE)**

Healthy Start – UK Gov’t voucher scheme **(PHE)**

Oral health – targeted provision of toothbrushes/ toothpaste, supervised tooth brushing in targeted childhood settings, tooth varnishing and healthy food and drink policies in childhood settings **(PHE)**

Take up of funded education/universal entitlement 15hrs @ 2 yrs

Pre-school programmes (e.g. Perry Preschool Programme) **(GLA)**

Home visiting interventions - children’s language development in the early years (FNP, Child First, Parents as First Teachers) **(EIF)**

Transition programmes (home/nursery to school) – (targeted, flexible) **(PHE)**

## Targeted – indicated

Behaviour programmes (e.g. Incredible Years, Triple P) **(EIF)**

Incentive-based programmes to encourage smoking abstinence during pregnancy **(EIF)**

CO monitoring and opt out systems –smoking in pregnancy **(PHE)**

Post-natal treatment for mental health problems **(NICE)**

Methadone treatment for mothers (buprenorphine during pregnancy) **(EIF)**

LBW – (Kangaroo Mother Care, Infant Massage, H-Hope, MITP) **(EIF)**

Sleep advice – infants  $\geq$ 4mths **(EIF)**

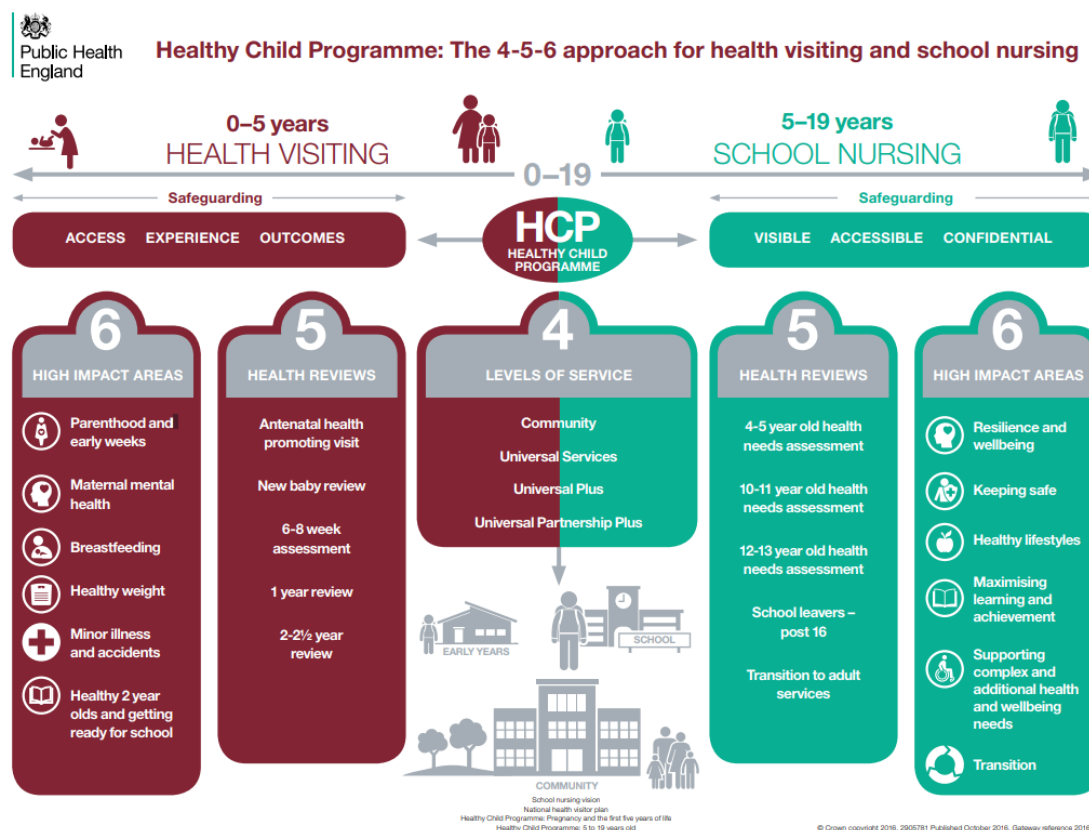
Psychosocial support integrated into routine antenatal care – for reducing revictimisation rates among women reporting IPV Home visiting in highly vulnerable families has the best evidence of reducing child maltreatment during infancy (FNP, Child First, Infant-Parent Psychotherapy) **(EIF)**

Identification, assessment and treatment of attachment difficulties (edge of care, LAC, adopted) **(NICE)**

Joint protocols for parental drug/alcohol use HIPPPY for 3-5yr olds (home instruction or pre-schoolers) **(PHE)**

Families and Schools Together (FAST) for ages 3-11 **(PHE)**

## Appendix 4 – Healthy Child Programme

**Family Nurse Partnership (FNP) and Enhanced Teenage Parents Pathway****Fixed criteria (all to receive FNP):**

- Very young women – all first time mothers aged 16 years or under
- Currently in the care system as a Child in Care (CIC), Child in Need (CIN), on Child Protection Plan (CPP) or recent care leavers.

**'High-risk' criteria (any 4 or more of the following risk factors in first-time teenage mothers)**

- Not living with their own mother or baby's father/partner
- No or low educational qualifications, i.e. no GCSEs or equivalent, low grade GCSEs
- Currently not in education, employment or training (NEET)
- Has mental health problems
- Ever a 'child in care' ; or lived apart from parents for more than three months when under the age of 18
- Current smoker (and doesn't plan to give up during pregnancy)
- Living in disadvantaged area
- History/risk of abuse

|                         |                          |
|-------------------------|--------------------------|
| <b>CABINET</b>          | <b>AGENDA ITEM No. 7</b> |
| <b>18 NOVEMBER 2019</b> | <b>PUBLIC REPORT</b>     |

|                                |   |                   |
|--------------------------------|---|-------------------|
| Report of:                     | Steve Cox, Executive Director of Place and Economy                                    |                   |
| Cabinet Member(s) responsible: | Councillor Marco Cereste, Cabinet Member for Waste, Street Scene, and the Environment |                   |
| Contact Officer(s):            | Jay Wheeler and Dave Anderson, Interim Development Director                           | Tel. 07951 942995 |

**PETERBOROUGH BUSINESS IMPROVEMENT DISTRICT (BID) UPDATE REPORT AND PROPOSED NEXT STEPS**

|  |                                  |
|--|----------------------------------|
| <b>R E C O M M E N D A T I O N S</b>   |                                  |
| <b>FROM:</b> <i>Councillor Marco Cereste, Cabinet Member for Waste, Street Scene, and the Environment</i>  | <b>Deadline date:</b> <i>N/A</i> |
| <p>It is recommended that Cabinet note the progress that has been made towards establishing a Business Improvement District (BID) in Peterborough and approve the additional actions to support the preparatory work on the BID in the run up to the expected ballot date in 2020.</p> |                                  |

**1. ORIGIN OF REPORT**

- 1.1 On 19th November 2018 Cabinet approved a report recommending the development of a Business Improvement District (BID) in Peterborough, with the aim of attracting new investment and securing jobs in the City. The Cabinet report of November 2018 supported the development of a BID.
- 1.2 The purpose of the BID is to provide services additional to those provided by the local authority
- 1.3 Consultation and engagement with the business community over the past few months indicates that there is a positive desire to develop a BID that meets local business needs.

**2. PURPOSE AND REASON FOR REPORT**

- 2.1 The purpose of this report is to provide Cabinet with an update on the actions which have been taken following the approval of the 19 November 2018 report and the steps now required to take the BID forward.
- 2.2 This report is for Cabinet to consider under its Terms of Reference No. 3.2.2., "To promote the Council's role as community leader, giving a 'voice' to the community in its external relations at local, regional and international level, and fostering good working relationships with the Council's partner organisations, Parish Councils and the relevant authorities for Police, Fire, Probation and Magistrates' Courts Services."

**3. TIMESCALES**

|   |           |                                  |            |
|---|-----------|----------------------------------|------------|
| Is this a Major Policy Item/Statutory Plan? | <b>NO</b> | If yes, date for Cabinet meeting | <b>N/A</b> |
|---|-----------|----------------------------------|------------|

**4. BACKGROUND AND KEY ISSUES**

4.1 Following the Cabinet report of Nov 18, work has been undertaken to develop this project.

Additional investment in Peterborough city centre is central to the Council's ambitions to support businesses and promote the city's vibrant and growing economy. The development of Peterborough BID is intended, over the long term, to help to attract more footfall to the city centre and encourage extra consumer expenditure and greater business investment. The development of a BID therefore remains central to PCC's strategy to support and revitalise Peterborough city centre.

### **WHAT IS A BUSINESS IMPROVEMENT DISTRICT**

BIDs enable businesses within a defined geographic area - such as a town or city centre - to agree a programme of initiatives additional and complementary to those already provided by the public sector, with the specific aim of boosting the health of the local business sector, by increasing visitor footfall and spend by shoppers for example.

The development of a BID in Peterborough will empower the business community and other city centre based organisations to decide what events and discretionary services they are prepared to fund and support.

The BID could be a forum which enables local stakeholders to assess the value and benefit of different initiatives and allocate resources accordingly.

### **CITY CENTRE MANAGEMENT IN PETERBOROUGH**

The development of the BID will also enable the Council to work with local businesses and take a strategic perspective of the economic forces acting upon the city centre, how these may shape the future of city centre services and what value the Council can provide to support the renewal and growth of Peterborough city centre.

### **PROGRESS WITH DEVELOPING THE BID SINCE NOVEMBER 2019**

#### **BID Steering Group**

A BID Steering Group has been set up composed of a wide variety of organisations, representing different sectors across the city to help develop a prospectus that will set out proposals the BID will pursue if businesses vote in favour of establishing a BID in the city. A full list of organisations represented on the Steering Group is shown in Appendix 1.

The BID Steering Group is led by an elected Chair, Mark Broadhead. As well as Chair of the Steering Group, Mark is Executive Director of the Queensgate Shopping Centre.

The BID Steering Group has approved the BID area boundaries. These have been revised since November 2018, most notably to include Fletton Quays. A copy of the BID area is shown in Appendix 2.

#### **Building an income generation model using the BID levy**

PCC officers have worked with the BID Steering Group to produce different funding models using data from the National Non Domestic Rates database. The final model for the Peterborough BID levy will take into account rateable value threshold for payment, existing service charges paid by businesses at Queensgate and Rivergate and will cap the total levy payable by the biggest few organisations.

#### **Communications**

A communications sub-group has been appointed and is due to report on options for a website design, and collateral required to support the BID marketing campaign.

### **PCC specific actions**

PCC officers have developed draft baseline agreements which set out the “as is” position of services currently provided by the City Council. Further discussions are due to take place to identify future services.

PCC is making provisional arrangements to implement the BID levy and holding the ballot in 2020 on behalf of the Steering Group.

### **TIMESCALE FOR FURTHER ACTIONS**

A structured programme of business engagement and communications has been set out below to ensure that all businesses and wider stakeholders in the city are fully familiar with the potential benefits of a BID well in advance of an anticipated ballot in 2020. The key stages of this programme are summarised as follows:

#### **BID proposed development timeline - key activity to implementation of vote in 2020:**

November 2019

- Business consultation & engagement
- Conduct business survey to identify key themes that will be used to develop the BID business plan

December 2019

- Develop PCC Baseline Agreements which will set out services PCC will deliver to the BID
- Collate findings business survey

January 2020

- BID Steering Group to notify PCC of intention to hold a BID ballot
- BID Steering Group to assess the feedback from business consultations and identify key priorities for the Peterborough BID

February 2020

- Create the draft BID Business Plan which will outline the possible projects and services requested by the business community with indicative cost figures
- Collate feedback from stakeholders on the draft BID Business Plan

March 2020

- BID Steering Group assesses “Go/No Go” decision on BID 2020 ballot
- Based upon above, issue notice of intention to hold a BID ballot to the Secretary of State (issued at least 84 days before the Notice of Ballot issued to businesses)

THE POINTS BELOW DEPEND ON “Go/No Go” decision:

- Notice of BID Ballot despatched (at least 42 days prior to the day of the BID ballot).

Q1/Q2 2020

- BID campaign / marketing strategy underway
- BID ballot papers dispatched (at least 28 days prior to the day of the BID ballot)
- BID ballot date (within 90 days of the Notice of the BID Ballot). 28 day postal ballot
- BID ballot results announced - 28 days for veto request to be made
- BID implementation day

Q4 2020 onwards

- 5 year BID term to commence
- Recruitment and selection of BID staff
- BID begins operation and levy invoices sent to businesses.

## **5. CONSULTATION**

- 5.1 A consultation and engagement plan has been drawn up by the BID Steering Group and there will be both a sectoral based consultation exercise with businesses and a questionnaire based survey to identify business views about priorities for improving the management and operation of services in the city centre. The consultation sessions will commence in November 2019.

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

- 6.1 Cabinet will be made aware of the detail of future proposals and provided with further information in due course.

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

- 7.1 To provide Cabinet with an update of the current position.

## **8. ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 Do nothing option has been considered but would have negative financial and reputational impact on the City Centre, nor would the Council be able to benefit from the potential positive outcomes of BID.

## **9. IMPLICATIONS**

### **Financial Implications**

- 9.1 To take the BID to a positive outcome in 2020, BID Steering Group is looking to secure loan finance to support early development costs with a view to repayment on the assumption of a successful ballot outcome. A development fund will be administered by the Council in consultation with the BID Steering Group and is required for the funding of marketing, BID consultant fees and ballot costs. Once the optimum funding mechanism and amount required has been fully explored, approval will be sought in a separate report.

If the BID is successful, it is anticipated to generate levy income of circa £425,000 per annum over the 5 years of the initial BID programme.

### **Legal Implications**

- 9.2 In progressing the further matters set out below it is recognised that the Council may need to enter into legal arrangements including with its existing partners, or contract the services of a specialist supplier to administer the ballot. Furthermore, and in the event of a positive ballot, the Council will consider whether funding support is required by the BID company which will then be set up to progress the BID agenda. Any proposed form of funding to the BID company (or other proposed legal arrangements) will be subject to the Council's Contract Rules and governance requirements in the usual way.

### **Equalities Implications**

- 9.3 None.

### **Carbon Impact Assessment**

- 9.4 The BID is an exciting project which offers the possibility of reconfiguring services in the City Centre in a way which embraces issues of sustainability and enables the Council to reduce its carbon impact in the long term.

## **10. BACKGROUND DOCUMENTS**

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

- 10.1 None.

**11. APPENDICES**

11.1 Appendix 1 - BID STEERING GROUP MEMBERSHIP

Appendix 2 - MAP OF PROPOSED BID AREA

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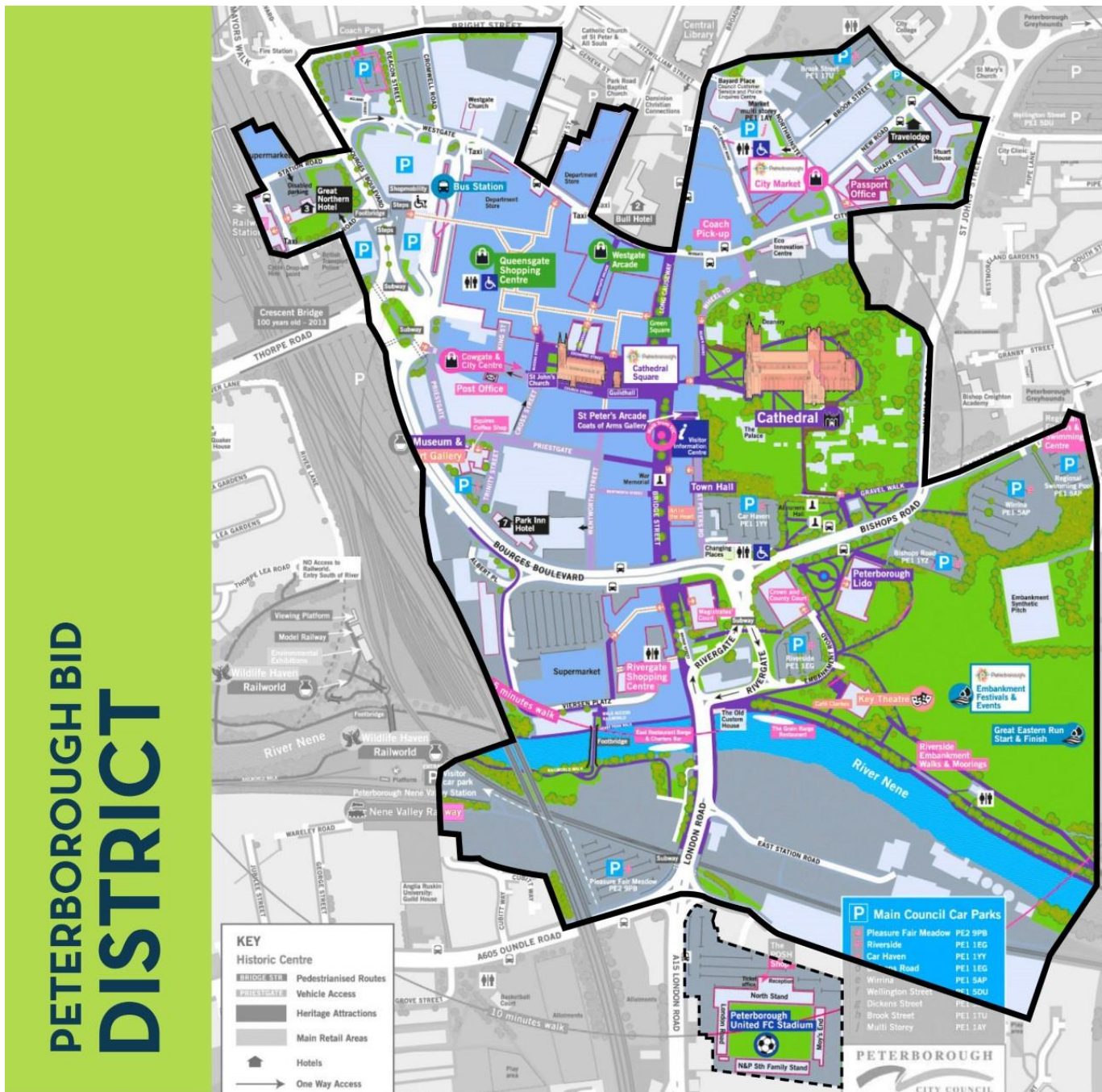


BID STEERING GROUP MEMBERSHIP

Queensgate Shopping Centre  
Buckles Solicitors  
Peterborough Cathedral  
Vivacity  
Cambridgeshire Police  
Metro Bank  
Boots plc  
Marks & Spencer  
Peterborough City Council  
Stoneworks Bar  
Visual Etiquette (design agency)  
Wetherspoons (pub chain)  
Banyan Tree (restaurant)  
Niro's (independent clothing retailer)

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APPENDIX 2 - MAP OF PROPOSED BID AREA



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|                         |                          |
|-------------------------|--------------------------|
| <b>CABINET</b>          | <b>AGENDA ITEM No. 8</b> |
| <b>18 NOVEMBER 2019</b> | <b>PUBLIC REPORT</b>     |

|                                |   |                            |
|--------------------------------|---|----------------------------|
| Report of:                     | Steve Cox - Executive Director for Place and Economy  |                            |
| Cabinet Member(s) responsible: | Cllr Marco Cereste – Cabinet Member for Waste, Street Scene and the Environment                                 |                            |
| Contact Officer(s):            | Richard Kay – Head of Sustainable Growth Strategy<br>Charlotte Palmer – Group Manager Transport and Environment | Tel. 863795<br>Tel. 453538 |

## **CROSS PARTY CLIMATE CHANGE MEMBER WORKING GROUP**

| <b>R E C O M M E N D A T I O N S</b>   |                           |
|--|---------------------------|
| <b>FROM:</b> Cabinet Member for Waste, Street Scene and the Environment  | <b>Deadline date:</b> N/A |
| <p>It is recommended that Cabinet:</p> <ol style="list-style-type: none"> <li>Notes the Actions taken to date in respect of meeting the Climate Change Motion passed by Council on 24 July 2019.</li> <li>Agrees to the setting up of a cross party Climate Change Member Working Group, in accordance with the Terms of Reference set out at Appendix A.</li> </ol> |                           |

### **1. ORIGIN OF REPORT**

- 1.1 This report is submitted to Cabinet following the approval of a Motion (which, in short, declared a climate emergency) at Full Council on 24 July 2019; and at the request of the Cabinet Member for Waste, Street Scene and the Environment.

### **2. PURPOSE AND REASON FOR REPORT**

- 2.1 The main purpose of this report is to seek approval from Cabinet for the setting up of a cross-party Climate Change Member Working Group, with the purpose of that Group to help the Council formulate proposals, and monitor actions, in relation to the recently declared 'climate emergency'.
- 2.2 The report also takes the opportunity to update Cabinet on actions delivered to date, since the declaration.
- 2.3 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. TIMESCALES**

|   |           |                                  |            |
|---|-----------|----------------------------------|------------|
| Is this a Major Policy Item/Statutory Plan? | <b>NO</b> | If yes, date for Cabinet meeting | <b>N/A</b> |
|---|-----------|----------------------------------|------------|

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

- 4.1 On 24 July 2019, Full Council approved a wide-ranging Motion relating to climate change matters and which, in short, had the effect of this council declaring that there is a climate emergency.

- 4.2 The Motion also agreed a number of specific actions which should take place.
- 4.3 Whilst part of the purpose of this Report is to provide an update on progress with meeting the Motion, one of the clear outcomes to date as a consequence of officers commencing actions to meet the Motion, is that it has become apparent that a new Member Working Group would be extremely beneficial, so as to create a forum for Members to debate and recommend how the council should respond to the Motion in the most effective and timely way possible.
- 4.4 **Progress to date**
- We have commenced the process of developing a Carbon Management Plan for the Council's activities including identifying key officers who will support the process. This document will detail the Council's emission scope, baseline carbon emissions and actions that could be undertaken to reduce emissions to net zero by 2030. It is intended that this document will progress through the relevant democratic processes ahead of consideration by Full Council in March 2020.
- 4.5 A trial is underway so that going forward all decisions taken by the Council will be subject to a Carbon Impact Assessment (CIA). This involves lead officers undertaking a review of their project/decision and considering what impact it will have on the Council's target to achieve net-zero carbon emissions. A summary of their CIA will be included in the governing report with the full assessment available on request.
- 4.6 Our Communications and Marketing team are in the process of developing an interim communications and marketing plan. This is likely to include activities such as:
- Updating the Council's website to provide details of the Motion and links to further information to support residents wishing to take direct action themselves.
  - Coordinating a series of 'lunch n learns' for Council staff and Members. This involves showing a short topical film and then hosting a brief discussion about the implications and where feasible actions that the Council could take to address the film subject.
  - Meeting with the 'Change Champions' and discussing ideas for how they could lead this change across the organisation.
- 4.7 Officers have met with local representatives of Extinction Rebellion and due to meet with Peterborough in Transition amongst others. We have also attended a meeting of the Youth Council and agreed that this should remain a standing monthly item on their agenda. In November we will undertake a personal carbon footprint exercise so that they can each understand their personal impacts and ways in which this can be reduced.
- 4.8 The Council has amended the response it made to the Cambridgeshire and Peterborough Combined Authorities (CPCA) Local Transport Plan consultation as a result of this Motion. Amongst other things the response called upon the CPCA to follow the Councils lead and declare an emergency.
- 4.9 The Council's Minerals and Waste Local Plan was also adjusted in a number of ways, prior to it receiving support at both Cabinet (September) and Full Council (October).
- 4.10 We are working across borders, in particular with Cambridgeshire County Council (CCC), where sharing of resources and expertise is already taking place across a wide range of functions. CCC similarly declared a climate emergency earlier in 2019. The joint Director for Economy and Place, Steve Cox, has been given responsibility to coordinate actions to deliver both climate emergency declarations, thus ensuring a joined-up approach will take place across Cambridgeshire and Peterborough.
- 4.11 **Proposed Climate Change Member Working Group**

The Motion put forward by the Leader of the Council was supported unanimously by Members of Full Council. In introducing the Motion, the Leader made it clear that he sought cross-party support for the Motion. In that same spirit, it is recommended that a cross-party Working Group be set up, with representation on it drawn equally from all parties.

4.12 The Working Group would not be decision making. Instead, it would receive regular updates and options from officers (and potentially external bodies on an invite basis), with the aim of reaching a consensus as to how the council should move forward to meet the challenges set by the Motion. Where decisions are needed arising from the Working Group, then these would be met via the normal existing channels (such as Cabinet and Full Council), with the ability for a Scrutiny Committee to scrutinise such decisions as considered necessary.

4.13 Meetings would be on an as required basis, but probably held once every two months. The first meeting is scheduled for late November, provided Cabinet approve the recommendations as presented today. That first meeting intends to:

- Establish the detailed working of the Group, based on the Terms of Reference approved by Cabinet today.
- Consider an informal 'working strategy', which provides proposed actions coming up over the coming months.
- Considers an early 'skeleton' of what a Carbon Management Action Plan should contain (such an Action Plan being required by the Motion to be presented to Full Council on 4 March 2020)
- Provide guidance on the setting up of city-wide Partnership Group and Citizens Assembly, both of which were actions required by the Motion.
- Receive information on presently available baseline data, so that Members can see areas of potentially greatest impact.

4.14 Future meetings will very much depend on the evolution of the programme, but in essence the Working Group would be expected to consider the evidence which is gathered, consider options for action and make recommendations accordingly. The Group would also review whether actions proposed have taken place and have had the desired effect.

4.15 It is possible that, on occasions, a joint meeting with a similar Member Working Group of Cambridgeshire County Council could take place, to share best practice and consider whether any joint actions would deliver more effective results.

4.16 A proposed Terms of Reference is set out at Appendix A.

## **5. CONSULTATION**

5.1 The purpose of this report and recommendation is to form part of a wider package of 'consultation' arrangements that are being put in place to meet the requirements set out by the Motion. No specific consultation has yet taken place. The Working Group will have an important role to guide the form and timing of consultation.

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

6.1 It is anticipated that Cabinet will approve the setting up of the Working Group, and in so doing so will assist in the delivery of actions required by the 'climate emergency declaration' Motion approved by Full Council.

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

7.1 The setting up of a Working Group will greatly assist Member engagement on delivering the unanimously agreed Motion of this Council, and will help ensure officers, working with Members, deliver the most effective package of measures to meet the requirements of the Motion.

## 8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 The alternative of not setting up a Working Group has been rejected because to do so would limit the ability of Members of all parties to engage in a collaborative way to help deliver the Motion. By declaring an 'emergency', this implies time is of the essence, whereas a lack of a Working Group could slow down consideration of proposals and options.

## 9. IMPLICATIONS

- 9.1 **Financial Implications.** On the basis that the Working Group has no decision making powers, there are no direct financial implications arising from the recommendations. Members (and officers) which sit on the Group will not be entitled to any form of additional allowance or remuneration.
- 9.2 **Legal Implications.** On the basis that the Working Group has no decision-making powers, there are no direct legal implications arising from the recommendations.
- 9.3 **Equalities Implications.** On the basis that the Working Group has no decision-making powers, there are no direct legal implications arising from the recommendations.
- 9.4 **Climate Change Implications.** Slightly negative impact - but this is outweighed by the positive action of the Working Group that it is hoped will facilitate the progression of actions which will, directly or indirectly, have the intention of positive implications on climate change.

## 10. BACKGROUND DOCUMENTS

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

- 10.1 Minutes of Full Council on 24 July 2019:  
<https://democracy.peterborough.gov.uk/documents/g4347/Printed%20minutes%2024th-Jul-2019%2018.00%20Council.pdf?T=1>

## 11. APPENDICES

- 11.1 Appendix A – Proposed Terms of Reference for the Climate Change Member Working Group



## Appendix A - Proposed Terms of Reference for the Climate Change Member Working Group

### Purpose of the Climate Change Member Working Group

1. The overarching purpose for the Working Group is to aid greater understanding of the key issues which the Council must consider, and the reasonable options that exist to address those issues, in respect of meeting the July 2019 'climate emergency declaration' of this Council. The full declaration can be found here: <https://democracy.peterborough.gov.uk/documents/g4347/Decisions%2024th-Jul-2019%2018.00%20Council.pdf?T=2>
2. The purpose of the Working Group is to help speed up actions relating to delivering the Motion, not delay them.
3. The focus of the Working Group is on key issues to deliver the Motion, not all detailed issues.
4. The Working Group has no fixed end date, and will be drawn to a close should Cabinet or Full Council deem it appropriate to do so.

### Functions of the Climate Change Member Working Group

5. The Working Group has no decision-making powers: its purpose is to aid greater understanding of issues, options and policy development in relation to the Council's response to climate change.
6. Where Actions relating to matters considered by this Working Group reasonably fall on officers to undertake (in accordance with delegations in the constitution), then the Working Group may steer officers in taking those actions. Where Actions require a decision to be taken at a Member level (such as via Full Council, Cabinet or a CMDN, in accordance with the constitution), then the Working Group may recommend to the appropriate decision taker what actions should be taken.
7. A prime function of the Group is to assist in the formulation of the Action Plan due by March 2020, and any future iterations of it, together with the monitoring of the targets which the Action Plan sets.

### Procedures of the Climate Change Member Working Group

8. Five Members will sit on the Working Group, with one representative from each political party, together with officer representation as appropriate. Substitutes are permitted. Appropriate officers will attend meetings of the Working Group.
9. External attendees may be invited to the meeting, such as to present information or offer expert advice.
10. Meetings are not open to the public\*, but any report to the Cabinet or a Cabinet Member will be published on the website (once such matters arising are agreed by the Chair as an accurate record).
11. At the first meeting of the Working Group, a Chair will be elected and regularity, time, length, and location of future meetings agreed.

12. Agenda's for the meeting will be sent to attendees at least 5 calendar days prior to each meeting of the Working Group.

*\*It should be noted that, separately, a Partnership Group and a Citizens Panel are required to be set up, in accordance with the approved Motion, and these will offer the opportunity for wider public involvement in discussions and proposed actions.*

|                         |                          |
|-------------------------|--------------------------|
| <b>CABINET REPORT</b>   | <b>AGENDA ITEM No. 9</b> |
| <b>18 NOVEMBER 2019</b> | <b>PUBLIC REPORT</b>     |

|                                |  |                   |
|--------------------------------|--|-------------------|
| Cabinet Member(s) responsible: | Councillor Irene Walsh, Cabinet Member for Communities |                   |
| Contact Officer(s):            | Rob Hill – Assistant Director Public Protection        | Tel. 07815 558081 |

**PREVENT STRATEGY REFRESH – 2019 - 2021**

| R E C O M M E N D A T I O N S   |                                   |
|---|-----------------------------------|
| <b>FROM :</b> <i>Rob Hill – Assistant Director Public Protection-Community and Safety Directorate</i>   | <b>Deadline date :</b> <i>N/A</i> |
| It is recommended that Cabinet endorse the proposed combined Peterborough City Council and Cambridgeshire County Council Prevent Strategy 2019 -2021. |                                   |

**1. ORIGIN OF REPORT**

1.1 This report is submitted to Cabinet following Adults and Communities Scrutiny Committee held on 1 July 2019.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The Purpose of this report is to provide Cabinet with an overview of the proposed combined Cambridgeshire and Peterborough Prevent Strategy, and for Cabinet to consider approval of the proposed strategy.

2.2 This report is for Cabinet to consider under its Terms of Reference No. 3.2.4, “To promote the Council’s corporate and key strategies and Peterborough’s Community Strategy and approve strategies and cross-cutting programmes not included within the Council’s major policy and budget framework.”

**3. TIMESCALE**

|   |           |   |            |
|---|-----------|---|------------|
| Is this a Major Policy Item/Statutory Plan? | <b>NO</b> | If Yes, date for relevant Cabinet Meeting | <b>N/A</b> |
|---|-----------|---|------------|

**4. MAIN BODY OF REPORT**

4.1 The Counter Terrorism and Security Act received Royal Assent on 12 February 2015 and states a specified authority must, in the exercise of its functions, have ‘due regard to the need to prevent people from being drawn into terrorism.’ Cambridgeshire County Council and Peterborough City Council have a duty to work together, and with local partners to actively prevent people from being drawn into terrorism.

4.2 The purpose of the National Prevent Strategy (2011) is to stop people from being drawn into terrorism or supporting terrorist activities. Whilst the percentage of people willing to support violent extremism in the UK is small, evidence identifies that terrorist and violent extremist organisations exploit vulnerabilities to spread their rhetoric and gain support. Understanding and targeting these factors is crucial to prevent radicalisation and minimise the risks it poses to the national security.

- 4.3 The Government has recently announced changes, titled Project Dovetail, to the Prevent agenda, currently expected to be affecting Cambridgeshire and Peterborough late in 2020. This will see the lead for Prevent move from the Police to Local Authorities, with an expectation that local authorities will monitor and manage Prevent referrals from then on.
- 4.4 The original Prevent Strategy for Peterborough was last updated in 2016. Since the plan was approved, there have been a number of changes in the way Cambridgeshire and Peterborough Councils operate. With the announcement of Project Dovetail it was decided that the strategy should be updated to combine Cambridgeshire and Peterborough's processes.
- 4.5 The strategy forms part of the multi-agency delivery plan held by the Cambridgeshire Partnership Prevent Delivery Board. At the moment the Partnership Board is chaired by the Police Prevent Lead for Cambridgeshire. The multi-agency delivery plan confers on the local authority and its partners shared responsibility for training, safeguarding, and raising awareness. As part of this delivery all frontline staff should be trained to recognise the signs of prevent and the procedures for making a referral to Channel Panel. Additionally all staff should be aware of the prevent agenda, and be able to promote the importance of the prevent duty both internally and to the community. With these measures in place all staff should be able to support the community to challenge extremist views.
- 4.6 Across Cambridgeshire the Assistant Director for Public Protection on behalf of both Authorities will coordinate Prevent delivery. The Prevent duty guidance published alongside the Counter Terrorism and Security Act 2015 sets an expectation that the coordinator will:
- Establish or make use of an existing local multi-agency group to agree risk and co-ordinate prevent activity.
  - Use the existing counter-terrorism local profiles to begin to assess the risk of individuals being drawn into terrorism.
  - Engage with Prevent coordinators, schools, universities, colleges, local prisons, probation services, health, immigration enforcement and others as part of the risk assessment process.
  - Mainstream the prevent duty so it becomes part of the day-to-day work of the authority, in particular children's safeguarding.
  - Any local authority that assesses, through the multi-agency group, that there is a risk will be expected to develop a Prevent action plan.
  - Ensure frontline staff have a good understanding of Prevent, are trained to recognise vulnerability to being drawn into terrorism and are aware of available programmes to deal with this issue.

To achieve this, single points of contact (SPOC) have been identified across the county with the expectation that they will maintain delivery activity for their respective service areas, which will be part of the Prevent Delivery Board.

#### 4.7 ***Channel Panel***

The Channel Panel is a safeguarding programme aimed at supporting individuals identified as vulnerable to being drawn into violent extremism or terrorist related activity. As with other safeguarding practices Channel is reliant on a multi-agency response and multi-disciplinary work to minimise and manage the risk to an individual. Channel is voluntary and so the individual must provide consent. It draws on existing collaboration between local authorities, the police, statutory partners and the local community. PCC/CCC operate a combined Channel Panel led by the Head of the Youth Support Services who is required to report into the Prevent Delivery Board.

#### 4.8 **Prevent Member leads**

The Home Office Prevent Toolkit recommends that a member lead is selected to assist with Prevent delivery. For Cambridgeshire County Council this is Cllr Mark Goldsack and for Peterborough City Council this is Cllr Irene Walsh. The member leads are responsible for:

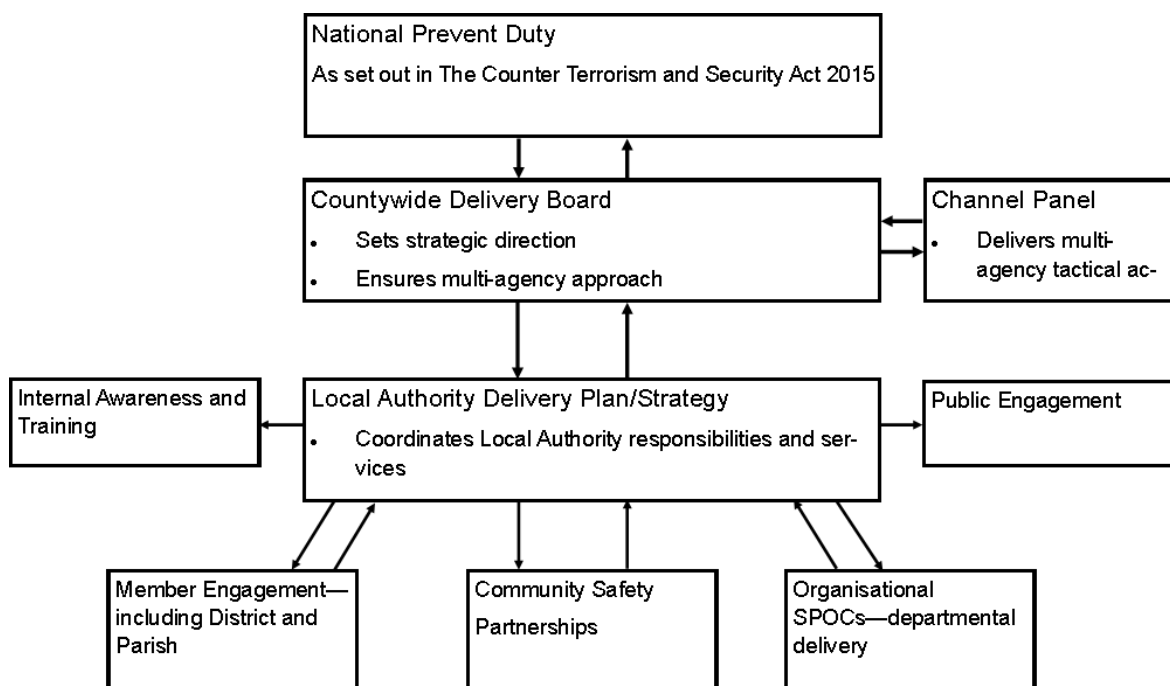
- Ensuring that other elected members are fully briefed on key work in Prevent and how it will affect other portfolio areas.
- Encouraging open discussion and transparent decision-making.
- Ensuring Prevent priorities are reflected in the work of the local authority and keeping
- Prevent partnerships aligned with other local plans.
- Attending meetings to ensure that recommendations and decisions of the partnership are fed into local leadership arrangements.
- Raising community concerns and supporting community engagement.
- Embedding Prevent issues in the policy and decision-making processes of the local authority and championing the mainstreaming of Prevent.
- Helping the partnership to secure funds and resources to address community concerns.

#### 4.9 **SPOC Delivery Plan**

Each delivery SPOC will hold an Action Plan designed and delivered under the following principles:

- Communities are key to preventing terrorism and central to the successful delivery of the Action Plan
- Prevent is everyone’s business and therefore awareness will be mandatory for all specified authorities, including their commissioned services
- Actions taken will always be proportionate to the risk identified for Cambridgeshire
- Prevent is part of the wider safeguarding agenda and thus will focus on providing support and re-direction to vulnerable individuals at risk of being drawn into terrorism from an early stage

#### 4.10 **Prevent Delivery Structure**



## **5. CONSULTATION**

- 5.1 Consultation has been held across Peterborough and Cambridgeshire with relevant officers to identify departmental 'Single Points Of Contact'.

Consultation has been had with the portfolio holder (Cllr Walsh) who has agreed to be Member lead for Peterborough

This draft agenda was present to Adults and Communities Scrutiny Committee on 1<sup>st</sup> July 2019, who endorsed the approach and asked for this to be brought before Cabinet for approval.

## **6. ANTICIPATED OUTCOMES**

It is anticipated that Cabinet will consider the draft strategy and views of the scrutiny committee, and consider approval to adopting this.

## **7. REASONS FOR RECOMMENDATIONS**

To improve local authority response to Prevent, ensuring we have a structured approach to delivery that applies across both Peterborough and Cambridgeshire.

## **8. ALTERNATIVE OPTIONS CONSIDERED**

To continue with Peterborough only strategy. Not suitable as we need to unify the approach across the county in preparation for Op Dovetail (as per 4.3 above)

## **9. IMPLICATIONS**

### **9.1 Financial**

There are no specific financial implications from this strategy refresh. No budget is attached to Prevent. It is a strategic coordination partnership.

### **9.2 Legal**

The strategy was designed to ensure that the Council meets its statutory and legal obligations regarding the Counter Terrorism and Security Act 2015.

### **9.3 Equalities**

The strategy focuses attention on tackling extremism wherever it exists, recognising that this may be driven by cultural, religious or ethnic discriminatory attitudes. Our strategy will deliver our Prevent duty in a proportionate and fair way, working closely with all communities impacted and ensuring consideration is given to any conflict with the Equality Act 2010 and the Human Rights Act 1998:

- Staff training will include an overview equality and human rights to ensure actions are proportionate, balanced and necessary
- The prevent lead will conduct a thorough assessment of action plans to consider equality and human rights implications
- Prevent actions will be carried out in a timely and effective manner to minimise impact on vulnerable victims and communities who may be adversely affected by radicalisation

### **9.4 Carbon Impact Assessment**

A carbon impact assessment has been undertaken in relation to this decision and the resulting impact would be zero.

## **BACKGROUND DOCUMENTS**

- Adults and Communities Scrutiny Report – 1<sup>st</sup> July 2019
- Proposed Prevent Strategy 2019-2021

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|-------------------------|----------------------|
| <b>CABINET</b>          | AGENDA ITEM No. 10   |
| <b>18 NOVEMBER 2019</b> | <b>PUBLIC REPORT</b> |

|                                |   |             |
|--------------------------------|---|-------------|
| Report of:                     | Fiona McMillan, Director of Law and Governance                            |             |
| Cabinet Member(s) responsible: | Councillor Farooq, Cabinet Member for Digital Services and Transformation |             |
| Contact Officer(s):            | Pippa Turvey, Democratic and Constitutional Services Manager              | Tel. 452460 |

## OUTCOME OF PETITIONS

|   |                                  |
|---|----------------------------------|
| <b>RECOMMENDATIONS</b>  |                                  |
| <b>FROM:</b> <i>Directors</i>   | <b>Deadline date:</b> <i>N/A</i> |
| It is recommended that Cabinet notes the actions taken in respect of petitions. |                                  |

### 1. ORIGIN OF REPORT

- 1.1 This report is submitted following the submission of E-Petitions, the presentation of petitions to Council officers, and the presentation of petitions at Council meetings.

### 2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to update Cabinet on the progress being made in response to petitions submitted to the Council.
- 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. TIMESCALES

|   |           |                                  |            |
|---|-----------|----------------------------------|------------|
| Is this a Major Policy Item/Statutory Plan? | <b>NO</b> | If yes, date for Cabinet meeting | <b>N/A</b> |
|---|-----------|----------------------------------|------------|

### 4. BACKGROUND AND KEY ISSUES

#### **Petitions Presented at Council Meetings**

##### Gunthorpe Polling Station

The petition was submitted by Councillor Sandra Bond on 24 July 2019. The petition contained 158 valid signatures and called on the Council to "provide a polling station for the polling district of GUN1 in future elections".

The Electoral Manager responded:

*"We will shortly be conducting a review of all of the polling stations used across the authority and will use this petition to evidence the need for a designated polling station for the GUN1 polling district."*

*The review will be open to public consultation and we would be keen to receive suggestions as to what locations should be considered.*

*The desirable criteria we are looking for are:*

- *The location should be situated within the polling district boundary*
- *It must be easily accessible to all electors including wheelchair users*
- *It should be large enough to accommodate staff, their equipment and still have space for electors to cast their vote comfortably*
- *It should be available at short notice in case of any unscheduled elections*

*Once the review has concluded, a report will be submitted to Council for approval.”*

### Cromwell Road Parking

The petition was submitted by Councillor Jamil on 24 July 2019. The petition contained 62 valid signatures and called on the Council to address concerns around car parking spaces that are taken up by people who do not live in the vicinity of the block “by the introduction of Residents Only Parking”.

The Network and Traffic Manager responded:

*“In principal I have no objection in taking the proposal forward through the legal process but wish to point out the following matters:*

- *There are approximately 30 properties fronting this section of road*
- *There are approximately 14 parking spaces*
- *On the basis of one vehicle per property the number of vehicles would likely exceed the number of parking spaces*
- *There is therefore no guarantee of a resident who has purchased a permit being able to park in this area*
- *I also note that there is shop located within this section of Cromwell Road and I would need to make provision for customers to park. I would therefore suggest that a short period (e.g. 30minutes) of limited waiting should be combined with the resident parking restriction to facilitate this.*

*Should the residents wish to proceed with the request, please advise me accordingly and I shall add the proposal to a future order which is likely to be in late November or December 2019, but may be subject to change. The whole process from the start of consultation on the legal order would typically take 4-6months before the proposals would be implemented on site.”*

### **E-Petitions Received**

#### Speed Limit Restrictions within Eastfield

The e-petition was submitted by Councillor Qayyum on 12 August 2019 and contained 26 valid signatures. A paper petition was submitted alongside this on 25 September 2019 that contained 198 valid signatures. Both petitions called on the Council to “Install 20 mph speed limits and speed humps in the following roads - Park Lane, Norman Road, Saxon Road and Kingsley Road - 400m from the school entrances of John Fisher, St Thomas Moore and Abbotsmede Schools in either direction.”

The Principal Sustainable Transport Planning Officer responded:

*“There is a regeneration project happening around Abbotsmede Primary School. Phase 1 involved the creation of a new car park and phase 2 is planned for next year with proposals for a one-way system on Kingsley Road and part of Norman Road with a new 20mph speed limit as part of this work.*

*A councillor lead cross party task and finish group investigated 20mph signed only limits and reported its findings to Cabinet. Cabinet made recommendations to gain more evidence at both a national and local level before committing to a city wide roll out.*

*Since the task and finish group presented the findings a number of authorities have committed to implementing or have implemented signed only limits. However there is still limited conclusive evidence on the impact in terms of mode of travel, reduction in speed and casualties and overall costs involved. An updated report will be going to Cabinet in the future but at the current time there are no plans to make the other roads listed in the petition 20mph.”*

### Bretton Parking

The e-petition was submitted by Mr Gasparutti on 25 May 2019. The petition contained 74 valid signatures and called on the Council to “to restrict the development of HMOs in Bretton, as this has led to more residents, and led to more vehicles, leading to difficulty in the movement of vehicles”.

The Head of Planning Peterborough and Fenland responded:

*“Thank you for your communication regarding the above. I am not sure if you are aware but HMO’s do not always require planning permission. Under the planning legislation new HMO’s for more than 6 persons need permission. HMO’s for up to 6 persons do not need planning permission and are ‘permitted development’. The Government does allow Councils to remove this permitted development right where it can be demonstrated that there is the need to do so. Where the permitted development right has been removed (under what is known as an Article 4 Direction) this just means that planning permission has to be applied for. An application needs to be considered against the appropriate planning policies for such development and take into account any other material planning considerations. It is therefore not the case that the Council can introduce a planning based ‘ban’ on future HMO development.*

*I have looked at the information for the Bretton Area and there are 51 registered HMO’s out of a total of 5235 dwellings. Whilst there are a number of streets with pockets of HMO’s, the wider picture does not suggest that there is a significant issue in the area as a whole.*

*Notwithstanding my observation above, the Council has commissioned some research into HMO’s in Peterborough and the results of this are expected next year. The work will help inform a decision on whether Article 4 Direction controls need to be introduced and if controls are to be introduced in which parts of the City this needs to be.”*

## **5. REASON FOR THE RECOMMENDATION**

- 5.1 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.

## **6. ALTERNATIVE OPTIONS CONSIDERED**

- 6.1 There have been no alternative options considered.

## **7. IMPLICATIONS**

- 7.1 There are no legal, financial, or equalities implications arising from the issues considered.

## **8. BACKGROUND DOCUMENTS**

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

- 8.1 Petitions presented to the Council and responses from officers.

**9. APPENDICES**

9.1 None.