

ADULTS AND HEALTH SCRUTINY COMMITTEE

TUESDAY 11 JANUARY 2022
7.00 PM

Venue: Sand Martin House, Bittern Way, Peterborough, PE2 8TY

Contact:: Paulina Ford, Senior Democratic Services Officer at
paulina.ford@peterborough.gov.uk, or 01733 452508

AGENDA

Page No

1. **Apologies for Absence**

2. **Declaration of Interest and Whipping Declarations**

At this point Members must declare whether they have a disclosable pecuniary interest, or other interest, in any of the items on the agenda, unless it is already entered in the register of members' interests or is a "pending notification " that has been disclosed to the Solicitor to the Council. Members must also declare if they are subject to their party group whip in relation to any items under consideration.

3. **Minutes of the Adults and Health Scrutiny Committee Meeting held on 9 November 2021** 3 - 12

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

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

5. **Neurological Psychical Rehabilitation Consultation** Report to follow

6. **Cambridgeshire and Peterborough Safeguarding Adult Board Annual Report 2020/2021** 13 - 54

7. **Portfolio Progress Report from the Cabinet Member for Adult Social Care, Health and Public Health including the Adult Services Self-Assessment** 55 - 100

8.	Adults and Health Scrutiny Committee Meeting Start Time 2022 - 2023	101 - 102
9.	Monitoring of Scrutiny Recommendations	103 - 106
10.	Forward Plan of Executive Decisions	107 - 148
11.	Work Programme 2021/2022	149 - 156
12.	Date of Next Meeting	
	<ul style="list-style-type: none"> • 9 February 2022 – Joint Scrutiny Meeting - Budget • 15 March 2022 – Adults and Health Scrutiny Committee 	

Emergency Evacuation Procedure – Outside Normal Office Hours

In the event of the fire alarm sounding all persons should vacate the building by way of the nearest escape route and proceed directly to the assembly point as directed by officers. The duty Beadle will assume overall control during any evacuation, however in the unlikely event the Beadle is unavailable, this responsibility will be assumed by the Committee Chair.

Recording of Council Meetings: Any member of the public may film, audio-record, take photographs and use social media to report the proceedings of any meeting that is open to the public. A protocol on this facility is available at:

<http://democracy.peterborough.gov.uk/ecSDDisplay.aspx?NAME=Protocol%20on%20the%20use%20of%20Recording&ID=690&RPID=2625610&sch=doc&cat=13385&path=13385>

Committee Members:

Councillors: Elsey (Chair), Ansar Ali, S Barkham, C Burbage, S Farooq, S Hemraj, S Qayyum, B Rush (Vice Chair), B Tyler and S Warren

Substitutes: Councillors: C Fenner, A Iqbal, N Sandford and H Skibsted

Non Statutory Co-Opted Members

Parish Councillor June Bull, Independent Co-opted Member (Non-voting)

Parish Councillor Neil Boyce, Independent Co-opted Member (Non-voting)

Further information about this meeting can be obtained from Paulina Ford on telephone 01733 452508 or by email – paulina.ford@peterborough.gov.uk

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING
HELD AT 7.00PM, ON
TUESDAY 9 NOVEMBER 2021
VENUE: SAND MARTIN HOUSE, BITTERN WAY, PETERBOROUGH**

Committee Members Present: Councillors B Rush (Chair), A. Ali, S Barkham, C Burbage, S Hemraj, I Hussain, S. Farooq, H. Skibsted, S. Qayyum, B. Tyler, S. Warren and Co-opted Members Parish Councillor June Bull and Parish Councillor Neil Boyce

Officers Present Jyoti Atri, Director of Public Health
Charlotte Black, Director of Adult Social Care (DASS)
Will Patten, Director of Commissioning
Oliver Hayward, Assistant Director - Commissioning
Paulina Ford, Senior, Democratic Services Officer

Also Present: Carol Potgieter, Member of the Board of a National Care Association
Marcus Bailey, Chief Operating Officer, East of England Ambulance Service NHS Trust
Phil Walmsley, Chief Operating Officer, NWAFT
Taff Gidi, Company Secretary & Head of Corporate Affairs, NWAFT

23. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Elsey and Councillor I Hussain was in attendance as his substitute.

24. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

Agenda item 6. North West Anglia NHS Foundation Trust COVID Recovery Plan For Elective Care and Winter Pressures

Councillor Hemraj declared an interest in that she worked for North West Anglia NHS Foundation Trust and therefore would leave the meeting for agenda item 6.

25. MINUTES OF THE HEALTH SCRUTINY COMMITTEE MEETING HELD ON 21 SEPTEMBER 2021

The minutes of the Adults and Health Scrutiny Committee meeting held on 21 September 2021 were agreed as a true and accurate record.

26. CALL-IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISIONS

There were no call-ins received at this meeting.

27. EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST (EAST) REPORT ON PROGRESS ON CQC INSPECTION TARGET AND OVERVIEW OF PERFORMANCE IN THE PETERBOROUGH AREA

The report was introduced by the Chief Operating Officer and provided the committee with an update on the following areas:

- Progress towards the targets set by the CQC
- Action taken since the Trust's Ofsted Report
- COVID-19
- Planning for winter pressures

The Committee were advised that during the last 12 months the Trust had been busy addressing CQC actions, findings from Ofsted and dealing with COVID and were now moving into winter pressures.

The CQC report had identified 178 actions to address regulatory concerns which were either now fully or partially completed. Whilst the journey was far from over much progress had been made.

The Chief Operating Officer thanked all of the staff and volunteers at the Trust who had worked tirelessly over the winter and summer months.

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

- Members referred to paragraph 5.1 Body Worn Cameras and sought clarification on whether patients were aware that body worn cameras were being used and activated. Members were advised that the body worn cameras were only activated if a member of staff thought that they were in a difficult or vulnerable situation and the camera would be identified and visible when used.
- Members sought clarification on how the Trust had got to the position of being put into special measures, and how this could be avoided in the future. The Chief Operating Officer advised Members that leadership had been one of the key issues and whether the right questions were being asked and if the data had been read and correctly interpreted and looked at in depth, and if the risks within the organisation had been identified. Instability within the senior leadership team had also been an issue with a number of temporary posts in place.
- Members sought further detail regarding the statement in the report which highlighted the concerns that many staff had raised with the CQC about experiencing sexual harassment, bullying and other inappropriate behaviour during their working day, and wanted to know what was being done about this. Members were advised that some of the cases had been staff on staff cases, but it had also been recognised that it had been at every level of the organisation. Work was being done to change the banter, culture and environment of the workplace around sexual harassment which had included both physical and verbal examples. Safeguarding and Freedom to Speak up capacity had been increased.
- Not all issues could be resolved in one go and were being prioritised. The culture going forward was very much a 'fix, embed and sustain' one. Sustainability was important and recentring and rebalancing behaviours within the organisation and building an environment which enabled people to speak out. The systems and processes in place were already enabling more people to come forward and there had been a 900% increase in the Freedom to Speak Up policy however there was still much work to be done. Whistle blowing had increased and all those coming forward

received anonymity and were supported through the process. Behaviour, trust and stability were the main focus.

- The current pandemic was not over, and winter pressures were coming. The EEAST were working with the North West Anglia NHS Foundation Trust and both were under significant pressure. NHS staff were tired, and they were having to be supported in both their mental health and wellbeing. It would be extremely difficult to cope if there was another pandemic.
- Members noted that out of the 178 actions of the CQC report 13% of the green or amber rated ones related to areas of lower confidence (amber rating) in delivering to the timescale rather than concerns on the ability to deliver the actions. What were the sticking points regarding these concerns and what action was being taken. Members were informed that they were around the embed, sustain element an example of which was clearing the backlog of job evaluations, which was taking some time to clear and then finding a sustainable route to do those going forward. Some of the longer term system processes had also required looking at. All actions were being monitored very closely and regular dialogue was being held with the Care Quality Commission.
- Members sought clarification on how many apprentices had left the organisation before the new training provider Medipro had been signed up. Members were informed that 600 learners had been transferred over to Medipro but information on how many might have left was not available at the meeting.
- The change in training providers had meant a delay of approximately 12 weeks in training for apprentices, although there had been a pause in the formal training but on the job training had continued. Each trainee would receive an individual assessment as to where they were in the training by the end of the month.
- Concern was raised regarding ambulance waiting times at A&E and wanted to know what the cause was and how it could be resolved. Members were advised that the delays were challenging and a symptom of a number of things such as the ability to flow patients, discharge, access to other alternative services and complexity of patients. A whole system approach was required to provide a solution.
- Private ambulance provision was a framework provision whereby companies applied and went through a range of checks before being accepted. Twelve private companies were being used regularly and this was being increased to approximately twenty. EEAST were not the only Trust using private ambulance services
- Members were advised that patients who called with mental unwellness could be classed within categories C1, C2 or C3.
- Members noted in the report that in preparing for winter pressures there would be an increase in overtime levels for existing and experienced staff. Clarification was sought as to what the limit was on the amount of overtime that staff could work and what would be the backup plan if staff could no longer do the overtime. Members were informed that the ambulance sector tended to produce around 10% of patient facing hours as overtime. The EEAST normally ranged between 9% to 13% as overtime and this was covered by a small pool of paramedic staff. Additional support had been used in the past such as military personnel. Additional recruitment had begun for non-emergency patient transport staff. One of the issues during the pandemic had been getting people the right category of driving licence which had caused a backlog of trained drivers; however, this was now being worked through. People could opt out of the working time directive, but this was monitored and there was an upper threshold of 100 hours per month. There was no ban on overtime during annual leave, but this was monitored as was annual leave to ensure people were taking it.

- Health and wellbeing of the staff was important and additional health and wellbeing practitioners had been brought in to support staff. Longer term solutions would be about recruitment and staffing numbers.
- Members noted that the Trust was now operating at REAP 4 (Resource Escalation Action Plan 4). The national REAP framework was designed to maintain effective and safe operational and clinical response for patients and that REAP 4 was the highest escalation alert for ambulance trusts. Clarification was sought as to how long it was projected that the Trust would operate at REAP 4 level. Members were informed that the Trust had been at REAP 4 level since July and advised that currently every ambulance Trust was at REAP 4 level. The plan was to continue to be at REAP 4 level through the winter and into February/March. Members requested statistical data around workforce capacity modelling to enable the Trust to continue at REAP 4 level until February 2022.

The Chair thanked the Chief Operating Officer for attending the meeting and answering questions and wanted to convey the Committees thanks to all of the EEAST staff for their dedication and hard work over the last twenty months.

AGREED ACTIONS

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to:

1. Note the contents of the EEAST Report to Peterborough City Council Adults and Health Scrutiny Committee attached at appendix 1.
2. The Adults and Health Scrutiny Committee requested that the Chief Operating Officer provide the following:
 - a) A further update report on the progress of actions from the CQC Inspection report and the EEAST's performance at a future meeting.
 - b) Details of how many apprentices had left the organisation before the new training provider Medipro had been signed up
 - c) Provide statistical data around workforce capacity modelling to enable the Trust to continue at REAP 4 level until February 2022.

28. NORTH WEST ANGLIA NHS FOUNDATION TRUST COVID RECOVERY PLAN FOR ELECTIVE CARE AND WINTER PRESSURES

Councillor Hemraj left the meeting at this point.

The report was introduced by the Chief Operating Officer accompanied by the Company Secretary. The report provided the Committee with an update on the approach the Trust would take to prepare for 2021/22 winter to support emergency and elective activity.

The Chief Operating Officer advised Members that it would be a difficult winter due to the long and prolonged pandemic which had exhausted staff. The Trust were focussing on both psychological support and wellbeing of staff. It had been difficult to recruit staff into the NHS and health care sector which was having an impact across the whole patient pathway. There was an expectation that there would be a rise in respiratory infections especially in young children and flu as people had not built up a level of resistance.

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

- Members wanted to know if there was any data to show how many people were readmitted after failed discharges, and what were the reasons for those who did not meet the 'reasons to reside' criteria. Members were informed that failed discharges were normally around more complex patients which were about 25 to 30 patients

- daily, about 1% to 2% a day which was a small number of failed discharges. Most of these were either due to the Trust failing to prepare early enough for the patients discharge, or because there had been lack of co-ordination with community colleagues and therefore the patient had struggled to cope at home without support.
- There was a good rehabilitation and intermediate care team in place and the Trust were looking at enhancing the team this winter to ensure greater capacity. Part of the winter plan was to buy additional residential care home beds. The biggest problem currently was getting staff across the system including Primary Care and domestic support. There were issues in obtaining professional staff particularly registered nurses, doctors and registered social workers. There had been a reliance on doctors and nurses coming through from the international market and particularly from Europe of which the supply had been cut off. Covid had put a stop to international travel which had therefore stopped recruitment from the international market. There was also great difficulty in recruiting health care assistants which was unusual.
 - Members referred to the Trusts winter plan and wanted to know if much had changed since it had been signed off last month. Members were informed that the modelling used for the winter plan was the most likely scenario and a best and worst case scenario has also been taken into account. Peterborough had one of the highest rates per population of Covid cases and the hospital had the second highest rate of hospital admissions in the East of England. The East of England was the second worst in terms of the number of patients being admitted to hospital. It had been noted that a different group of patients were now being admitted with Covid. Approximately half of the patients being admitted for other reasons had shown positive for undiagnosed Covid on arrival. This meant that they had to be handled differently even though they were not as sick from Covid which caused added pressure for the hospital. Hinchinbrook ran at about 92% to 93% bed occupancy and Peterborough ran between 98 and 101% bed occupancy. There had been a surge but this was now gradually reducing. The expectation was that two weeks after the peak there would be a peak in intensive care admissions, preparations were therefore being made for surge two.
 - Part of the winter plan was to invest approximated £480,000 in increasing the ability to manage patients at the front door so that they were seen by people with the appropriate skill set for their condition to provide same day emergency care and therefore avoid having to be admitted.
 - Members wanted to know what was causing the delays in getting patients who were waiting in ambulances admitted to the Emergency Department and what the solution might be. Members were informed that there was a lot of evidence as to why Emergency Departments got blocked up which included the issue of exit block where patients were unable to move out of the A&E department when requiring an in-patient bed. A consequence of this was that patients were queuing to get into the A&E cubicles. There was a need to improve processes so that discharge plans were being thought about as soon as the patient was admitted, working with partner organisations to ensure if required support and care could be provided at the point of discharge. Bed days were lost due to people not being discharged when medically fit due to no onward care or support being in place. It was a complex issue and required system wide partners working together to provide a solution.
 - The Urgent Treatment Centre (UTC) had been a great success with 37% of patients arriving at A&E now being seen at the Urgent Treatment Centre. Approximately 90% of patients seen were discharged within four hours. Without the UTC the situation at A&E would have been significantly worse.
 - Approximately £2m had been set aside to try and recover the backlog of elective procedures. Current staff were exhausted and could not take on any more work so work was being done with external organisations to bring their staff into the Trusts buildings and use the resources when not being used by the staff of the Trust. This

should improve the elective waiting position and it was hoped that by the end of March 2022 no one would be waiting for longer than two years for a procedure and the waiting list would be stabilised.

- The Trust had been working with a number of organisations to try and encourage people to manage their own care through self-care at home. Communications had also gone out to encourage people to get their flu and Covid vaccinations.
- Recruitment in the health care sector had been challenging and government had now dictated that all staff had to be double vaccinated by the end of March 2022, unless there was a valid reason not to. A large percentage of the Trusts staff had already been double vaccinated with a few still to have the vaccine. Having to have the vaccine may cause a small issue with recruiting staff but there was a good lead in time to manage the situation.
- Members noted that the winter plan stated “*We expect to see ongoing challenges across all staffing groups*” and sought further clarification on this statement. Members were informed that the main areas of particular concern with regard to recruitment were A&E, emergency medicine, maternity, paediatrics and intensive care. There were also specialist groups where recruitment was challenging including speech and language therapists. The winter plan had included additional budget to increase the recruitment team.
- Members noted that the wellbeing offer was being increased to all staff and sought further information. Members were informed that additional psychologists were being recruited to support staff in A&E. A winter and Christmas wellbeing event was being planned and there was an internet offer to access occupational health and counselling services.
- Members were informed that there was an acute care unit which provided same day care, an acute medical unit, an acute gynaecological unit and a paediatric and assessment unit. Expansion of the front door offer was being looked at to avoid people having to come into A&E. The assessment capacity was not an issue, it was additional bed capacity which was needed so that the beds in A&E were not obstructed.
- Members were informed that approximately 3% of the people who were triaged at the front door of A&E did not need to attend A&E and were referred on to another health care provider.
- Patients in A&E who needed to be referred on to a specialist ward would remain in A&E until a bed became available unless they were acutely ill in which case a bed would be made available immediately on a ward, but it may not necessarily be on a specialist ward straight away.

The Chief Operating Officer wished to record his thanks to Charlotte Black, Director of Adult Social Care and Will Patten, Director of Commissioning for their support and co-operation provided to the hospital on a day-to-day basis.

The Chair thanked the Chief Operating Officer for attending the meeting and answering questions and wanted to convey the Committees thanks to all of the staff at the hospital and GP’s for their dedication and hard work in keeping everyone safe.

AGREED ACTION

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to note the approach North West Anglia NHS Foundation Trust will take to prepare for winter to support emergency and elective activity.

29. **RELATIONSHIP BETWEEN THE COUNCIL AND PRIVATE SECTOR COMMERCIAL PROVIDERS (ADULT SOCIAL CARE)**

Councillor Hemraj re-joined the meeting at this point.

The report was introduced by the Director of Commissioning accompanied by the Assistant Director of Commissioning and Carol Potgieter, Member of the Board and Director of the National Care Association. The report provided the committee with details of the Council's commissioning relationship with providers of Adult Social Care across Peterborough which enabled the Committee to review the outcomes of the approach adopted.

The Director of Commissioning gave a brief overview of the report and advised that most of the providers were small to medium enterprises.

Carol Potgieter addressed the committee and thanked the Local Authority on behalf of providers for the exemplary support provided to them during the pandemic.

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

- Members wanted to know what concerns the Local Authority had with regard to the Governments plans to ensure those who self-fund social care could ask the council to arrange it for them in order to access better rates. Members were advised that there was not a lot of detail in the government announcement, and guidance had not yet been issued. It was unclear at the moment what the impact would be for providers, self-funders and those that the LA supported. It was assumed that the Local Authority would have to assess the self-funders. One of the key differences was that there would be a cap of up to £86,000 on care costs which did not include the accommodation costs. It was too early to say if this would destabilise the care market provision.
- Members sought clarification on whether the £86k cap was also applicable to younger people, for example a 24 year old with complex needs that would need care until death. Members were informed that it would be highly unlikely that an older person receiving care would exceed that cap, for working age adults they would get through the £86k cap very quickly. The means tested part had been reduced from £22k to £20k which was concerning.
- Members were informed that recruitment had been one of the most significant issues going forward for the social care workforce, which had been complicated further with the mandatory vaccinations now in place. Carers were leaving and going to other types of jobs due to low wages and lack of career progression. Additional funding had just been announced for a workforce development fund. Conversations would be held with the Care Association to discuss the best way of investing the money to help support the recruitment and retention of care workers.
- The 'Be a Carer' Campaign had been collectively worked on with the Care Association and in the first month of the campaign an additional 200 applications had been received of which there was a ten percent appointment which was higher than usual.
- Prior to Covid the care sector was running at 140,000 vacancies for care workers. There were insufficient numbers of staff to fill vacancies either in the private sector or the NHS and many of the workforce had refused to have the Covid vaccinations and had moved to other sectors for work. The reality was that providers were not against vaccine, but it was mandatory and initially 40% of staff had refused to have the vaccine but with continuous education it was now down to 5% with no vaccination.

- Other issues that had impacted on recruitment included not having done enough work to promote work in the care sector and understanding that Health Care Workers were not unskilled. Lack of funding had also been a long-term issue.
- Members noted that there was going to be a 10% fee uplift in recognition of the immediate challenges that were being presented to the independent sector. The Council had taken the decision to support the market financially through the award of a 10% emergency uplift in provider rates. Members sought clarification as to whether this would continue and were informed that it was a temporary three month uplift. It had been awarded to providers to obtain a level of sustainability until the implication of the costs during the pandemic could be assessed.
- Members noted and were concerned that workers aged 24 and under made up only 9% of the workforce. What was being done to encourage younger people to become health care workers? Members were informed that university placements were available within social care and that Peterborough was one of the only services that offered placements for mental health students from the Anglian Ruskin University. Talks and active recruitment campaigns had taken place within the university but competing with the NHS who also did similar events was not easy as the benefits of working in the NHS exceeded those in the health care sector.
- Members commented that there appeared to be a national concern that Local Authorities were buying health care packages based on cost and not looking at the package in a more holistic approach. Members were informed that it was a delicate balance between price, quality and value for money. From a commissioning point of view there was a requirement for value for money, but it was also about what could be delivered later down the line. When benchmarking Peterborough against other local authorities who were our statistical neighbours, Peterborough performed really well both on cost and quality of care provided. The focus would always be on prevention and early intervention.

Members commended the dedicated work and support that health care workers provided for the people of Peterborough. The Chair thanked the officers and Carol Potgieter for attending and answering questions on the report.

AGREED ACTIONS

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

30. MONITORING OF SCRUTINY RECOMMENDATIONS

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

AGREED ACTIONS

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

31. FORWARD PLAN OF EXECUTIVE DECISIONS

The Democratic Services Officer introduced the report which included the latest version of the Council's Forward Plan of Executive Decisions containing decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during the

forthcoming month. Members were invited to comment on the plan and where appropriate, identify any relevant areas for inclusion in the Committee's Work Programme.

AGREED ACTIONS

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

32. WORK PROGRAMME 2021-22

The Democratic Services Officer introduced the item which gave members the opportunity to consider the Committee's Work Programme for 2021/22 and discuss possible items for inclusion.

AGREED ACTION

The Adults and Health Scrutiny Committee **RESOLVED** to note the work programme for 2021/22.

33. DATE OF NEXT MEETING

17 November 2021 - Joint Scrutiny of the Budget Meeting
11 January 2022 – Adults and Health Scrutiny Committee

The Chair on behalf of the Committee congratulated Charlotte Black who was in attendance on her new appointment as Executive Director for People and Communities. Charlotte would be taking up the post at the end of January 2022 when the current director would be retiring.

7.00PM - 21:10

CHAIRMAN

This page is intentionally left blank

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
11 JANUARY 2022	PUBLIC REPORT

Report of:	Charlotte Black, Chair of Cambridgeshire & Peterborough Safeguarding Adult Board	
Cabinet Member(s) responsible:	Councillor Irene Walsh Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Jo Procter Head of Service – Cambridgeshire & Peterborough Safeguarding Partnership Boards	01733 863765

CAMBRIDGESHIRE & PETERBOROUGH SAFEGUARDING ADULT BOARD ANNUAL REPORT 2020-21

RECOMMENDATIONS	
FROM Charlotte Black – Chair of Cambridgeshire & Peterborough Safeguarding Adult Board	Deadline date: N/A
It is recommended that the Adults and Health Scrutiny Committee receive and note the content of the annual report.	

1. ORIGIN OF REPORT

- 1.1 The report is submitted to the Adults and Health Scrutiny Committee following sign off and publication of the Cambridgeshire and Peterborough Safeguarding Adult Board Annual Report 20/21 in November 2021.

There is a statutory requirement under the Care Act 2014 that Safeguarding Adult Boards publish an annual report detailing the work of the Board.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of the report being brought to the Adults & Communities Scrutiny Committee is to ensure members are fully aware of the work and progress of the Cambridgeshire and Peterborough Safeguarding Adult Board.

The report covers the period from April 2020-March 2021 and was published in December 2021.

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

- 4. Adult Social Care;
- 5. Safeguarding Adults.

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

The extent to which Safeguarding is delivered effectively will have an impact on:

- The capacity of families to meet their own needs independently
- The long term health of vulnerable adults

3. **TIMESCALES**

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

4. **BACKGROUND AND KEY ISSUES**

4.1 The annual report includes information on the work that has been undertaken by the Cambridgeshire and Peterborough Safeguarding Adult Board in the period April 2020 to March 2021.

Partner agencies, including Peterborough City Council, contributed to the information contained within the annual report.

The annual report highlights the significant events during the last year, summarises both the work of the Safeguarding Adult Board and the work of the sub committees. It highlights areas of good practice and presents statistical information about safeguarding performance.

The annual report was approved by the Safeguarding Adult Board in November 2021 and was subsequently published on the Boards website (www.safeguardingpeterborough.org.uk) and shared on social media.

Members are requested to note the contents of the report.

5. **CONSULTATION**

5.1 Partner agencies, including Peterborough City Council, contributed to the information contained within the annual report.

6. **ANTICIPATED OUTCOMES OR IMPACT**

6.1 The annual report highlights the significant events during the last year, summarises both the work of the Safeguarding Adult Board and the work of the sub committees. It highlights areas of good practice and presents statistical information about safeguarding performance.

The report has been brought to the Adults and Health Scrutiny Committee for information purposes.

7. **REASON FOR THE RECOMMENDATION**

7.1 There are no recommendations for the Committee to consider as the report is for information only.

8. **ALTERNATIVE OPTIONS CONSIDERED**

8.1 There was no reason to consider alternative options. It is a statutory responsibility of the Safeguarding Adult Board to produce an annual report.

9. **IMPLICATIONS**

Financial Implications

9.1 There are no financial implications

Legal Implications

9.2 There are no legal implications

Equalities Implications

9.3 There are no equalities implications

Rural Implications

9.4 There are no rural implications

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- Annual Report of Cambridgeshire and Peterborough Safeguarding Adults Board 2020-21



**Cambridgeshire and
Peterborough
Safeguarding Adults
Partnership Board**



Annual Report 2020/21



TABLE OF CONTENTS

Forward	2
About the Board	3
Demographics	6
Population of Cambridgeshire and Peterborough at a glance	7
Safeguarding Adults Data 2019-20	9
COVID 19 and the work of the partnership	11
Safeguarding Adults Partnership Board Priorities 2020/2021	12
Priority One: The importance of Making Safeguarding Personal (MSP) is recognised and implemented effectively across agencies	12
Priority Two: Agree and implement pathways for those vulnerable adults considered “at risk”	13
Learning from Safeguarding Adult Reviews	14
Simon	15
Claire	16
Alice	16
Dorothy	17
Peter	18
Alan	19
The Learning Disabilities Mortality Review (LeDeR) Programme	20
Contributions from the Statutory Safeguarding Partners	23
Adult Social Care	23
Cambridgeshire & Peterborough Clinical Commissioning Group	24
Cambridgeshire Constabulary	25
Scrutiny and quality assurance	26
Local scrutiny arrangements	26
Quality Effectiveness Group (QEG)	29
Independent Scrutineer’s Report and Findings	31
Multi-Agency Safeguarding Training	32
Safeguarding Partnership Board’s Response to Multi-Agency Training During the Covid 19 Pandemic	32
Virtual Briefings (Sways)	32
Virtual Training Webinars	34
Website & Social Media	35
Our social media presence	35
Appendix 1 - List of agencies represented on the Safeguarding Adults Partnership Board	36



FORWARD

We are pleased to present the annual report of the Cambridgeshire & Peterborough Safeguarding Adults Partnership Board for 2020-21. This is presented on behalf of the three statutory partners and the local multi-agency safeguarding arrangements.

The annual report outlines the key activities and achievements of the Board and its partners over the last year. You will see in the report that we have worked through our priorities throughout the year. The multi-agency safeguarding training has continued to develop and grow, front line practitioners' voices have been captured through a series of consultation surveys and forums, and quality assurance and scrutiny activity has taken place. One of the key roles of the Board is to ensure that partners continue to work together effectively and this has been evidenced throughout the year. We continue to work closely with other partnerships to ensure that the work is delivered jointly and consistently and there is no duplication or gaps.

Safeguarding is about people, their safety, wishes, aspirations and needs. The partnership has been active in identifying and learning lessons through the Safeguarding Adult Review subgroup. We have published six case reviews within the time period covered by this review. The learning from these reviews has been identified and disseminated through various activities including briefings, workshops and learning lessons training. The dissemination of the learning is explored in greater detail within the report.

Over the last 12 months the safeguarding landscape has been complex, presenting many new challenges, in addition to those faced day-to-day. We want to assure people that throughout the Covid pandemic to date, the Board has continued to work closely with both statutory and wider partners to scrutinise how safeguarding issues are addressed, gain reassurance that they are dealt with appropriately and provide a forum for sharing best practice across the partnership. It has also ensured that safeguarding adults remains a key focus for agencies across the County.

Finally, we would like to thank all members of the Board for their professionalism, commitment and support. We would also like to say thank you to all agencies and frontline staff for the incredible work that they do to keep adults safe from abuse and neglect.

Wendi Ogle-Welbourn

Executive Director, People and
Communities



Carol Anderson

Chief Nurse



Vicki Evans

Assistant Chief Constable



ABOUT THE BOARD

The Care Act 2014 makes Safeguarding Adults Board a statutory requirement.

The Cambridgeshire and Peterborough Safeguarding Partnership Board is made up of statutory and non-statutory organisations representing health, care and support providers and the people who use those services across Cambridgeshire and Peterborough.

The membership of the Partnership Board is made up of the following organisations/agencies:



¹ Cambridgeshire County Council and Peterborough City Council representatives include Adult Social Care, Public Health and Elected councillors

What we do

The overarching purpose of the SAB is to safeguard adults with care and support needs, and assure itself that effective local adult safeguarding arrangements are in place. As a Board, we support the systems that keep adults with care and support needs safe, preventing abuse where possible and hold partner agencies to account.

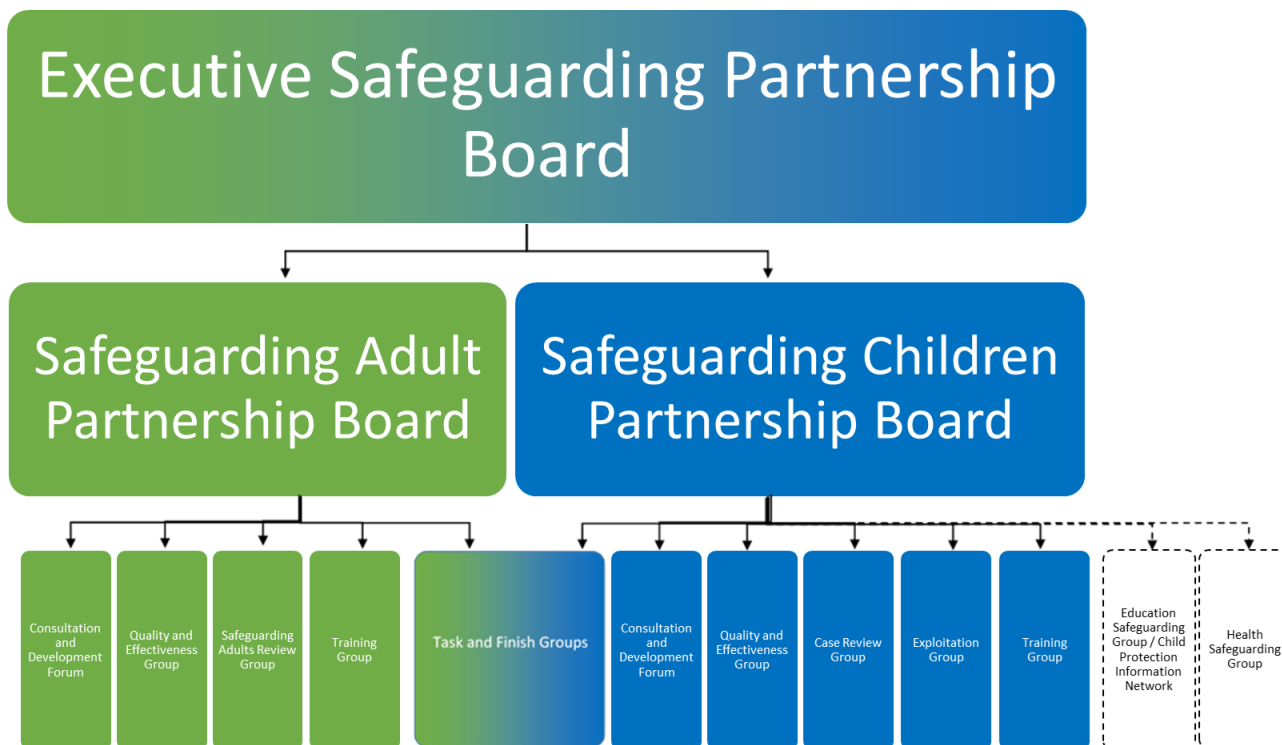
We do this by:

- Proactively identify and respond to new and emerging safeguarding issues and develop multi-agency policies, procedures and work streams.
- Communicate widely to persons and bodies of the need to safeguard and promote the welfare of adults, raising their awareness of how this can best be done and encouraging them to do so.
- Oversee, evaluate and seek assurance on the effectiveness of single/multi-agency safeguarding practice in order to drive improvement.
- Undertake Safeguarding Adults Reviews to identify learning and improve practice.
- Raise awareness and train the multi-agency workforce to promote a common, shared understanding of safeguarding and local need.

The Board has three core duties. They are:

- Develop and publish a **strategic plan** setting out how we will meet our objectives and how our member and partner agencies will contribute.
- Publish an annual report detailing how effective our work has been.
- Commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria for these.

The local safeguarding arrangements have a number of Boards and subgroups that oversee the Safeguarding Partnership. The most senior Board is the Executive Safeguarding Partnership Board, which is made up of membership from the 3 statutory partners (LA, CCG and Police), public health, Healthwatch and the voluntary sector. The Executive Safeguarding Board considers both the children's and adults safeguarding agenda. The Safeguarding Adult Partnership Board sits directly below the Executive Safeguarding Partnership Board and has wider partnership membership (Appendix 1 details those agencies who are members of the Board). The diagram below details the current governance structure.



The Executive Safeguarding Partnership Board has maintained its links with other groups and Boards who impact on child and adult services this year. These are illustrated in Figure 1. This ensures that all aspects of safeguarding are taken into account by the other statutory Boards and that there is a co-ordinated and consistent approach. These links mean that safeguarding vulnerable people remains on the agenda across the statutory and strategic partnership and is a continuing consideration for all members.



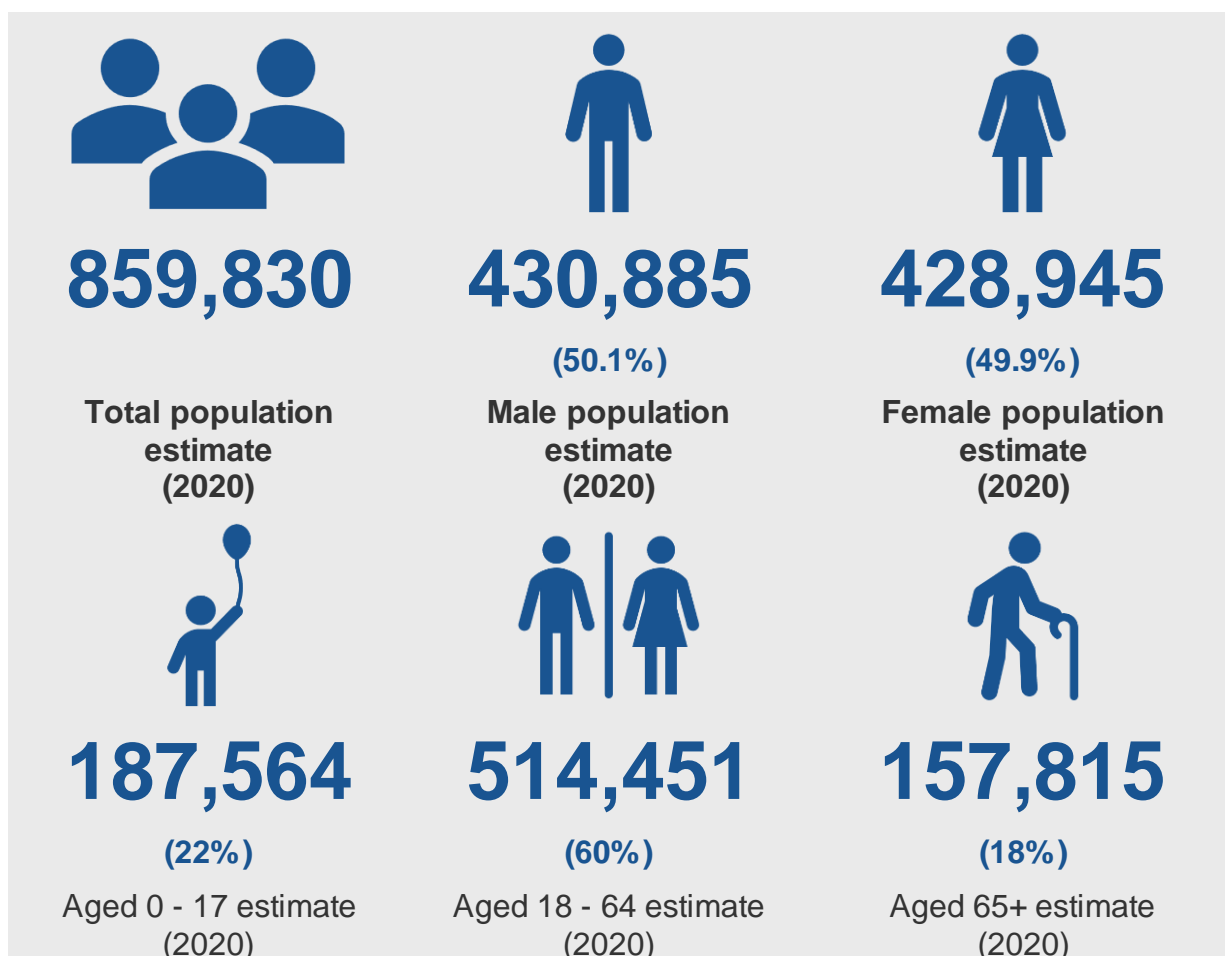
Links to other statutory Boards

DEMOGRAPHICS



Cambridgeshire covers an area 1,309 sq miles in the East of England bordering Lincolnshire to the north, Norfolk to the north-east, Suffolk to the east, Essex and Hertfordshire to the south, and Bedfordshire and Northamptonshire to the west. The county is divided between Cambridgeshire County Council and Peterborough City Council, which since 1998 has formed a separate unitary authority. In the non-metropolitan county there are five district councils, Cambridge City Council, East Cambridgeshire District Council, Fenland District Council, Huntingdonshire District Council and South Cambridgeshire District Council.

Population of Cambridgeshire and Peterborough at a glance²



Cambridgeshire and Peterborough's ethnic composition is primarily White (90.3%). The next largest ethnicity group is Asian (5.9%) and Black (1.3%)

The ethnic composition of Cambridgeshire and Peterborough differs between areas. Peterborough is much more ethnically diverse, with a larger proportion of people from 'Asian; Indian/Pakistani/Bangladeshi' and 'White Other' ethnicities. There are more than 100 languages spoken in Peterborough with more than a third of children speaking English as their second language. In Cambridgeshire districts, Cambridge City is much more ethnically diverse than Fenland. Within Cambridge City 82.5% of residents identified as White compared to 97.2% of Fenland residents.

According to the Census 2011 figures, there were 2,068 people identified with the ethnic background White: Gypsy or Irish Traveller.

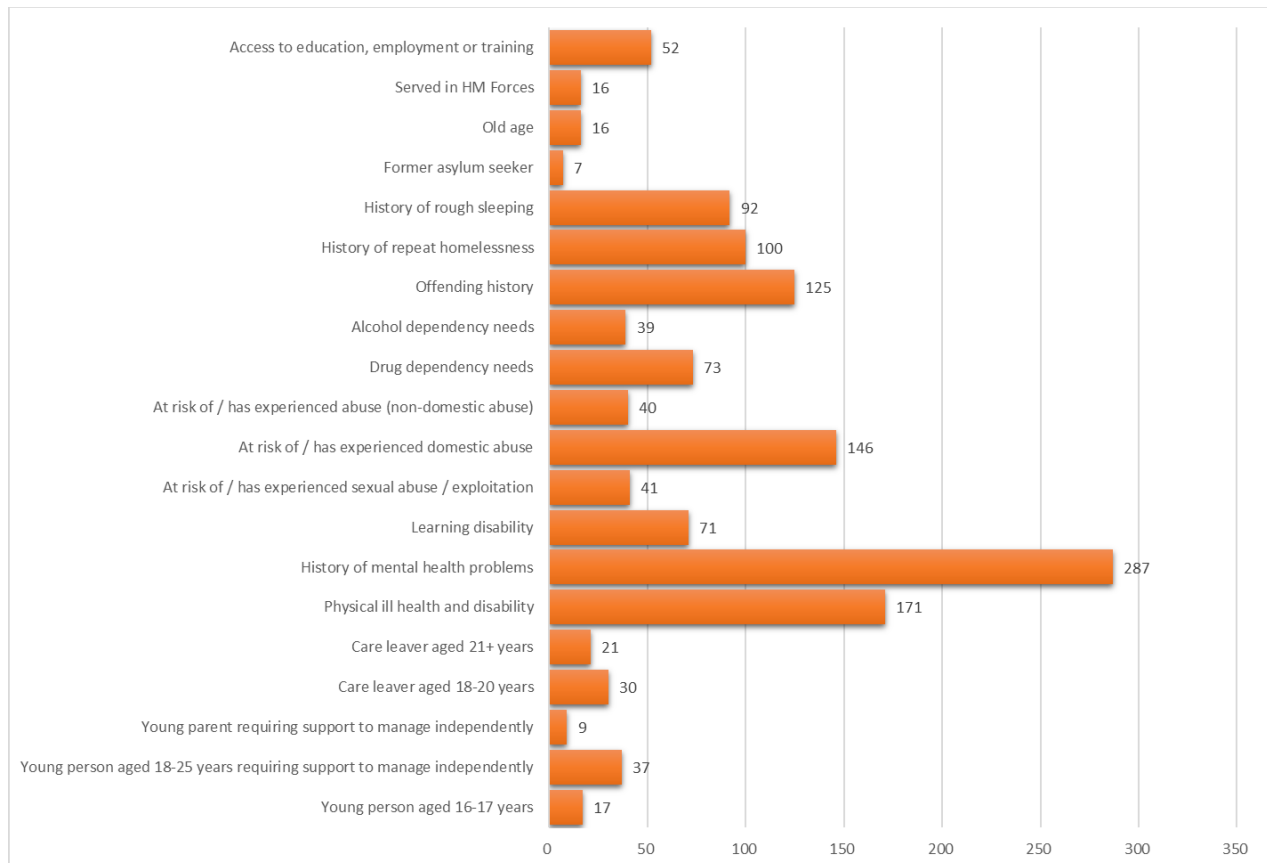
The traveller caravan count data provided by local authorities on the number of caravans and traveller sites, does not cover the number of occupants residing in these caravans or caravan sites. In January

² <https://cambridgeshireinsight.org.uk/population/report/view/9eb28cf5b5d045d28eeabce7819ba4f6/E47000008>

2020, there were a total of 1,650 caravans on authorised (socially rented and private) and unauthorised sites. 35% of these were located in East Cambridgeshire and 34% were in Fenland³

Homeless population

At the end of March 2021 there were 961 households assessed as homeless or threatened with homelessness. 49% were from Peterborough and Huntingdonshire. Of the 961, 535 households were identified as having support needs.



There were 595 households in temporary accommodation, 295 households in temporary accommodation had a combined total of 488 children.

There were 41 rough sleepers across Cambridgeshire and Peterborough in Autumn 2020⁴, 39% of which were in Cambridge.

Prison Population

HMP Whitemoor is situated in Fenland, Cambridgeshire and is a maximum security prison for men in Category A and B with an operational capacity of 459. An HMP scrutiny visit carried out in August

³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891230/Traveller_caravan_count_live_tables_Jan_count.xlsx

⁴ The annual rough sleeping snapshot takes place on a single date chosen by the local authority between 1 October and 30 November

2020 found there to be 450 prisoners of which 15% were foreign nationals and 51% from BAME backgrounds.

HMP Littlehey is situated near Huntingdon and is a category C training prison specialising in holding 1,220 prisoners convicted of sexual offences. In July 2019, there were 1,211 male prisoners, all aged 21 and over. 10.2% were foreign nationals and 69% were listed as White British.

HMP Peterborough is situated in Peterborough and is a dual-purpose prison, housing both male and female prisoners. It has an operational capacity of over 1,200 places (868 male, 396 female) including a 12-bed mother and baby unit. Recent HMP Peterborough Inspection reports carried out in September 2017 found there to be 367 women prisoners of which 4% were under 21 years of age, 18% were foreign nationals and 69% were listed as White British. There were 808 male prisoners of which 7.5% were under 21 years of age, 12.5% were foreign nationals and 61.6% were White British.

Safeguarding Adults Data 2020-21

A safeguarding concern is any issue raised with Adult Social Services, which is identified as being about an adult safeguarding matter. If the concern meets the criteria for safeguarding (as defined by the Care Act 2014), a Section 42 Enquiry is raised, which involves fuller investigation and formal intervention.

Cambridgeshire Data



In Cambridgeshire, there were 8,272 concerns of abuse raised; this is a decrease on the previous year. 15% (1,274) of concerns led to Section 42 safeguarding enquiries involving 1040 individuals being commenced.

During the year, 1,918 Section 42s had concluded. Neglect and Acts of Omission were the most prevalent type of risk identified in Safeguarding Enquiries (31%), followed by Financial or Material Abuse (17%). The majority of risks were located in their own homes, followed by Residential Care Homes. The source of risk came from someone known to the victim. 91% of completed Safeguarding Enquiries had removed or reduced the risk identified.

38% of concluded enquiries found the person at risk had lacked mental capacity, of these 86% had support provided by an advocate, family or friend.

An important measure of the success of safeguarding is the person's desired outcomes being met. This provides an indication of how well the principles of Making Safeguarding Personal are becoming embedded. In 2020/21, in 73% of concluded Safeguarding Enquiries, the person at risk was asked and expressed what their desired outcomes were. 96% of people had their outcomes fully or partially achieved in their safeguarding enquiry where the adult at risk (or their representative), expressed their desired outcomes.

Peterborough Data



In Peterborough, there were 1,375 concerns of abuse raised. This is a decrease on the previous year. 6% (87) of concerns led to Section 42 safeguarding enquiries involving 80 individuals being commenced.

During the year, 123 Section 42s had concluded. Neglect and Acts of Omission were the most prevalent type of risk identified in Safeguarding Enquiries (28%), followed by Financial or Material Abuse (23%). As in Cambridgeshire, the majority of risks were located in their own homes, followed by Residential Care Homes. The source of risk came from someone known to the person at risk. 92% of Safeguarding Enquiries had removed or reduced the risk identified.

49% of concluded enquiries found the person at risk had lacked mental capacity and of these 98% had support provided by an advocate, family or friend.

In 2020/21, 76% of concluded Safeguarding Enquiries, the person at risk was asked and expressed what their desired outcomes were. 86% of people had their outcomes fully or partially achieved in their safeguarding enquiry where the adult at risk (or their representative) expressed their desired outcomes.

COVID 19 AND THE WORK OF THE PARTNERSHIP

Covid 19 has had a significant impact on society during the period of time covered by this annual report. From the outset, partners worked together collaboratively to ensure an effective response to the Covid 19 situation. Partners demonstrated a flexible approach to systems and processes that ensured that the needs of the ever-changing safeguarding landscape were met. At times, these discussions and decisions were challenging as resources were stretched and new ways of working needed to be established quickly. However, the initial responses and ongoing evolving processes, evidence the value and strength of the partnership relationships and working practices.

It is recognised that lockdown resulted in a number of adults becoming increasingly vulnerable and potentially invisible as health services, voluntary sector services and other agencies moved to a virtual world and resources were realigned to meet the needs of the pandemic. The Board played an important role in cascading messages around the need to recognise and report abuse. However, Covid 19 also saw people work together to help some of the most vulnerable people within our communities. There were significant increases in individuals taking up volunteering positions, many of which had no, or very limited, understanding of safeguarding. Within a few days of the Country entering into the first lockdown, the Partnership had developed bespoke guidance and virtual safeguarding training that was specifically tailored to new volunteers and safeguarding during Covid. A Covid Safeguarding Resource page was developed on the Partnership website that contained detailed information and resources on a range of safeguarding and Covid issues. This included information on scamming, online safety, domestic abuse, mental health and talking to children about Covid 19. The website page was launched on the 31st March 2020 and by the 31st March 2021, had been accessed in excess of 18,000 times. As the Partnership Board website is actively used across the partnership, it was used to host the professionals virtual test and trace training and virtual resources.

The Partnership Board played a key role in communicating information about the pandemic, including the need to recognise and report abuse, via its social media platforms. Throughout the year there was an active social media campaign across Twitter, Facebook and Instagram, which had in excess of 190,000 reaches. The Safeguarding Partnership Board was also an active member of countywide Covid 19 communications meetings, ensuring a consistency of messages and a joined up approach.

During the Covid 19 pandemic, the Partnership Board has continued to facilitate partnership meetings and discussion groups, focusing on the Board's safeguarding priorities. Face to face meetings were discontinued due to governmental legislation and virtual meetings initiated.

The Partnership response to Covid 19 and Safeguarding was discussed and agreed at all of the Executive Safeguarding Partnership Board meetings held throughout the year. In addition, Executive Safeguarding Board members met extraordinarily to discuss urgent issues that also occurred throughout the year.

The Partnership was aware of the need to continue to up-skill the workforce on safeguarding issues and as a result developed virtual briefings. Locally, these are referred to as Sways (the software that is

used for the briefings). In essence, these are a presentation but each slide has an audio that discusses the content of the slide. Generally, they last around 20 minutes per briefing. The virtual briefings are available on the Partnership Board website and can be accessed at any time. As a result, staff who are working night shifts, weekends or early shifts can all access the training at their convenience.

The first virtual briefing to be uploaded onto the board's website during April 2020 was on 'Safeguarding for Community Volunteers' closely followed by 'Safeguarding from Online Abuse', a recognised high-risk area of concern during lock down. The virtual briefings that followed focused on safeguarding during Covid and locally identified areas of safeguarding risk, as well as the Board's priorities. However, as the popularity of the virtual briefings increased it was apparent that these were a hugely useful resource and further topics were added. Between April 2020 and March 2021, the virtual briefings had been viewed a total 10,753 times.

SAFEGUARDING ADULTS PARTNERSHIP BOARD PRIORITIES 2020/2021

Priority One: The importance of Making Safeguarding Personal (MSP) is recognised and implemented effectively across agencies

Making Safeguarding Personal (MSP) is a golden thread running throughout everything the Board does and is in all of our multi-agency training, resources and audits. The Importance of listening and acting to the voice of the adults is imperative throughout all safeguarding practice. A dedicated area on the Safeguarding Partnership Board's website has been created for the Board's priority of Making Safeguarding Personal, which includes an overview and resources for practitioners.

Discussion within the Board's Quality and Effectiveness Group determined that practitioners are not always consistent in the terminology and language used. Consultation with front line practitioners confirmed this and established that not all practitioners refer to the process of "making safeguarding personal" and may call it something else. However, many do follow making safeguarding personal processes in their practice. To support practitioners in their understanding of the terminology associated with Making Safeguarding Personal and the wider adult safeguarding context, a 'Safeguarding Glossary', was developed and launched on the website in June 2020. The glossary contains agreed Partnership language and interpretation, and includes the definition of what is an 'Adult at Risk'.

A safeguarding professionals survey was conducted, the findings evidenced that some professionals needed further support in understanding what MSP was in practice and how to ascertain the Lived Experience of the Adult (LEotA). This resulted in MSP workshops being cascaded both face to face and virtually. In addition, a LEotA resource pack was developed that contained resources and information to support practitioners in this important area of safeguarding. The impact of this work is being evaluated and will be discussed in the 2021/22 annual report.

MSP continues to be discussed at the Quality & Effectiveness subgroup as part of the Single Agency Performance monitoring to see how agencies are embedding the assessment and support of MSP

into practice. An MSP audit tool was also developed and agreed at QEG by the partners. At the time of writing this report, the audit had included 25 safeguarding referrals across agencies being analysed against the MSP audit tool. The findings and recommendations are to be discussed at QEG later during 2021 and will be reported on in next year's annual report.

Priority Two: Agree and implement pathways for those vulnerable adults considered “at risk”

We want adults and older people to be safe and healthy, to be independent and maximise their potential, and to be supported to make a positive contribution within their community which reciprocally supports them. This requires the Partnership to have agreed pathways for those vulnerable individuals who agencies consider to be “at risk”.

One of the local processes in place to support this cohort of individuals is the Multi-Agency Risk Management (MARM) process. A safeguarding professionals survey was carried out, which identified that professionals needed support in understanding where to find the MARM Guidance (MARM) and how to use it in practice. A MARM audit undertaken in February 2021 made several recommendations and a MARM task and finish group has been set up to address them. Immediate steps were taken to ensure MARM is featured within the Boards multi-agency training and a MARM briefing was developed to support professionals. The MARM process has been in place since 2019 and we are taking this opportunity to refresh the process. In addition to the feedback we have received from practitioners, we are currently seeking the views of individuals who have been the subject of a MARM process. The outcomes of this work will be discussed in the 2021/22 annual report.

The involvement of vulnerable adults in countylines has been recognised and a new ‘cuckooing’ policy has been implemented as a pilot in Peterborough, to support those vulnerable adults being targeted by individuals. The policy is one of support and once evaluated will be rolled out across both authority areas.

Work has taken place to help professionals understand more about the Sexual Assault Referral Centre (SARC), the services that they offer and how to support adults at risk. A virtual workshop took place and was recorded. The recording is openly available for all professionals across the county to access via the Safeguarding Partnership Board’s website. To date, 115 people have accessed the virtual recording.

There is a dedicated ‘Abuse, Exploitation and Wellbeing’ page on the Safeguarding Partnership Board’s website which includes information and resources for practitioners and service users.



LEARNING FROM SAFEGUARDING ADULT REVIEWS

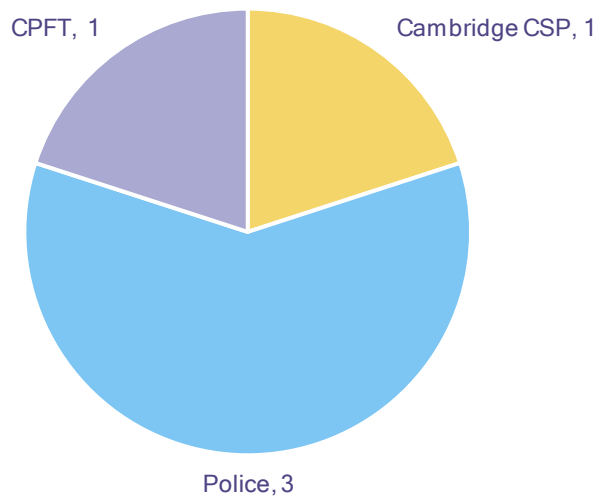
Section 44 of the Care Act describes the statutory duties placed upon Safeguarding Adult Boards to review cases where a person has died or been seriously injured, and abuse or neglect is known or suspected.

A Safeguarding Adults Board (SAB) may also arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).

Safeguarding Adults Reviews (SARs) may also be used to explore examples of good practice where this is likely to identify lessons that can be applied to future cases. Safeguarding Adult Reviews are not to apportion blame but to identify lessons to be learnt in order to prevent similar occurrences from happening.

Number of SAR referrals considered within timeframe covered by annual report	Referrals for SAR to CPSAPB		SARs completed within timeframe covered by annual report	SARs still in progress
	Criteria met	Criteria not met		
5	3	2	6	5

Source of SAR referrals



Between April 2020 and March 2021 there were 5 new SAR referrals. Of the 5 referrals, 2 cases did not meet the criteria for a review and 3 met the criteria for a SAR. During the year, 6 SARs were signed off by the Board, all of them had commenced prior to March 2020. The 5 SARs that were referred during the timeframe covered by this annual report, will be published post March 2021. These SARs will be detailed in the 2021/22 annual report.

The following SAR's were published during the timeframe covered by this annual report.

Simon

Simon was a 90 year old man who died in 2017. Simon started to become known to a number of agencies around 2008 and in 2009 he was admitted to hospital for the removal of a frontal lobe meningioma (brain tumour). Simon also had a history of pressure ulcers, kidney disease and his mobility and ability to swallow deteriorated progressively over time. Simon died in hospital having developed pneumonia secondary to aspiration, caused by his poor swallow response.

Between 2014 and 2017 professionals identified a number of increasing concerns for Simon in relation to; tissue viability, being drag lifted by family members, poor nutrition, lack of pain relief being administered and the family refusing necessary supportive equipment. On many occasions agencies deemed that care provision for Simon was to increase. However, these additional services were repeatedly declined by the family.

Learning from this review includes:

- Agencies should openly discuss and explain to family members what keeping an Adult at Risk (AAR) safe and well means and make clear that if the AAR is not kept safe and well what might happen, whether that is further intervention or potential legal redress.
- Agencies should have considered whether an advocate working on Simon's behalf would have been beneficial to support Simon's views and working with the family and services to address his care and support needs.
- Professionals should be aware of what the Lasting Power of Attorney means and of the procedures and processes involved with the Office of the Public Guardian when supporting an adult at risk.
- There were a lack of clear agency care plans being completed, recorded and put into place, both in relation to Simon living in the community and prior to his discharge from hospital stays.
- For accountability and safeguarding purposes, it is vitally important that all agencies and professionals record; assessments, care plans, work completed with the AAR, liaison with the family and other agencies and note safeguarding concerns.
- Professionals should consider if an AAR is experiencing neglect and evidence what the signs and indicators are for that individual, whether it be lack of; care, food, treatment, equipment, cleanliness or medication and record the perceived impact on the individual.
- Professionals need to understand what domestic violence is and to be professionally curious to 'rule in or rule out' potential domestic violence, whilst being confident and having 'respectful uncertainty' in order to challenge what is said to them. Professionals need to be able to make appropriate referrals to the police and social care if an adult at risk might be experiencing domestic violence.
- Professionals should be aware of what 'financial abuse' is and consider if an AAR is being financially abused by family members, friends or other people known to them.
- Practitioners should always communicate with the adult at risk and ascertain their thoughts, feelings and wishes; though at the same time, professionals should find out the reasons why

services are being declined and weigh up what the risks of significant harm are for that individual if services are not implemented or are withdrawn. Professionals need to hear the voice of the AAR and not let stronger voices, such as family members, over impose.

Claire

Claire suffered from muscular dystrophy which resulted in having a pacemaker fitted and was diagnosed with recurrent depressive and adjustment disorder. Claire had three children, two of whom were also born with muscular dystrophy. For the most part, Claire was a single parent but did have an on-off relationship with the father of one of her children. It was recorded that Claire had experienced domestic violence previously from her relationships with men. There were also reports of Claire being violent towards both her partner and her children.

During 2017 Claire suffered a stroke and after several nights in hospital was discharged. After her discharge there were records of her struggling to control her outbursts and that she could be violent towards her children.

After Claire presented at hospital in a mental health crisis with 'thoughts of killing herself' and feeling that she was 'not a fit mother', Children Social Care placed two children into voluntary foster care and placed the third child with their father.

During February 2018 an initial Court hearing took place in respect of the care of the children who were made the subject of a variety of Court orders designed to support and to protect them. An independent psychological assessment and a parenting assessment of Claire was carried out.

In June 2018 Claire received the independent psychologist's report which referred to her 'poor parenting' and news that she was unlikely to have her children returned to her. Later that day Claire tragically took her own life, she was 39 years of age.

Learning from this review includes:

- There were several important high-risk management meetings for both the children and adult services where either professionals were not invited or practitioners were required to attend but failed to turn up with their non-attendance not being pursued. Without a full picture of the family's circumstances and all of the agencies involved, the decisions made, risk assessments, along with planning and interventions, might not have been effectively completed and important information may have been missed.
- Claire, on occasions, said that she felt suicidal to different agencies. However, these feelings were not shared with all of the relevant agencies.
- Professionals not being aware of the risks, leads to inaccurate risk assessments and potentially, as in this case, the withdrawal of important health services needed to support the adult at risk.

Alice

Alice lived with her husband and in 2001 was diagnosed with multiple sclerosis (MS) and was able to continue working until 2008. During 2009, Alice requested assistance from adult social care to relieve the pressure on her husband. At around the same time, Alice reported to professionals that she has

been experiencing serious emotional and physical domestic abuse from her husband. There were ongoing disclosures from Alice of continued domestic violence during the subsequent years.

In 2016 Alice left her husband and was accommodated within a local care home. During the year Alice made contact with her husband despite advice and support from her Independent Domestic Violence Advocate (IDVA). Alice returned home to live with her husband but due to the effects of MS, she was confined to her bedroom. Alice was admitted to hospital in 2018 with an infection to her groin and sadly died two days later.

Learning from this review includes:

- Professionals should be aware of what 'coercive control' is and what this might look like between the relationships of the Adult at Risk's (AAR) family members, friends or other people known to them.
- All care homes should review their policies and procedures to develop a means of highlighting important sensitive information regarding certain residents and how and when that information can be shared.
- When working together to secure the wellbeing and safety of an AAR all agencies who have contact with the AAR should be involved when sharing information and holding multi-agency risk meetings.
- Health professionals need to 'look further than an AAR medical needs' and to consider other potential safeguarding concerns such as domestic abuse.
- There must be respectful challenge whenever a professional or agency has a concern about the action or inaction of another. The aim must be to resolve a professional disagreement at the earliest possible stage, always keeping in mind that the adult at risk's safety and welfare is paramount. All agencies and professionals should be aware of and able to use the 'Cambridgeshire and Peterborough Safeguarding Partnership Board Resolving Differences (escalation policy).

Dorothy

Dorothy was a 77 year old female who lived with her daughter.

Dorothy displayed hoarding behaviours and the Housing Association attempted to support Dorothy to address this due to the fire risk that was posed to the other residents residing in the properties either side of Dorothy and Faye's property. In February 2018, the local authority Homelessness team became involved as Dorothy and her daughter were facing homelessness as a result of possible eviction. Both agencies made further attempts to support Dorothy and Faye to clear the property but had limited success.

Dorothy was deemed to have capacity following these earlier referrals and the concerns referred to Adult Social Care did not meet the safeguarding criteria.

In January 2019, after being found unresponsive by her family, Dorothy was admitted to hospital and died on the same day. She had a large open wound from an untreated breast cancer tumour, which had become necrotic with metastatic deposits throughout both lungs. The state of Dorothy's health

was unknown to health agencies, or any other professional before 24th January as she had not sought any medical support.

Learning from this review includes:

- The needs of Dorothy's daughter had been overshadowed and as such, any opportunity to support her had been missed.
- Adult Social Care could have been clearer to other professionals, and Dorothy and her daughter, regarding their role and the support they may have been able to offer.
- There were no indications that Dorothy had been offered mental health support for her hoarding behaviour.
- All referring agencies should be aware of their responsibility to follow up referrals with Adult Social Care if they do not receive a response.

Peter

Peter was a 45 year old man who was an EU national and came to the United Kingdom around 2008. Peter was employed in Poland as an IT professional, but was unable to find employment once he arrived in the UK. He was married twice and became estranged from his second wife, at which time it is recorded that he sought support from his general practitioner for suicidal ideation and alcohol misuse.

Peter returned to Poland for a short time and whilst there he sustained a serious head injury. Peter explained to some people that the injury was from being assaulted and to others that he had been involved in a car accident. As a result of the incident, Peter's frontotemporal region of the brain was damaged and he experienced memory difficulties, headaches and black outs.

On returning back to the UK from Poland he had no recourse to public funds due to his immigration status and as a result was homeless, spending 'extensive periods' living and sleeping on the streets. Peter suffered from alcohol dependency and due to his lifestyle was regularly admitted to hospital. It is recorded that he attended hospital on 25 separate occasions, either due to being intoxicated or from sustaining injuries whilst falling down inebriated.

Several charitable agencies were involved in trying to support Peter both with his accommodation and engaging him to access support services in relation to his drug and alcohol use. Peter refused to engage and explained that he would continue to 'drink alcohol everyday if he could'.

Medically the general practitioner, hospital, dual-diagnosis team and substance misuse agencies, all tried to support Peter. Agencies stated that when Peter was sober he appeared to have capacity and to be able to make decisions but he did not want to access the help offered.

As time went on and winter approached, Peter's health deteriorated and the risks to his wellbeing and safety increased. Agencies assessed that Peter might die during the colder months and they actively responded by working together and involved Adult Social Care with a view to finding him supportive accommodation to get him off of the streets.

Tragically during 2018, after attending hospital and being discharged, Peter fell into a river and later died of a cardiac arrest.

Learning from this review includes:

- Professionals need to have greater understanding of the long-term effect of alcohol misuse on an individual's mental capacity.
- When undertaking assessments, professionals need to be aware of Alcohol Related Brain Damage as a mental health condition and how this may impact on an individual's behaviour.
- Professionals need to have a greater understanding of the duty of care under the Care Act 2014 and what is available for those individuals who have no recourse to public funding.
- Professionals should be aware of the Cambridgeshire and Peterborough Multi-Agency Risk Management Guidance and consider its use for working with, and supporting, vulnerable adults at risk who struggle to engage with services.
- Professionals working within hospital settings should be aware of the Homeless Hospital Discharge Protocol and ensure that it is consistently applied for each and every homeless person's hospital admission.
- The Local Authority, District Councils and Housing providers should also be aware of the Homeless Hospital Discharge Protocol and of their roles and responsibilities within it.

Alan

Alan was 92 years of age at the time of the incident that initiated this review.

Alan suffered from a number of health conditions including; chronic back problems, diabetic retinopathy, high blood pressure, hearing difficulties and dementia.

Over a long period of time, numerous safeguarding concerns were raised with Adult Social Care over the care being afforded to Alan including incidents of neglect and psychological abuse.

The police were called and found Alan in a poor state of health and the house was reportedly in an 'unsanitary condition' with most rooms covered in pet faeces. It was at this point that Alan was taken to hospital.

Learning from this review includes:

- This omission of key agencies resulted in a lack of sharing information with no coherent and coordinated action plan being formulated to address the presenting issues.
- The history of the case was not reviewed and safeguarding enquiries were often closed without exploring the cumulative effect of the previously reported concerns.
- The RSPCA undertook an unannounced visit and gave a warning regarding the conditions that the pets were left in. Agencies did not follow this up or highlight it as a concerning contributory factor to the case. This resulted in no consideration being given to what the neglect of animals meant within the bigger picture of what was happening within the home.

At the conclusion of a SAR, an action plan is developed and implemented. This is monitored through the SAR sub-group. A series of workshops are held to ensure that the learning is disseminated across the Partnership. A series of written briefings are also produced that focus on the implications for practice.

The latest national research undertaken by Preston – Shoot et al (2020) 'Analysis of Safeguarding Adult Reviews April 2017 – March 2019: Findings for sector-led improvement' was cascaded to professionals through the virtual termly safeguarding workshop. Alongside this report our local findings and latest SARs were also presented and discussed.

The lessons learned from SARs continue to be discussed at the QEG as part of the single agency performance monitoring to see how agencies are embedding the learning from local and national reviews into safeguarding practice.

During 2021, a 'Database of Learning' was developed to record details and findings from all of the Safeguarding Adult Reviews and Child Serious Case Reviews / Child Safeguarding Practice Reviews across the county.

THE LEARNING DISABILITIES MORTALITY REVIEW (LEDER) PROGRAMME

Research has shown that, on average, people with learning disabilities die earlier than the general population, often for reasons that are preventable, and face barriers to accessing health and care services. LeDeR reviews the deaths to see where we can find areas of learning, opportunities to improve, and examples of excellent practice. This information is then used to take action to reduce the health inequalities people with learning disabilities experience.

Established in 2017 and funded by NHS England and NHS improvement, it's the first of its kind. LeDeR works to:

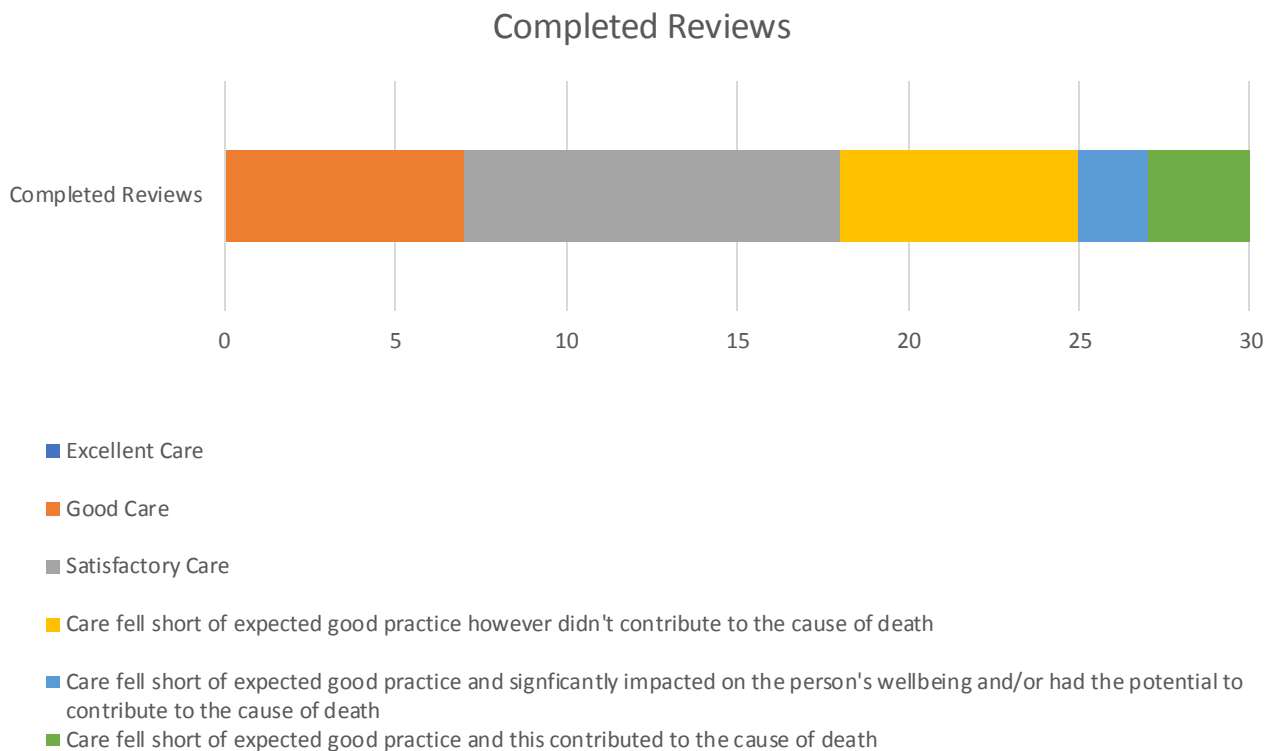
- Improve care for people with a learning disability and autism.
- Reduce health inequalities for people with a learning disability and autism.
- Prevent people with a learning disability and autism from early death.

From September 2021 LeDeR will include improving services for autistic people too.

Annual report Cambridgeshire and Peterborough

LeDeR deaths APR 20 – MAR 21 - 43.

Total notifications for duration of programme - 151



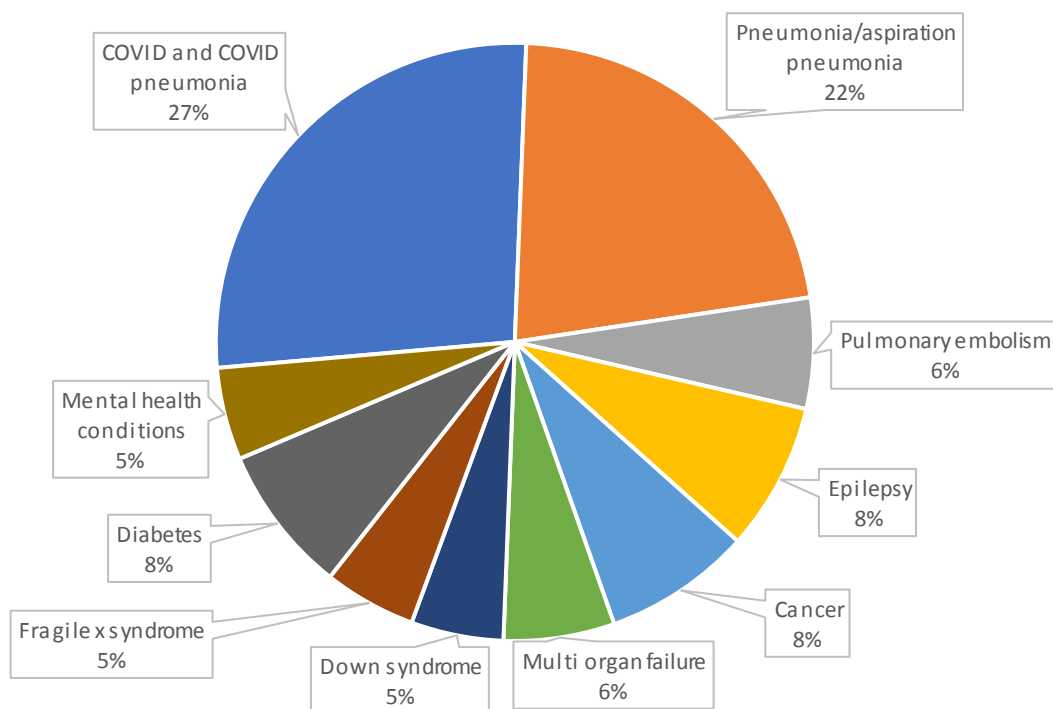
Emerging themes

The stats used underplay the gap in life expectancy, a more illustrative comparison would be (from the [LeDeR report](#)):

'During 2018-2019, median age of death data shows that for males with learning disabilities age of death is 23 years younger than the general population and for females 27 years younger. 2020 data is not such a useful comparison as numbers are impacted by Covid.'



Cause of death (on cause of death certificate)



Recurring themes

- No annual health check in last 12 months.
- Insufficient level of care and support.
- Lack of compliance with principles of the MCA.
- No hospital passport and/or not provided or utilised.
- Delayed reviews/assessments.
- ReSPECT/DNACPR's not correctly completed or followed.
- Health screening not up to date – Bowel, breast and cervical cancer screening.
- No flu and/or pneumonia vaccination.
- No learning disability Nurse review while admitted.
- Lack of reasonable adjustments.

CONTRIBUTIONS FROM THE STATUTORY SAFEGUARDING PARTNERS

Adult Social Care

Adults Safeguarding is a core function within the Adults and Safeguarding directorate which is led strategically by Director of Adult Social Care (DASS) for Cambridgeshire County Council and Peterborough County Council, Charlotte Black.

Safeguarding adults remains a high-profile commitment for the Adults and Safeguarding Directorate, with the establishment of a dedicated post of Principal Social Worker and the introduction of the Care Home Support Team being particular highlights. The impact of Covid is still being understood.

The Head of Safeguarding represents the directorate at the SAB and our Principal Social Worker, attends the SAR sub-group ensuring that we are fully involved in making Safeguarding Adult Reviews (SAR) referrals and gathering and analysing information when referrals are received.

During 2020/21 our key achievements have been:

- **Covid-19:** A flexible and adaptable approach was taken to deal with the unprecedented issues raised by the Covid-19 pandemic. There was close engagement with the CQC, private sector care providers and other partners to manage risk. This involved providing advice and support, extra PPE, training sessions, targeted and compliant care home visiting, establishing a Covid Hub, ensuring staff well being.
- **Safeguarding Training:** Training continues by making use of online training and sessions being delivered via teams.
- **Adult MASH:** Work continued with closer working of the CCC and PCC adult MASH teams to ensure consistent and responsive working across both teams. The work flow has been harmonised and it is virtually the same in both areas. Continuous review of work processes to ensure risk to adults at risk is minimised, e.g. the introduction of a MASH Duty function in both areas to work alongside the MASH triage function in order to better understand referrals and ensure the correct response is taken.
- **Quality and Practice:** A dedicated Quality and Practice Team manage a cycle of managerial audits of practice, incorporating safeguarding. Practice guidance on specific safeguarding related topics has been developed; Coercive Control, Medication errors, Safeguarding Adult Reviews, Notice of Concerns Database. We communicate practice and legislative updates in our practice newsletters and in online sessions with staff.'
- **Care Home Support Team:** This new team started work in January 2021 with a team of five social workers and a team manager. The team works with Care Homes across Cambridgeshire and Peterborough, supporting them to improve services and reduce risk to their residents.
- **IDVA Service:** There has been a significant increase in funding which has resulted in the recruitment of a number of new practitioners. The need for a specialist IDVA to work with individuals who are not adults at risk but have increased vulnerabilities had been recognised

and a new worker is due to start soon. They will work closely with MASH and in line with the Care Act principle of early intervention and prevention.

- **Mosaic (CCC's and PCC's Adult Social Care System):** Developments have been introduced to improve the safeguarding information gathering work-step. Inappropriate referrals are now managed in a more efficient manner freeing up lead practitioner time to focus on those most at risk. Organisational/provider records have now been created on Mosaic allowing better provider recording and understanding of organisational risk. The Council's formal separate Notice of Concerns database, that detailed issues with service providers has been incorporated onto Mosaic. This ensures all provider information is on one system. PCC and CCC are now aligned with almost identical safeguarding workflows.
- **Change of roles and responsibilities:** The role of Principal Social Worker was separated from the responsibility of the Head of Safeguarding in order to provide a more focused support with quality practice delivery and safeguarding in the service.
- **CPFT:** There has been increased partnership working to ensure that the relationship between CPFT, both physical and mental health is robust and works towards getting the best outcome for the adult at risk. There is a more streamlined referral route which will support both organisations to ensure that concerns are managed in a timely manner.
- **SARs:** Actions arising from learning from SARs are overseen by the Practice Governance Board. Activities have included specific learning events being held to identify areas where practice needs to improve, learning incorporated into MASH practice guidance and discussions at practice forums.

The Adult Safeguarding Priorities for 2021/22 are:

- Ongoing Covid recovery
- Complete the integration of CCC and PCC Adult MASH process and practice
- Contribute to the MARM review
- Identify opportunities to improve the quality of outcomes in safeguarding enquiries through audit activity
- Explore how Transitional Safeguarding guidance, 'Bridging the Gap' could be embedded into practice

Cambridgeshire & Peterborough Clinical Commissioning Group

The Cambridgeshire and Peterborough CCG's Safeguarding Teams merged into one team in 2020-2021 under a Head of Safeguarding People to help embed the Safeguarding "Think Family" approach. The role of the Safeguarding People Team is to provide support to the health system and provide ongoing monitoring and assurance of safeguarding practice to ensure all providers of health care services have competent and well-trained staff who can safeguard vulnerable people.

The Safeguarding People Team provide bespoke advice, guidance and training as required along with regular safeguarding supervision to each health care provider. The support available is provided across the health system; including acute care, the ambulance service, primary care, community care, nursing homes and across all age groups; children and adults.

We also support our internal CCG workforce with safeguarding decision making. To fulfil our statutory safeguarding responsibilities within the CCG, the Safeguarding Team is comprised of professionals who have different specialisms and expertise.

Throughout 2020-2021 the CCG increased their support to health providers mindful of the pandemic, the pressures on the system and subsequent potential increased risk to protect vulnerable children and adults from harm. Whilst the methods of support may have altered, the amount increased and the CCG thought creatively about how this support could continue. Regular communications were sent out and support was provided virtually. A regular resilience meeting was set up with health providers to provide an opportunity for a systemwide response to managing safeguarding in a pandemic which Safeguarding Health Provider Leads attended chaired by the CCG Safeguarding People Team Lead. The team continued to provide advice to our providers whilst, as commissioners, balancing this with continued assurance with compliance to Safeguarding across the system at a time of increased risk, working closely with CQC, Ofsted, Local Authorities and the Safeguarding Partnership Boards.

During the last 12 months support has been provided to our health providers to progress the aligned model for the Multi-agency Safeguarding Hub to support best practice and information sharing between Health and Partner Agencies, this will support with system wide risk.

There has been a conscious shift to move away from a quality monitoring model to a quality improvement model with an enabling focus.

The Safeguarding People Team will continue to lead on the development of a system wide Safeguarding Officer Apprenticeship which we hope will be agreed in 2021/2022.

Cambridgeshire Constabulary

Cambridgeshire Constabulary continues its active membership of the Safeguarding Adults Board. Over the past 12 months we have been represented at Executive and Board level by Assistant Chief Constable Vicky Evans, Detective Chief Superintendent Mark Greenhalgh (Head of Crime and Vulnerability) and Detective Superintendent John Massey (Head of Protecting Vulnerable People Department). The constabulary is also represented at all the key subgroups to the Board where we continue to engage with all our partners on the Board's priorities, seeking to support, challenge and learn from all our colleagues in our shared goal of continual improvement.

We remain absolutely committed to the principle that it is only through this close working relationship and continual interaction with our partners that we can achieve the best possible outcomes for the most vulnerable adults across Cambridgeshire and Peterborough. The past year has seen notable progress, underlining the strength of our partnerships.

There has been an unprecedented focus on the police response to Violence Against Women and Girls (VAWG), and a rise in Domestic Abuse allegations. Support from our partners, especially through the

Domestic Abuse and Sexual Violence Delivery Group has been pivotal in our formulation of strategies to counter these challenges together.

We have created new Vulnerability Focus Desks and Early Intervention Domestic Abuse Desks to greatly enhance our response to those at risk. We continue to work with great support from local authority partners and the Office of the Police and Crime Commissioner in devising bids for vital central government funding and have recently secured funding for three Domestic Abuse, Child to Parent Violence, and Stalking Perpetrator Programmes that will go live across the county this autumn. Further partnership engagement has been seen within Perpetrator Panels and the DA Scrutiny Group and Rape Scrutiny Panels; these fora provide invaluable opportunities for feedback, transparency, practical direction and shared expertise and an overall 'critical friend' input to help maintain our focus and performance.

A particular highlight of our partnership co-operation came in our collective success in being selected to become one of only 2 areas in the country to have a Specialist DA Court with Mentoring Status. This will equip us with a Programme Manager, 2 dedicated IDVAs and a coordinated evaluation process that will upskill staff and ensure Cambridgeshire and Peterborough can offer the best possible service to those who have been victims of domestic assaults, coercive behaviour, harassment or sexual violence while also reducing the long-term harm caused to children exposed to such behaviours in the home.

As we look ahead to the next twelve months, we are acutely aware of the challenges to come - particularly as we face some of the consequential effects of the Covid lockdown periods. However, we are confident that through our partnership structures and oversight we have both the unified purpose and the coordinated relationships within the Boards to meet these challenges successfully.

SCRUTINY AND QUALITY ASSURANCE

Local scrutiny arrangements

Currently the scrutiny function of the partnership is discharged through an independent scrutineer who provides a scrutiny assurance report at each Executive Safeguarding Board meeting (Quarterly).

In addition to the scrutiny undertaken by the scrutineer, there is a significant range of scrutiny functions that are currently in place that offer additional scrutiny of the safeguarding and partnership arrangements. A number of these functions are undertaken by the Independent Safeguarding Partnership Service (Business Unit).

The table below evidences the additional robust scrutiny of the partnership arrangements across both adults and children's outside of the scrutineer's role.

Type	What we scrutinise	Activity
Single agency operational practice	Quality of single agency and multi-agency practice Decision making Professional challenge/escalation Impact/outcomes	Single agency quality assurance activity Peer to peer reviews Single agency inspections Serious incidents Performance management information
Partnership working and multi-agency practice	Single agency and multi-agency practice Decision making Professional challenge/escalation Impact/outcomes	Independent scrutiny of Case reviews through independent chair of the case review groups. Head of Service for Safeguarding Partnership Boards chairs some of the case review panel meetings. Independent authors for case reviews. JTAI and other inspections. S11 self-assessment and adult equivalent – this includes agency challenge sessions. Regular QA assurance activity undertaken by Business Unit staff, including audits, dip samples and case reviews. Consultation and development forums this provides mechanism of front line engagement. They are held 4x a year, each one addresses one of the business priorities.

		<p>Qualitative performance reporting through the Quality & Effectiveness Groups on a quarterly basis.</p> <p>Surveys and consultations with children and young people, parents and professionals.</p> <p>Multi-agency workforce development feedback and impact process.</p> <p>The Head of Service for the Safeguarding Partnership Boards chairs the following meetings:</p> <ul style="list-style-type: none">• Quality & Effectiveness Groups (adults and children)• Exploitation Strategic Group• Exploitation Delivery Group (CSP's)• Various task and finish groups. <p>The Training & Development sub-group is Chaired by a member of the Independent Safeguarding Partnership Service (Business Unit)</p> <p>Validation of single agency training</p> <p>Head of Service for Safeguarding Partnership Boards has independent oversight of the partnership budget.</p> <p>Head of Service Safeguarding Partnership Boards and other members of the Independent Safeguarding Partnership Service (Business Unit) are members of various Boards/meetings where they scrutinise practice.</p>
--	--	---

Quality Effectiveness Group (QEG)

This group is responsible for monitoring the individual and collective effectiveness of the safeguarding practice carried out by the agencies represented on the Safeguarding Adults Partnership Board. The group has a strong quality assurance function including undertaking audits, dip samples, self-assessments focus groups and surveys. The annual themed audit programme includes both single and multi-agency audits and are linked to the Board's priorities. QEG advises and supports the Board in achieving the highest safeguarding standards and promoting safeguarding across Peterborough and Cambridgeshire through evaluation and continuous improvement. During the twelve months covered by this report, the following audit activity has taken place:

The impact of Covid 19 had a huge effect on agencies during the time period covered by this report. Due to national lockdown restrictions, a number of services ceased to offer face to face appointments, people were asked to stay at home and the vulnerable members of our society became less visible. The impact of Covid 19 on safeguarding issues and agencies service delivery was a standard agenda item and considered at every QEG meeting. This was with a view to assuring partners around safeguarding practice during this difficult period and supporting a systems led approach to the issues being faced across all partners.

Single Agency Performance Commentary completed by partners for each of the Boards priorities with each priority being reviewed at QEG twice a year. Includes what has worked well, areas for improvement and what the agency has done to contribute to those improvements, where multi-agency support is needed and issues to be escalated to the Executive Board. This process has worked well and its impact is evidenced through the numerous changes in processes and policies and additional training courses being offered as a result of the scrutiny at QEG.

Multi-Agency Training Impact on Professional Practice Report completed annually and presented at QEG and the Training Subgroup (see training section below for evidence of impact). The Partnership Board also continues to endorse single agency safeguarding training to ensure that training provided to the wider safeguarding workforce is robust, fit for purpose and contains consistent messaging. In the past 12 months a total of 9 courses have been validated for the Police, Early Years Peterborough, Early Help Cambridgeshire and Peterborough, and Cambridgeshire and Peterborough NHS Foundation Trust.

The Annual Training Needs Survey is undertaken to ascertain what safeguarding training is currently available within agencies, understand how well Safeguarding Board priorities are being incorporated into agency training programmes and identify any potential gaps there may be in safeguarding children's training that need to be met. As a result of this survey, additional training has been developed.

DASH / 102 audit - This audit focused on the quality of Police DASH/102 forms. The aims of the audit were to identify good practice, explore any areas where practice needed to improve in relation to safeguarding assessments and referrals made via the 102 (Safeguarding Adults at Risk Referral/

Assessment) form when related to domestic violence incidents. A dip sample of 40 DASH + combined 102 forms were analysed alongside an audit tool. The findings included good practice of management oversight in every case and all DASH forms being completed with regards to a variety of domestic violence incidents. Areas for improvement included practitioners being clear that the referrals should be made for adults at risk not for all cases. Additionally, explaining and gaining consent from victims was highlighted along with analysing risk and protective factors. Since the audit, the DASH/102 form has been revised and work undertaken with front line practitioners around consent. Currently, the MASH police representative helps to filter out those safeguarding referrals which do not meet the criteria as of an adult at risk and there are regional support desks with experienced staff whom front line police can contact for more specialised support around issues such as safeguarding.

A Thematic Review of the Professional Themes found within Safeguarding Adult Reviews (SARs) and SAR Action Plans from 2015 – 2019 was undertaken. This was in response to requests from the SAR subgroup to explore the changes within SARs since the implementation of the Care Act 2014 in respect of the overall analysis of both 'good' and 'poor' professional practice for improved learning. This included the thematic review of 4 SARs and the findings from this paper were fed back into the Boards training and illustrations given to professionals to incorporate into front line practice at the virtual termly workshop.

Multi-Agency Risk Management (MARM) process was introduced in 2019. An audit was undertaken to look at the effectiveness of the process. Analysed 11 MARM referrals received by the Multi-Agency Safeguarding Hub over a set period of time against a MARM audit tool. Findings included that there were few MARM referrals made, not all referrals met the criteria for a MARM and not all elements of making safeguarding personal were adhered to by professionals. Immediate steps were taken to ensure MARM is featured within the Board's multi-agency training and a MARM briefing was developed to support professionals. The MARM process has been in place since 2019 and we are taking this opportunity to refresh the process. In addition to the feedback we have received from practitioners, we are currently seeking the views of individuals who have been the subject of a MARM process. The outcomes of this work will be discussed in the 2021/22 annual report.

The Safeguarding Adults Practitioner Survey consisted of 14 questions that related to safeguarding practice. 100 professionals from a range of agencies across Peterborough and Cambridgeshire responded. Findings showed that practitioners were working together to safeguard adults, practitioners needed more support in understanding the Multi-Agency Risk Management (MARM) process and struggled in understanding how to ascertain the lived experience of the adult. In response, Lived Experience of the Adult Practitioner Guidance and resources were developed and launched and suite of training developed. Immediate steps were taken to ensure MARM is featured within the Board's multi-agency training and a MARM briefing was developed to support professionals. The MARM process is also being refreshed. The findings from the survey will also help inform the deeper analysis needed for the self-assessment audit to be undertaken in 2021.

Making Safeguarding Personal dip sample audit of adult at risk safeguarding referrals across agencies commenced within the last week of the timeframe covered by this report. The findings and recommendations of the report will be reported within next year's annual report.

Independent Scrutineer's Report and Findings

The main priority during the last year with those providers of adult services has been to ensure that agencies and professionals deliver a service that takes account of the principles of 'Making Safeguarding Personal'.

Any scrutiny of the Adult Safeguarding Board and its partnership must bear in mind the hard work that agencies and professionals have worked through in relation to COVID-19. The delivery of services through COVID-19 by agencies, individuals and the partnership can only be described as excellent. Extraordinary effort has been involved to ensure those that are vulnerable are given as good a service as possible.

The partnership has in place an Executive Board which combines both adults and children and also combines the Local Authority areas for Cambridgeshire and Peterborough. The three statutory partners as prescribed by The Care Act 2014, being Police, Local Authority and the CCG are all members of this Board and their attendance has been 100% throughout the year, as has their commitment to adult safeguarding.

The combined Safeguarding Adult Board is chaired by the Director of Adult Services for both Local Authorities. I have attended two of the SAB meetings and was very impressed by the wide-ranging attendance including all statutory partners and a large number of other partners including the voluntary sector. One concern on membership is how to get service user representation adequately provided. The meetings were chaired extremely well and in one of them the main concentrated on the sign off a number of SARs.

The SAR sub-group is ably chaired by an Independent chair and further scrutiny in the most serious of cases is provided by this individual who has a vast amount of experience and knowledge. The biggest issue for the partnership and one that causes extreme pressure on not only the Independent Safeguarding Partnership team, but also all agencies is the number of SARs currently in progress. To the partnerships immense credit, that they have managed to conclude and sign off six SARs in the last year and implemented the learning from these cases.

The Multi-Agency training provision has been examined and is extremely thorough and wide reaching. During the initial lockdown all safeguarding Board training was paused due to the regulations. The Partnership was aware of the need to continue to up-skill the workforce on safeguarding issues and as a result they developed virtual briefings. The introduction of SWAY's has provided a platform for training to be available 24 hours a day, 7 days a week. As a result, it is accessible to shift workers and those individuals' working weekends and evenings.

The SWAYs are a huge success for the Partnership Board.

MULTI-AGENCY SAFEGUARDING TRAINING

Safeguarding Partnership Board's Response to Multi-Agency Training During the Covid 19 Pandemic

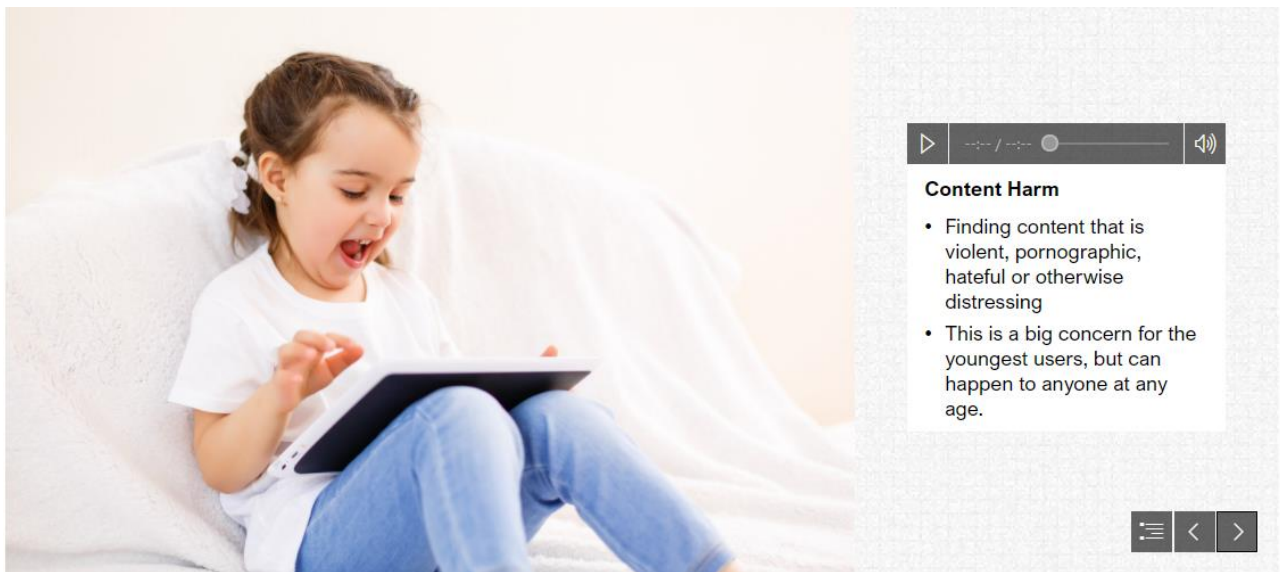
Due to government restrictions during the pandemic, most staff from organisations were either required to work from home, or re-deployed into new roles to help combat the pandemic and support local communities. Face-to-face training had to be suspended and alternatives to learning sought. An urgent response was needed to provide volunteers, who would be visiting shielding members of the public and their families, with safeguarding training.

A COVID 19 Information page on the Safeguarding Partnership Board website was set up within a week of the first lockdown period. The page contained information on COVID 19, local safeguarding arrangements, links to useful agency resources, presentations on basic safeguarding children and safeguarding adults at risk in a COVID context, leaflets, briefings and video links and a link to CPSPB online training. Bespoke virtual safeguarding training for community volunteers, was developed and available within 72 hours of going into lockdown. Feedback from volunteers and working professionals found the information 'invaluable' and 'informative' to support their knowledge of safeguarding and what to do if they had safeguarding concerns

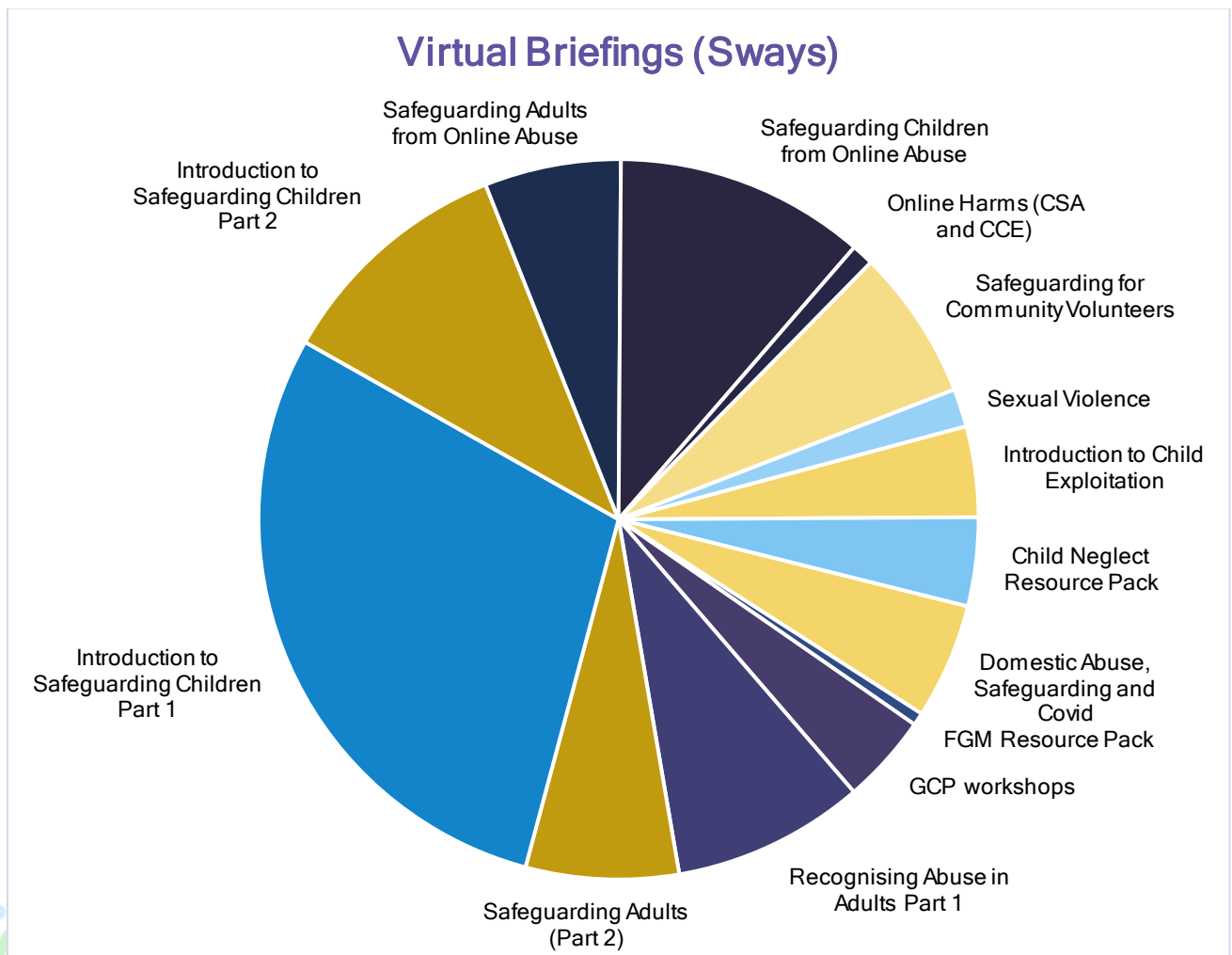
Virtual Briefings (Sways)

The Partnership was aware of the need to continue to up-skill the workforce on safeguarding issues and as a result they developed virtual briefings. Locally, these are referred to as Sways (the software that is used for the briefings). In essence, these are a presentation but each slide has an audio that discusses the content of the slide. Generally, they last around 20 minutes per briefing. The virtual briefings are available on the Partnership Board website and can be accessed at any time. As a result, staff who are working night shifts, weekends or early shifts can all access the training at their convenience.

The first virtual briefing to be uploaded onto the Board's website during April 2020 was on 'Safeguarding for Community Volunteers' closely followed by safeguarding from online abuse, a recognised high-risk area of concern during lock down. The virtual briefings that followed focused on safeguarding during covid and locally identified areas of safeguarding risk, as well as the Board's priorities. However, as the popularity of the virtual briefings increased it was apparent that these were a hugely useful resource and further topics were added. For those professionals who complete the SWAY there is a downloadable certificate as proof of completion. The majority of professionals gave the SWAYs a 4 to 5 star exceptional rating and described them as, 'informative and really useful'. They have been very well received by agencies and have been used and adapted within our local partners' resources and utilised by other Safeguarding Boards across the Country.



Between April 2020 and March 2021, the virtual briefings had been viewed a total 10,753 times.



Virtual Training Webinars

Virtual Training Webinars developed from existing face to face training materials and condensed into 60 or 90 minute sessions were facilitated from September 2020 by members of the Independent Safeguarding Partnership Service.

As with the briefings, the webinars focused on safeguarding risks and the Board's priorities. As part of a rolling training programme, the webinars included Self-Neglect, Hoarding, Making Safeguarding Personal, Sexual Assault Referral Centre (SARC) and Termly workshops on the latest safeguarding messages

8 webinar sessions took place during September 2020 to March 2021, where 192 people attended. Initially groups of a maximum of 20 rising to 40 professionals were allowed to access the training online. However, the demand for the training has been so great that up to 100 places on each course are now available.

As the sessions progressed, a feedback form was developed and 100% of professionals reported that they felt that the safeguarding virtual training content met their training needs and 99% of professionals stated that they felt that the delivery of the training was right for them. Professionals' comments included:

- "Really helpful and useful subject and great to be able to access training, my first online training"
- "Very well delivered – lots of information and links to further reading"
- "It was clear accessible and kept me engaged"
- "Helpful to talk in chat / really good and involved participants"

The Sexual Assault Referral Centre webinar which took place during November 2020 was recorded and uploaded onto the Safeguarding Partnership Board's YouTube channel and added to the Safeguarding Partnership Boards website. These video clips are openly available to professionals.

Whilst the face to face training provision has always been well attended it would never have reached the number of people who have accessed the Virtual Briefings and webinars. It is to the credit of the Partnership that whilst other areas in the region stopped all training delivery, locally we evolved and adapted to the lockdown environment.

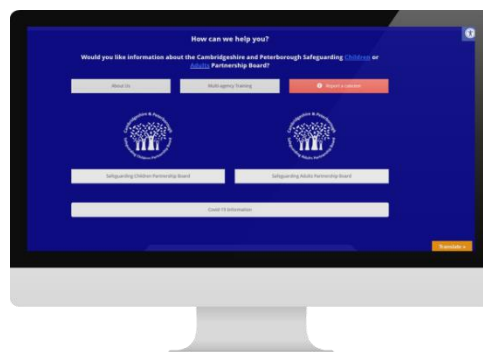
WEBSITE & SOCIAL MEDIA

Over the past year we have had 275,602 page views and 71,987 users to the website.

On average, a user spent an average 2 minutes per session on the website, and the bounce rate has remained close to 40% which would indicate users find what they are looking for quickly.

Apart from the home page, the Multi-agency training page was the most visited page on the site, followed by 'Reporting a concern' and our virtual Sway briefings pages

52% of visitors reached our site via entering keywords into search engines. 66% accessed the site via a desktop device (i.e. Laptop) and 30% accessed the site via a mobile.



Feedback from visitors includes:

- *Its really easy to use, very clear and content is good.*
- *Easy to manoeuvre around the website*
- *Breadth of training resources available and are easily accessible*
- *the clarity, layout and range of information available far exceeded what was expected*

Our social media presence

The CPSPB uses Twitter, Facebook and Instagram for all sorts of communications from the latest safeguarding news, to events that the Safeguarding Partnership Board are hosting.

During the last year the CPSPB has continued to strengthen its profile on social media. On Twitter, we posted 328 tweets, had 111,383 impressions, were retweeted 292 times, had 1540 reactions and 1,007 followers. On Facebook and Instagram, we put out 400 posts, had a reach⁵ of 80,112, with 683 reactions, 57 comments, 768 shares and 458 followers on Facebook and 124 on Instagram.



If you haven't yet followed us, please do!



@cplscb



@cplscb



@cpsafeguardingboard

⁵ The number of people who saw any content from your Page or about your Page, including posts, stories, ads, social information from people who interact with your Page and more. Reach is different from impressions, which may include multiple views of your posts by the same people.

APPENDIX 1 - LIST OF AGENCIES REPRESENTED ON THE SAFEGUARDING ADULTS PARTNERSHIP BOARD

- Cambridgeshire and Peterborough Local Authorities including
 - Adult Social Care
 - Public Health
 - Elected Members
- Clinical Commissioning Group
- Cambridgeshire Constabulary
- Further Education
- East of England Ambulance Service
- Cambridgeshire and Peterborough Foundation Trust
- Cambridgeshire Community Services
- Royal Papworth Hospital
- North West Anglia Hospitals
- Cambridge University Hospital
- Office of the Police and Crime Commissioner
- Ely Diocese
- Cambridgeshire Fire and Rescue
- Cambridge District Council
- Cross Keys Homes – representing Housing
- National Probation Service
- Healthwatch
- Department for Work and Pensions
- Voluntary sector representatives



Contact details: 01733 863744

Email: safeguardingboards@cambridgeshire.gov.uk



ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
11 JANUARY 2022	PUBLIC REPORT

Report of:	Jyoti Atri, Director of Public Health	
Cabinet Member(s) responsible:	Cllr Irene Walsh, Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Jyoti Atri, Director of Public Health Charlotte Black, Director of Adult Social Care	Tel. 01223 703261 Tel: 01223 727990

PORTFOLIO HOLDER PROGRESS REPORT FROM THE CABINET MEMBER FOR ADULT SOCIAL CARE, HEALTH AND PUBLIC HEALTH, INCLUDING THE ADULT SERVICES SELF ASSESSMENT

RECOMMENDATIONS	
FROM: Director of Public Health	Deadline date: N/A
<p>It is recommended that the Adults and Health Scrutiny Committee:</p> <ol style="list-style-type: none"> 1. Notes and comment on the Portfolio Holder Progress report for Public Health including updates on managing Covid-19 and Public Health Programme Delivery during 2021/22 – Prevention and Health Improvement 2. Note and comment on the summary of findings from the adult social care self-assessment and approve the public facing Local Account for publication. 3. Note the updates from Adult Social Care, including the process for allocating the Covid-19 specific grants. 	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee at the request of the Adults and Health Scrutiny Committee group representatives, as part of the 2021/22 committees work programme.

2. PURPOSE AND REASON FOR REPORT

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

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

- 1.Public Health;
- 2.The Health and Wellbeing
- 4.Adult Social Care;
5. Safeguarding Adults.

2.3 This report links to Corporate Priorities 6 and 7:
6. Keep all our communities safe, cohesive and healthy
7. Achieve the best health and wellbeing for the city

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	n/a
---	-----------	----------------------------------	-----

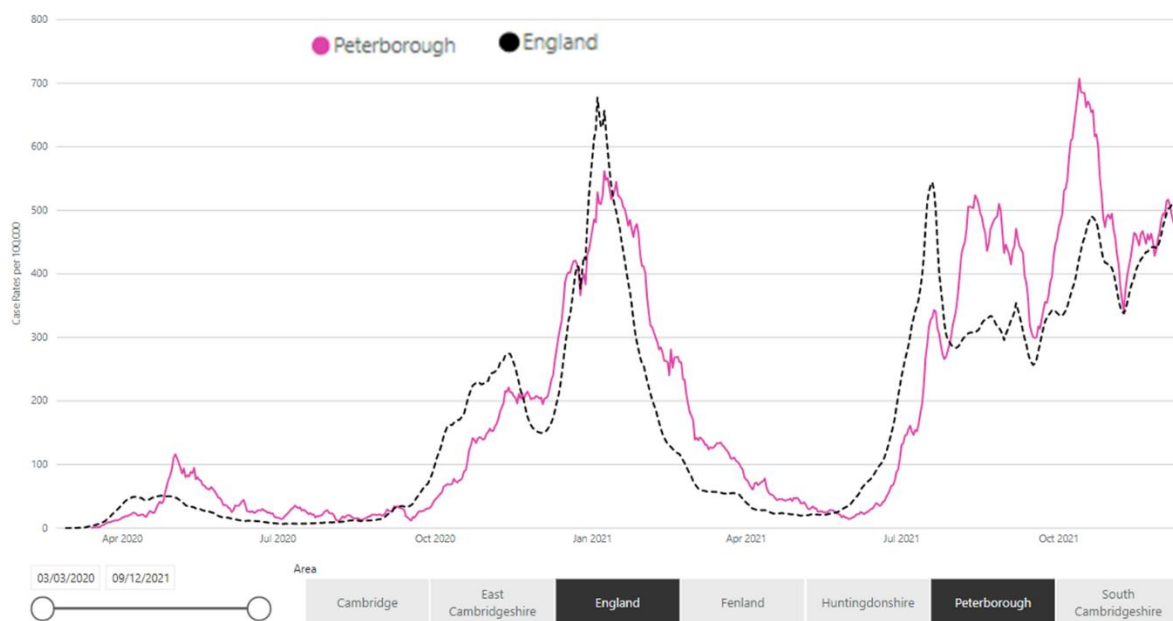
4. BACKGROUND AND KEY ISSUES

4.1 Public Health Update: Managing Covid-19

The local response to the Covid-19 pandemic was last scrutinised by the Health Scrutiny Committee at its meeting on 15th March 2021 and the Adults and Health Scrutiny Committee on 13th July 2021.

4.2 Epidemiology of cases

Nationally and locally, cases of Covid-19 reached a peak in early January 2021 and declined between then and the summer due to the impact of national lockdowns. However, the emergence of the Delta variant with increased transmissibility led to an increase in cases through July 2021 with Peterborough having higher case rates than the England average for much the period from August to October 2021. In November, all age case rates were similar to the England average. However, with the emergence of the Omicron variant which has a considerable growth advantage over the Delta variant, there is the national expectation that this will become the dominant variant in December with the potential for considerable impact on the number of cases and potentially the number of hospitalisations.



4.3 Enhanced response area (ERA) status

On 1st November 2021, Cambridgeshire and Peterborough was provided ERA (enhanced response area) status by national government. At the time, incidence rates in Peterborough had been increasing exponentially, with Covid-19 cases doubling every 20 days since mid-September till mid-October and Peterborough had also consistently been in the top 20 local authorities in England for case rates. Covid19 hospitalisations in Peterborough City Hospital were consistently high and the health system was under pressure.

The ERA enabled Education to continue the measures put in place before half-term such as face coverings in communal areas and use of virtual meetings for staff and parents where possible. In addition, the use of further measures in outbreaks were available such as school dissemination of outbreak information, school identification of close and household contacts enabling daily LFD testing, including in primary school settings at parent/guardian discretion. The ERA also enabled Cambridgeshire and Peterborough to target low vaccine uptake areas with support from the national Surge Rapid Response Team (SRRT) with a program of

intervention from 22nd November to 23rd December 2021, with an additional SRRT visit in Peterborough on Friday 12th November. Prioritisation of 12-15 vaccination uptake was an area of focus with walk-in opportunities and efforts to increase consent and uptake in Peterborough in this younger age group. National support was also provided for communications. The ERA was extended until 24th December 2021 to enable these measures to be continued.

A preliminary evaluation of the ERA measures was carried out which identified that schools welcomed the ability to use the ERA measures especially the setting identification of close contact/household contacts and use of daily LFDs to reduce transmission. ERA status also enabled better discussion around arranging Covid-safe events both in schools and elsewhere. However, with the emergence of Omicron, the changes in regulations and changes in behaviours it will not be possible to truly evaluate the impact of the ERA status.

4.4 **Enduring Transmission**

In January 2021 the East of England and East Midlands were experiencing high rates of COVID 19 with infection embedded into communities. The Pilot proposal was developed following a Cabinet Office visit to Peterborough and Fenland in response to their high rates of COVID 19 and enduring transmission. South Holland District Council in Lincolnshire was included, following a request from Government.

There were strong indicators of significant structural and cultural factors/barriers associated with reducing transmission as well as increased risks of Variants of Concern in the working age population. Seasonal, transient and zero hours workers employed in the food production, packaging/distribution, general warehousing, and construction industries were especially affected by these barriers.

Rates of workforce testing and compliance with self-isolation in low wage economies like food production and agriculture were low. The Pilot focused on the provision of employment security, removal of financial barriers to self-isolation, ensuring that Covid- safe accommodation would be available for workers to self-isolate and enabling workers to travel safely to work.

The Pilot faced considerable challenges from the delay of four months from writing the proposal to approval during which time rates fell dramatically. This meant a slow start, but the Pilot responded flexibly, and alternative approaches were used such as refocusing on other sectors that had lower paid workers such as construction and hospitality.

Since the increase in cases from September the Pilot has become increasingly busier and was extended until March 31, 2021. There is now an integrated approach across the Pilot and other parts of the system including contact tracing, support for self-isolation as well as the involvement of a range of organisations. Peterborough Asylum and Refugee Community Association (PARCA) has been commissioned to support the Pilot specifically around vaccination in the community and workplaces. Environmental Health and Public Health have been making intensive visits to workplaces to increase awareness of the Pilot, promote the COVID-19 safe practices and vaccination.

The external evaluators have produced initial interim findings which were positive, and they observed that the pilot has increased understanding of the issues which will contribute to policy, a key aim for the Pilot.

4.5 For the week ending the 7th December 2021, Peterborough's case rate was 483 per 100,000 and is currently below the England average (508 per 100,000) and East of England average (558 per 100,000).

Case rates and other data are updated daily, and a further verbal update will be provided at the Scrutiny meeting.

4.6 **Public Health Update: Public Health Programme Delivery during 2021/22 – Prevention and Health Improvement**

- 4.6.1 While much public health capacity is still devoted to managing the Covid-19 pandemic, there is still ongoing work by the Prevention and Health Improvement Team whose work includes the commissioning of Public Health services and wider partnership working.
- 4.6.2 The Healthy Child Programme (health visiting and school nursing) has been moving more contacts back to face-to-face delivery with all New Birth Visits delivered this way. Development continues with the integrated approach to delivery of the 2-year check alongside colleagues from Child and Family Centres and Early Years settings, looking at how to ensure a broader support offer of identified needs from across the partnership. In addition, a working group is looking at how to strengthen support to families in relation to oral health for children aged under 5.
- 4.6.3 The Integrated Sexual and Reproductive Health Services started a new contract in April 2021 as a Section 75 agreement. This is a collaborative agreement between Peterborough City Council Cambridgeshire County Council, the Clinical Commissioning Group (CCG) and NHS England. These partners are also working closely with the Terrance Higgins Trust Sexual Health Prevention Service which is targeting clients who are harder to reach. COVID-19 impacted on staff capacity, but the Services are making a good recovery. Other methods introduced in response to the pandemic have been maintained due to their popularity, for example virtual consultations with anti-biotics and contraception pills being supplied through the postal service. We are currently working with the CCG and NHS England on the development objectives that are required in the new Section 75.
- 4.6.6 The Drug and Alcohol Treatment Services secured additional funding this year from Public Health England and MHCLG to support and increase interventions targeting drug and alcohol users who are rough sleepers and those leaving prison who require additional support. The Rough Sleeper Team is up and running and is now delivering regular outreach on the streets. Office based services are open to service users within COVID protocols. During COVID the number of young people aged 12-18 has fallen in the service and the number of adult opiate clients 18+ presenting to the service has also fallen. These areas are being kept under review and work is currently underway to promote services locally to help reach these service user groups.
- 4.6.7 The Integrated Lifestyle Services has continued to accelerate its return to more face-to-face delivery of services as well community activities. These services focus upon supporting lifestyle behaviour changes for prevention and harm reduction which includes stopping smoking healthy diet, physical activity, mental wellbeing, weight management and falls prevention. Lifestyle behaviours have changed during the pandemic and poorer outcomes are expected. Additional funding has been secured from the Cambridgeshire and Peterborough Clinical Commissioning Group and NHS England to provide additional services to address the backlog of people waiting to access these services.
- 4.6.8 The Healthy Schools Service works with schools, parents/carers, and communities to ensure that the school environment supports and promotes good health. It has been working with partners across the system in joining up the different offers available to schools to support them in addressing the health and wellbeing needs of pupils and staff. One notable development is the introduction of a new young person's smoking cessation and prevention pathway. Despite the ongoing pressures schools are facing due to Covid-19, they continue to be well engaged with the service, with several schools achieving Bronze Level Healthy School accreditation status this quarter.
- 4.6.9 The Healthy Workplace Service works with employers and employees to ensure that the workplace environment supports good employee health. Although delivery was challenged during the pandemic it has created some closer relationships with workplaces, leading to the recruitment of additional employers into the scheme. It is now increasing and tailoring its support

to respond to increased employer needs around mental health which have been exacerbated by the pandemic.

- 4.6.10 Stop smoking, long-acting reversible contraception, NHS health checks and emergency contraception are Public Health services that GP practices and community pharmacies are commissioned to carry out. Activity fell considerably during the pandemic and had started to recover in mid-2021. However, with the onset of winter and an increase in practice workloads along with the focus upon vaccination in practices it has been difficult for them to sustain the recovery.

4.7 **Adult Social Care Self-Assessment**

- 4.7.1 As a core part of the Sector Led Improvement Programme in the Eastern Region led by the Association of Directors of Adult Social Services (ADASS), Directors are asked to complete a self-assessment. The self-assessment covers a wide range of themes. Peterborough City Council submitted a self-assessment on 31 March 2021 which covered the previous 18 months. Subsequent to this the Council met with a former Director, Andrew Cozens, commissioned by the Regional ADASS for an external challenge session in August 2021. The Council then took part in a regional challenge event in September 2021. There is also a system where we meet with another Council and compare data and provide peer challenge. This paper summarises the key themes that have emerged through these processes.

- 4.7.2 There is a requirement for councils to produce an annual statement to the public about adult social care called a Local Account. Appendix One provides this public summary of the self-assessment for approval for publication as the Local Account.

- 4.7.3 The self-assessment tool, referred to above, is structured around high-level themes, each with a number of prompts to draw out both strengths and areas for development or risks. It covers the entire remit of adult social care statutory duties - operational, commissioning and strategic. On the whole the feedback from the external challenge process was positive with the Council having shown consistent progress in recent years in a number of areas. However, a number of risks and challenges have also been identified within the process.

- 4.7.4 The Council reflected on the following main achievements during 2020/21

- a) Adult Social Care's response to COVID-19 has focused on promoting independence, Technology Enabled Care and supporting carers. The Council redeployed staff to establish a COVID-19 community hub, fill gaps in reablement staffing, provide public information about COVID-19 and support shielded residents.
- b) Supporting Care Providers – we have received positive comments and compliments from care providers about the support they received from the Council during the pandemic. These focused on the flow of information, support with interpreting government guidance, vaccination responsiveness and financial support.
- c) Sharing the management of some of our adult social care services across two Councils has helped our joint working with partners who cross our Council boundaries and provided an opportunity to increase resilience

- 4.7.5 In our self-assessment we stated the following three areas as our biggest challenges:

- a) Demand management – COVID-19 and lockdowns has created higher levels of need in the community. We are seeing more complex cases, increased levels of frailty, reduced confidence, reduced mobility and increased carer strain. Some of this is linked to reduced access to NHS services, and hospital discharges are more complex with most admissions being driven by urgent treatment requirement rather than planned surgery.
- b) Stability of the care market – The social care workforce has been under an unprecedented amount of pressure during the last year with potential long-term impacts on health and

wellbeing. Indications are that older, more experienced workers might choose to retire sooner. We have also seen problems with retention throughout the workforce.

- c) Financial situation – The challenging financial position of the local NHS and Council, and the growing costs of care, have increased pressures in the system. This is not helped by the temporary nature of some of the current national funding streams including those for hospital discharge and infection control.

4.7.6 Engagement

Healthwatch Cambridgeshire and Peterborough are commissioned by the Council to bring together individuals with lived experience and local partners through our five Adult Social Care Partnership Boards. These groups support us in our continuous improvement of social care practice and commissioning. The Partnership Boards met virtually during 2020/21 and have developed the following joint objectives for focus in 2021/22.

Partnership Board	Annual priorities set by the Partnership Board
Carers Partnership Board	1) Support for adult sibling carers 2) Prioritisation of healthcare services for carer 3) Improvements in health and social care communications
Older Peoples Partnership Board	1) Transport 2) Digital inclusion / exclusion and resilience
Physical Disability Partnership Board	1) Digital inclusion / exclusion and resilience 2) Stroke (cause/prevention/rehabilitation) 3) Hate Crime (disability) 4) Membership recruitment
Sensory Impairment Partnership Board	1) Transport 2) Digital inclusion/exclusion 3) Membership recruitment
Learning Disability Partnership Board	1) Digital inclusion / exclusion and resilience 2) Health subgroup 3) Transport 4) Coronavirus delivery

4.6.7 Healthwatch Cambridgeshire and Peterborough undertook a survey of people who left hospital between June and August 2020 (during the COVID-19 pandemic). Not all discharges were those involving adult social care and themes identified were therefore useful to and shared across the health and social care acute and community system. Positive themes from the report were:

- a. Three in four people said they definitely felt prepared to leave hospital or felt prepared to leave to some extent
- b. Nearly three in four people discussed where they were being discharged to and went to the place they wanted to go to and most people were positive about the care put in place

4.6.8 Key issues from the report were:

- a. A significant number of people reported lack of communication during discharge, meaning that they did not know what support they should expect when they got home, and they did not have information on who to contact if they needed help. Only one in five people were given information about the voluntary sector and the support they could offer.
- b. Just over one in three people waited over 24 hours to go home. There were lots of reasons for the wait, but the main one was transport.
- c. Some patients reported not having the equipment they needed, or not knowing how to use it.

4.7.9 **Performance**

The performance of local authority adult social care functions is currently compared nationally via the Adult Social Care Outcomes Framework (ASCOF). This framework has been in place for a number of years and many of the indicators no longer reflect the outcomes and challenges of the current function. A national consultation is underway on a replacement for this framework. A number of the indicators are drawn from an annual national service user survey and a twice yearly national carer's survey. These indicators were not updated for 2020/21 as the survey was not undertaken due to the pandemic. There were also previously hospital discharge indicators which are no longer reported by the hospitals and therefore could not be updated.

Peterborough performs better than the regional average on the following outcomes:

Indicators updated in 2020/21

- More people receiving self-directed support
- More people accessing long term support receiving Direct Payments
- More adults with learning disabilities living in their own home or with family
- Fewer permanent admissions to care homes
- More people still living in their own homes 91 days after receiving some short-term support following a stay in hospital
- More people successfully completing reablement, needing no further care or support

Indicators not updated in 2020/21

- More people said they find it easy to get information and advice
- More people with as much social contact as they want
- More people who use services who feel safe
- Fewer delayed transfers of care

4.7.10 Peterborough performs less well than the regional average on the following outcomes :

Indicators updated in 2020/21

- Fewer adults with learning disabilities in employment – latest 2020-21
- Fewer people receiving a period of short term (reablement support) after a stay in hospital

Indicators not updated in 2020/21

- Lower satisfaction with care and support
- Fewer people with control over their daily life
- Fewer people who say the services they use make them feel safe and secure

4.7.11 **Impact of COVID-19 adult social care in Peterborough**

The impact of COVID-19 on adult social care has been unprecedented. Adult social care has been given high priority by the Council, with additional resources redeployed at the peak of the pandemic and dedicated public health support throughout. The system wide response, including

voluntary and community sector colleagues, has provided an opportunity to build sustained relationships, levels of trust and mutual understanding across the system.

The pandemic had a significant impact on the providers of direct social care support services, such as care homes, domiciliary care and day services. Collaboration with social care providers has been central to the response to COVID-19. This included ensuring that where we have discretion about use of infection control funding, we consulted providers to understand what will achieve the greatest benefit. We face a significant challenge going forward in understanding and planning for the long-term impact of the pandemic.

4.7.12 Areas for focus in 2021/22

A valuable aspect of the self-assessment process is the external challenge conversations described earlier. From these conversations a number of areas for further development have been agreed. These are summarised in the table below alongside the current actions.

Theme	Current actions
Market sustainability and market management	Close working with the region to share knowledge and tools to support what is a challenge for all. This includes looking at how we might better utilise the regional Provider Assessment and Market Management Solution (PAMMS). This is an web based IT system that allows for gathering and sharing quality assurance and financial information about commissioned care services across the region.
Data Quality and Performance Reporting	Project underway to rebuild the full suite of adult social care reporting as self service dashboards. Preparations for new national assurance framework and performance metrics and new statutory client level data set return.
Integrated neighbourhoods and early intervention and prevention	Linking into the work of the integrated care system (ICS) and Integrated Care Partnership (ICP) work on developing integrated neighbourhoods and developing a clear adult social care ask and offer. Work is ongoing with the adult social care forum and partnership boards to review and improve access to information and advice.
Workforce pressures	Looking at in house recruitment, retention and career pathways. Development of wider workforce strategy in partnership with providers.
Carers support	Continued development of the carers support offer. Learning from the national carers survey, currently underway, to understand the current experience of carers and the impact of Covid-19.
Co-production	Co-producing our vision working with our “expert by experience” groups and partnership boards, and drawing from the nationally recognised Making It Real model and Social Care Futures movement.

Other Adult Social Care updates

4.8 Adult Positive Challenge programme

4.8.1 The council is currently in the final year of a 3 year transformation programme, which has delivered a annual target of £1.7 million in savings and cost avoidance, built into the base budget from April 2021. The programme focussed on delivering better outcomes for individuals, recognising that better outcomes cost less. The programme used the following levers for better outcomes:

- Changing the conversation – from what’s wrong to what’s strong. Having the right conversations at the right time to identify what can really make a difference. This includes undertaking targeted post hospital discharge reviews for people discharged from hospital with long term care and support.
- Support for carers’, improving carers’ conversations and carers support.
- Reablement and Technology Enabled Care – taking every opportunity to support people with short term care and / or equipment to delay or reduce the need for long term care and support
- Preparation for adulthood- supporting young people and their families to think about preparing for adulthood sooner and considering all aspects of support, such as technology enabled care to reduce the amount of high cost long term care and support where possible.

4.8.2 In June and September 2021 we undertook a quarterly impact log of case level outcomes. The log tracked the outcomes and cost impact for all assessment and reviews completed in a 2 week period in both June and September. The logs were able to evidence a cost avoidance or saving in 30 of the 80 cases logged (38%) and an increase in cost for only 16 (20%).

4.9 COVID-19 Grants

4.9.1 Throughout the period of the pandemic, central government have issued a number of grants to utilise in supporting providers of adult social care services to mitigate against the financial impact of the COVID-19. In October 2021, the latest round of grants funds were announced. These included Infection Control, Rapid Testing, Vaccination Funding as well as Recruitment and Retention Funding. All grants have been awarded on a one-off basis to cover spend within the period of 1st October 2021 and 31st March 2022 in accordance with grant conditions. Funding levels have been outlined within the table below:

Infection Control Funding	Rapid Testing Funding	Vaccination Funding	Recruitment and Retention
£825,947	£454,528	£101,349	£537,375.

4.9.2 The purpose of the funding is to support adult social care providers, including those with whom the local authority doesn’t contract, to:

1. Reduce the rate of COVID-19 transmission within and between care settings through effective infection prevention control practices and increase COVID-19 and flu vaccine uptake amongst staff.
2. Conduct testing of staff and visitors in care settings to identify and isolate positive cases to enable close contact visiting where possible.
3. To support Councils to address adult social care workforce capacity pressures amongst CQC Registered Providers

4.9.3 Central Government has specified the fund be allocated in accordance with guidance issued. This along, with the approach to allocating discretionary funds, has been summarised within the table below. All allocations were determined following consultation with local providers, care associations, other Councils from across the region and public health.

Fund	Mandatory	Discretionary	PCC Approach to Allocating Discretionary Funds
Infection Control Fund	70% to CQC Registered Care Homes and Community Providers	30% local authority discretion to support the care sector to put in place other COVID-19 infection control measures. The local authority should consider using this funding to put IPC measures in place to support the	CQC Registered Community providers of domiciliary care, extra care and supported living as well as providers commissioned by Peterborough City Council to deliver Day Services which are open and operational and Housing Related Support. The grant will be allocated to these providers on a per unit basis. In addition to this, it is recommended the Council ring fence 1% of the fund to support

		resumption of services, including those providers who may be facing more significant costs.	with the costs of administering the grant as significant level of resource is required to do this.
Rapid Testing Fund	70% of the allocation to care homes on a per bed basis.	30% local authority discretion to support the care sector to operationally deliver testing.	CQC Registered Community providers in line with grant conditions set. Allocation will also be extended to voluntary sector providers commissioned by the Council where they are actively engaged in lateral flow testing outside of the wider community offer.
Vaccination Fund	70% of the funding should be passed to care homes on a per bed basis and CQC regulated community care providers on a per user basis	30% local authority discretion to support the above measures in other care settings, including non CQC registered settings.	The current uptake of both flu and COVID-19 vaccinations across CQC Registered Care Homes and Community Providers is low in comparison to the intelligence held on the uptake within the voluntary sector. It is therefore recommended that the discretionary element of this grant is allocated to all CQC Registered Care Homes and Community Providers.
Recruitment and Retention		100% local authority discretion 100% local authority discretion to support CQC Registered providers to maintain the provision of safe care and bolstering capacity within providers to deliver more hours of care; support timely and safe discharge from hospital and prevent admission to hospital; enable timely new care provision in the community and support and boost retention of staff within social care.	100% of the grant funding to CQC Registered Care Home and Community Providers in contract with, and delivering services on behalf of, adult social care. The grant will be allocated to these providers based on staffing numbers reported through CQC. The expectation is that providers should determine the best use of funding for their own circumstances in line with the grant conditions set

5. CONSULTATION

- 5.1 No consultations have been undertaken by the Council on this paper. However, there is close working with community leaders on the overall response to the pandemic, and on preparation of appropriate materials for communication.
- 5.2 The partnership groups that support the development and implementation of prevention and health improvement initiatives have re-commenced meeting. This includes the Cambridgeshire and Peterborough Tobacco Control Alliance, Healthy Schools, Sexual and Reproductive Health Oversight and Development Group and Drug and Alcohol Delivery Group.
- 5.3 The adult social care self-assessment reflects a range of co-production and engagement activities including the work undertaken to agree priorities with the Partnership Boards.
- 5.4 All allocations for adult social care COVID-19 grants were determined following consultation with local providers, care associations, other Councils from across the region and public health.

6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 This report provides an update on the current situation with regard to the Covid-19 pandemic and its management in Peterborough as well as Public Health Programme Delivery during 2021/22 in order to ensure that the Committee has up to date information about this and can conduct appropriate scrutiny.
- 6.2 The report also sets out the results of the adult social care self-assessment processes, including a public facing Local Account for publication.

7. REASON FOR THE RECOMMENDATION

- 7.1 The Committee is asked to note and comment on the Public Health and Adult Social Care updates and the Adult Social Care Assessment.
- 7.2 The Committee is also asked to review and approve the Local Account for publication.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 The Committee could have chosen not to scrutinise updated information on the Covid-19 pandemic, its management and the update on Public Health Programme delivery during 2021/22 in Peterborough. However, this would have omitted key issues for Peterborough residents' health and wellbeing.

9. IMPLICATIONS

Financial Implications

- 9.1 Peterborough City Council has received a Test and Trace grant from national government of £1,017,883 to fund the initial costs of outbreak management. Peterborough also receives a Contain Outbreak Management Fund (COMF) grant. In 2020/21 Peterborough received £4,839,769 and in 2021/2022 Peterborough has received £1,642,774 – a total of £6,482,543 to date.

These funds are allocated through business cases to the Finance Sub Committee of the Cambridgeshire and Peterborough Health Protection Board. Several outbreak management costs are shared with Cambridgeshire, which maximises value for money. Business cases are awarded on the basis of meeting the criteria set out in the grant conditions.

The current financial position for the COMF grant across PCC is summarised in the below table. Both Councils are showing a similar position with around half of the grant committed, and half of this committed grant spent.

A recent exercise to get a more accurate reflection of what the business cases will actually spend has reduced commitment by £1,238k (across both PCC and CCC). With 35 out of the 50 open business cases provided an updated forecast, of these 19 had an updated figure. A combined change form will be brought to the next HPB Board to officially agree these changes to the committed figures.

Contain Outbreak Management Fund (COMF) Grant

Grant Details	PCC Totals
Grant Income	£6,482,593
Allocated Grant	£3,169,176
Unallocated Grant	£3,313,417
Spent Grant	£2,177,659

Legal Implications

- 9.2 The Coronavirus Act (2020) has brought in new legal powers for the Council in relation to management of outbreaks.

Equalities Implications

- 9.3 Outcomes from Covid-19 have been shown to be worse for older people, men, people with a range of long term health conditions, black and ethnic minority communities, and people living in areas of deprivation. These factors are considered when planning for Covid-19 prevention and outbreak management. There is also impact of the covid-19 pandemic, including changes in restrictions, behaviours and care that impact these communities in the longer term.

Rural Implications

- 9.4 Rates of Covid-19 infection are higher in urban areas in Peterborough than rural areas currently

Carbon Impact Assessment

- 9.5 No change from carbon impact assessment from the Covid-19 report to the previous Health Scrutiny Committee in November

10. BACKGROUND DOCUMENTS

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

- 10.1 The Cambridgeshire and Peterborough Local Outbreak Control Plan and the associated Roles and Responsibilities document are available on <https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks>

PHE provides weekly updates on variants of concern here [SARS-CoV-2 variants of concern and variants under investigation \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/91222/sars-cov-2-variants-of-concern-and-variants-under-investigation)

The Adult Social Care Outcomes Framework results for 2020/21 are published here - <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/england-2020-21>

11. APPENDICES

- 11.1 Appendix 1 – public facing Local Account

Peterborough City Council Adult Social Care

Local Account 2019 - 2021

8 November 2021



Introduction

The purpose of the Local Account is to provide information on where Peterborough City Council Adult Social Care are doing things well, where we think we can improve and how we are planning for the opportunities and challenges ahead.

The Local Account reflects on our achievements during 2019-21. It also looks at how Adult Social Care has managed through the COVID-19 pandemic.

It includes feedback that we have received through surveys carried out by both the council and local voluntary and community sector agencies.

Welcome!

Welcome to the 2019-21 Local Account for Peterborough City Council Adults and Safeguarding.

I think we will all agree that 2020-21 has been an incredibly challenging year for everyone, and particularly for health and social care services.

I am especially proud of the hard work that the department has undertaken, with our frontline staff going that extra mile to ensure that care is still delivered, despite the COVID-19 pandemic.

I hope that you find the Local Account interesting and informative.

Councillor Irene Walsh, Cabinet Member for Integrated Adult Social Care, Health and Public Health at Peterborough City Council



Activity Overview for 2019-20 and 2020-21

Below is an overview of activity in 2019-20 and how different it was last year with the impact of COVID-19.

- **3419** – The number of contacts from people who needed some support or information and advice. There were slightly fewer requests last year, **3068**.
- **1358** – The number of people we provided with technology or equipment. There were slightly more people last year, **1877**.
- **693** – The number of people to whom we provided a short period of support to recover from illness or a stay in hospital. There were slightly fewer people last year, **656**.
- **2840** – The number of people to whom we provided some longer term care and support. There were slightly more people last year, **2953**.

How we spent our budget in 2020-21

Adult Social Care spend during 2020/2021 came to £50m net. COVID-19 impact was £4.5m.

We received £22.8m income from NHS and client contributions.

Main areas of spend were:

- Care packages - £54.8m
- Contracts - £9.1m
- Staffing - £9.0m



What were the top
achievements
and challenges during
2019-21?



Top three achievements for 2019–2021

Working Together

Peterborough shares management of some services, where there are clear benefits, with Cambridgeshire County Council.

Working across the two councils means that we have the same boundaries as many of our other partners.

This has increased our ability to respond more effectively and sustainably to community need and we have become more efficient.

Response to COVID-19

Adult Social Care's response to COVID-19 has focused on promoting independence, Technology Enabled Care and supporting carers.

The council redeployed staff to establish a COVID-19 community hub, fill gaps in reablement staffing, provide public information about COVID-19 and support shielded residents.

[Find out more here.](#)

Supporting care providers

We have received positive comments and compliments from care providers about the support they have received from the council throughout the COVID-19 pandemic.

These focused on the flow of information, support with interpreting government guidance, vaccination responsiveness and financial support.

Feedback from care providers

We have received a lot of positive comments and compliments from commissioned providers in relation to the support they have received from the council throughout the past year. Key themes were:

- Information and knowledge sharing in relation to changing government guidance, etc.
- Quick response and swift management of vaccination programmes
- Investment in the market where possible in recognition of the current pressures and challenges and the need to sustain capacity
- General provision of support and guidance



"Just wanted to send our appreciation. You have given us great guidance over the last nine months, informative and knowledgeable and when we don't have the answers very quick to investigate and respond. In a year where we have had conversations about something we never thought we would experience, it has been a great support to myself and my team."

Top three risks and challenges during 2019-21

Supporting people in their own homes

COVID-19 and lockdowns has created high levels of need in the community. We are seeing more complex cases, increased levels of frailty, reduced confidence and mobility and increased strain on carers.

Some of this is linked to reduced access to NHS services and changing in how people are discharged home after a stay in hospital.

People who work in social care

The social care workforce has been under an unprecedented amount of pressure during the last year with potential longer-term impacts on health and wellbeing.

Indications are that older, more experienced workers might choose to retire sooner.

Financial situation

The challenging financial position of the local NHS, and the growing costs of care, has increased pressure in the system.

This is not helped by the temporary nature of some current national funding streams including those for hospital discharge and infection control.

Partnerships with other organisations



Partnerships – Health

Working with GPs

We have worked with Primary Care Networks and other parts of the NHS to support more joined up local care, that puts the needs of people first.



COVID-19

The system has responded in a co-ordinated way to support care providers with infection prevention and control, outbreak management and access to testing and vaccinations.

The local authority has worked in collaboration with health colleagues to implement and embed the new 'discharge to assess' requirements which have had a positive impact on the speed of hospital discharges.

People with learning disabilities and families

In Peterborough the learning disability Multi Disciplinary Teams (MDT) (health and social care) are co-located and work together to ensure the needs of the individuals are met, including targeted reviews to avoid crisis. The MDT teams are supported by the Cambridgeshire and Peterborough NHS Foundation Trust Intensive Support Team to reduce the number of hospital admissions and ensure timely discharge, for people with learning disabilities.

Partnerships – Public Health

Professional support for Adult Social Care

A Public Health Consultant has been appointed to work specifically with Adult Social Care.

They will focus on the wider health and wellbeing of people with care and support needs.

Campaigns

There have been a range of Public Health programmes which protect and promote health and wellbeing of our communities:

- Stay Well this Winter
- #50000 Reasons (tackling loneliness and social isolation)
- Stay Stronger for Longer (falls prevention)
- Campaigns related to COVID-19



Good practice example – Public Health

Stay Well this Winter multi-agency group which works across the local health and social care system.

This group works to mitigate the risks associated with cold weather to the health and wellbeing of the most vulnerable members of the community, who live in cold homes due to fuel poverty.

[Find out more here.](#)



Partnerships – Mental Health

Health and social care working together

A Section 75 Agreement delegates the responsibility for Mental Health Social Work to Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

This enables a close working relationship between the council and the trust and for health and social care needs to be considered jointly.

A trust lead for social work is in place to ensure that social care is a high priority. The trust has developed an Annual Work Plan for Mental Health which is reported against regularly.

The Good Life Service

There is strong engagement with the mental health voluntary and community sector.

Services are jointly commissioned with the Clinical Commissioning Group (CCG) where appropriate.

The Good Life service is commissioned by Peterborough City Council, Cambridgeshire County Council and the CCG and provides a recovery and community inclusion service for people with mental health needs.

[Find out more here.](#)

Partnerships – Childrens Services

0-25 Service

The 0 to 25 Service has been embedded in the Adult Social Care Directorate since 2014.

There is a clear commitment to ensuring that Transitioning to Adult Social Care services should be planned early, recognising that eligibility criteria for adults accessing social care services is different to children's social care services.



Partnerships – Housing



Housing Related Support Strategy

A Housing Related Support Strategy has been produced and was consulted on across a wide range of stakeholders.

Peterborough City Council contributed to the research consultation issued by Cambridgeshire County Council to understand and develop recommendations for current and future demands on housing and support needs.

Adult Social Care implications of homelessness and domestic violence, including new legislative requirements, have been considered within the Strategy.

Partnerships – voluntary and community groups

Working together

A countywide community resilience group of 40+ voluntary and community sector services and community groups, plus all public sector partners (including Adult Social Care) has been established.

Shared Priorities

The council has an active strategy for developing community resilience. Currently there are two shared delivery plans – one for carers and one for Technology Enabled Care/digital resilience.

How are You

Peterborough? (HAY)

Peterborough is also the site for a Mental Health pilot called '[HAY Peterborough](#)' furthering the links into mental health support within the voluntary and community sector.

Community Engagement



Community Engagement – Healthwatch

Healthwatch Cambridgeshire and Peterborough, who are commissioned by the council, bring together individuals and local partners through groups such as the five Adult Social Care Partnership Boards and their four place-based Health and Care Forums.

These groups support the continuous improvement of health and social care.

The Partnership Boards met virtually during 2020-21.

[Find out more here.](#)

Also, the council worked with Healthwatch on surveys relating to COVID-19, such as:

- Telephone interviews with a sample of patients discharged from hospital under the new 'discharge to assess' pathways. [Find out more here.](#)

We have also benefited from the learning shared from other work carried out by Healthwatch, such as:

- Their three month survey asking how changes to health and care services, due to COVID-19, had impacted on people's lives. [Find out more here.](#)

Performance



Adult Social Care Outcomes Framework

Measures from the Adult Social Care Outcomes Framework, England - 2020-21

Official statistics

Publication Date: 21 Oct 2021
Geographic Coverage: England
Geographical Granularity: Country, Regions, Councils with Adult Social Services Responsibilities (CASSRs), Local Authorities
Date Range: 01 Apr 2020 to 31 Mar 2021

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people.

The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. The latest published figures are for 2020-21. [Find out more here.](#)

Adult Social Care Outcomes Framework – Social Care Related Quality of Life

The Social Care Related Quality of Life score is made up of indicators around different aspects of people's lives including nutrition, personal care, safety, social contact, how people are helped, control over daily life and whether people can spend time doing what they want to do.

The regional score was 19.25.

Peterborough's result was better at **19.4**.



Adult Social Care Outcomes Framework – indicators where Peterborough did better than the regional average

- More people said they find it easy to get information and advice
- More people with as much social contact as they want
- More people receiving self-directed support
- More people who use services who feel safe
- More people accessing long term support receiving Direct Payments
- More adults with learning disabilities living in their own home or with family
- Fewer permanent admissions to care homes
- Fewer delayed transfers of care
- More people still living in their own homes 91 days after receiving some short-term support following a stay in hospital
- More people successfully completing reablement, needing no further care or support

Adult Social Care Outcomes Framework – indicators where Peterborough did worse than the regional average

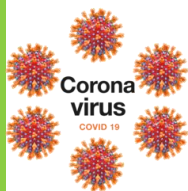
- Lower satisfaction with care and support
- Fewer people with control over their daily life
- Fewer adults with learning disabilities in employment
- Fewer people receiving a period of short term (reablement support) after a stay in hospital.
- Fewer people who say the services they use make them feel safe and secure

Impact of COVID-19



The impact of COVID-19 on the council and on social care has been unprecedented. Adult Social Care has been given high priority, with additional resources and dedicated public health support.

The system-wide response to COVID-19, including voluntary and community sector colleagues, has provided an opportunity to build sustained relationships, levels of trust and mutual understanding.



Key changes due to COVID-19

Leaving hospital

During the pandemic the NHS funded short-term care for people being discharged from hospital.

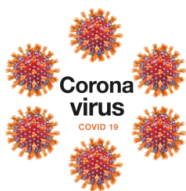
This was called 'Discharge to Assess' (D2A) and meant that people being discharged from hospital were able to access NHS funding whilst decisions were taken on their future care needs.

Although the NHS funding is expected to stop Discharge To Assess may continue to allow decisions about long term care to be made at the right time.

Family carers

Family carers have been particularly impacted by COVID-19. This has led to increasing demand on teams, but also to a focus on proactive contacts and emergency 'What If?' contingency plans being developed in partnership with Caring Together.

Staff redeployed from frontline roles due to shielding status, have been making contact to carers throughout the period of the pandemic to offer support and link carers into wider COVID-19 support such as access to shopping, prescription delivery, etc.

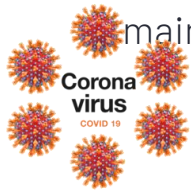


Key changes due to COVID-19 (2)

Working with providers

Continued working with providers has been central to the development and delivery of our local plans. This included ensuring that where we have discretion about use of infection control funding, we have consulted providers to understand what will achieve the greatest benefit.

Also, providers were given access to PPE and COVID-19 testing to support them in maintaining the safety of their services.



Working with the local community

We have mobilised the community sector, to support low level prevention and early intervention provision.

There was a particular drive to support carers with various voluntary and community sector groups and the community hubs providing proactive support and outreach.

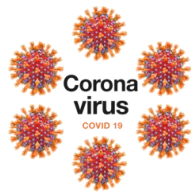
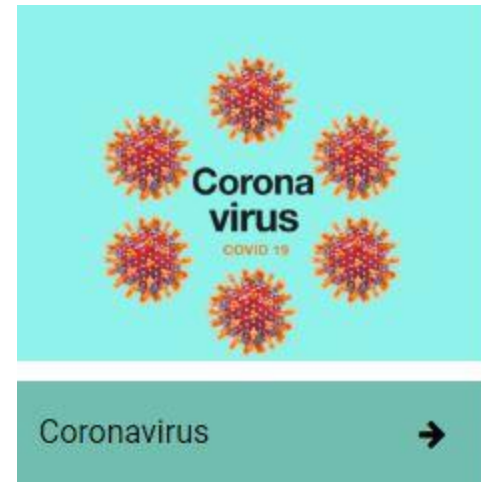
Information and messaging about COVID-19

New web pages were created on the Peterborough City Council website and Peterborough Information Network to deliver messaging about COVID-19.

A newsletter was created called 'Highlights from the Hub' which included lots of useful information about support available locally and nationally during the pandemic.

Also, it highlighted local good news stories.

[Find out more here.](#)



What our service users and communities said

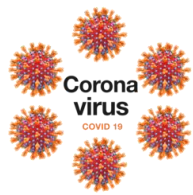
Leaving hospital during COVID-19 survey

Healthwatch Cambridgeshire and Peterborough undertook a survey with people who left hospital between June and August 2020 (during the COVID-19 pandemic). Key issues from the report were:

- Three in four people said they definitely felt prepared to leave hospital or felt prepared to leave to some extent.
- Nearly three in four people discussed where they were being discharged to and went to the place they wanted to go to and most people were positive about the care put in place.



You can read the full report on [Healthwatch's website](#).

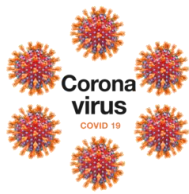


What our service users and communities said (2)

Leaving hospital during COVID-19 survey

However

- A significant number of people reported lack of communication during discharge meaning that they did not know what support they should expect when they got home, and they did not have information on who to contact if they needed help. Only one in five people were given information about the voluntary sector and the support they could offer.
- Just over one in three people waited over 24 hours to go home; there were lots of reasons for the wait but the main one was transport.
- Some patients reported not having the equipment they needed, or not knowing how to use it.



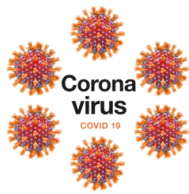
What our service users and communities said (3)

Leaving hospital during COVID-19 survey – what the council has done

- The council has started to work with the Adult Social Care Forum to look at access to information and advice more widely. The forum membership includes the Clinical Commissioning Group.
- A new information sheet specifically covering hospital discharge has been created and promoted for staff to use in the hospitals and social care. This can be found on the link below:

[What happens when you leave hospital?](#)

A review of hospital discharges is currently underway and learning from this survey will feed into that.



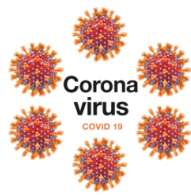
What our service users and communities said (4)

COVID-19 experiences survey

During August to September 2020 the council undertook a snapshot survey with independent members/carers from the Adult Social Care Partnership Boards/expert by experience groups.

The aim of the survey was to gather feedback on people's experiences of the COVID-19 pandemic and use the learning to help shape frontline services and future commissioning, providing suggestions for service changes that the council should keep doing once the COVID-19 pandemic crisis has passed and highlighting the benefits of new ways of working.

People talked about the impact of the pandemic on their lives – good and bad – and gave suggestions for things that they would like the council to continue doing in the future.

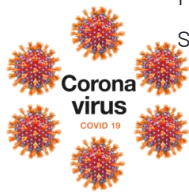


What our service users and communities said (5)

COVID-19 experiences survey – what happened next

The survey feedback was reviewed at the Cambridgeshire and Peterborough Adult Social Care Forum in October 2020 and used to help improve current and future services. The feedback included:

- How people had coped with the shift to online/telephone services rather than face-to-face support due to the pandemic.
- The disruption caused by some local health services stopping or being put on hold.
- How people had experienced increased anxiety and mental health issues – often linked to feelings of loneliness and isolation – due to shielding and lockdown measures.
- The pressure on those with a caring role due to the lack of respite opportunities during lockdowns.
- How people had appreciated regular welfare check calls from council service teams.
- How people would like to keep the option to have a mixture of online and in person meetings and services going forward.



If you want to find out more

Here are some links that you might find useful:

[Peterborough Information Network](#)

[NHS Digital Measures from the ASCOF 2019-20](#)

[NHS Digital Personal Social Services Adult Social Care Survey 2019-20](#)

If you want to contact Adult Social Care you can find an online contact form and other methods of contacting us on the [Peterborough Information Network](#).

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
11 JANUARY 2022	PUBLIC REPORT

Report of:	Fiona McMillan, Director of Law and Governance and Monitoring Officer	
Cabinet Member(s) responsible:	Councillor Cereste, Cabinet Member for Digital Services and Transformation	
Contact Officer(s):	Paulina Ford, Senior Democratic Services Officer	Tel. 01733 452508

ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING START TIME 2022-2023

RECOMMENDATIONS	
FROM: Fiona McMillan, Director of Law and Governance and Monitoring Officer	Deadline date: N/A
It is recommended that the Adults and Health Scrutiny Committee agree the start time for all Adults and Health Scrutiny Committee meetings for the Municipal Year 2022-23.	

1. ORIGIN OF REPORT

- 1.1 This report is submitted to the Adults and Health Scrutiny Committee meeting following the Full Council decision on 24 July 2019 to allow Committees to decide their own start times for each new Municipal Year.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to allow the Adults and Health Scrutiny Committee to discuss and agree the start times for meetings from the beginning of the Municipal Year 2022-23. The draft schedule of meetings will be agreed at Full Council on 26 January 2022.
- 2.2 This report is for the Adults and Health Scrutiny Committee to consider under Council Standing Order section 4.4.1

The timings of normal committee meetings will be agreed by the committee for the next municipal year in January of the preceding municipal year (or as near to this time as possible).

3. TIMESCALES

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

4. BACKGROUND AND KEY ISSUES

- 4.1 At the Constitution and Ethics Committee on 8 July 2019 the Committee agreed by majority to recommend to Council that all Committees can agree their start times for the Municipal Year 2020-21. This was again agreed by majority at the Full Council meeting on 24 July 2019.
- 4.2 The Council standing orders have been updated to reflect this decision and gives Committees the opportunity to decide their own start time.

- 4.3 In order for the start times to be incorporated into the draft meeting schedule it is important for the Committee to make a decision on this before the January 2022 Full Council meeting.
- 4.4 Council standing orders allow the Committee to agree its start time every Municipal Year, thereby allowing the Committee to change the start times if it is felt that the start time was not suitable.
- 4.5 The Committee will need to decide the best start time and will need to weigh up attendance at meetings and the impact on the Council and members of the public.
- 4.6 The Committee start time in recent years has been 7pm.

5. CONSULTATION

- 5.1 Consultation has already taken place with the Constitution and Ethics Committee and all Councillors at Full Council in July 2019.

6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 It is anticipated that the Committee will agree a start time for meetings for the Municipal Year 2022-23 and this will be proposed as part of the draft meeting schedule.

7. REASON FOR THE RECOMMENDATION

- 7.1 The recommendation allows the Adults and Health Scrutiny Committee to debate the start time of the meeting and make recommendations following debate.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 N/A

9. IMPLICATIONS

Financial Implications

- 9.1 There are no financial implications.

Legal Implications

- 9.2 There are no legal implications

Equalities Implications

- 9.3 There are no equalities implications

10. BACKGROUND DOCUMENTS

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

- 10.1 Minutes of the Constitution and Ethics Committee 8 July 2019
Report to Full Council 24 July 2019

11. APPENDICES

- 11.1 N/A

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 9
11 JANUARY 2022	PUBLIC REPORT

Report of:	Fiona McMillan, Director of Law and Governance	
Cabinet Member(s) responsible:	Councillor Cereste, Cabinet Member for Digital Services and Transformation	
Contact Officer(s):	Paulina Ford, Senior Democratic Services Officer	Tel. 01733 452508

MONITORING SCRUTINY RECOMMENDATIONS
--

RECOMMENDATIONS	
FROM: Director of Law and Governance	Deadline date: N/A
<p>It is recommended that the Adults and Health Scrutiny Committee:</p> <ol style="list-style-type: none"> 1. Considers the responses from Cabinet Members and Officers to recommendations made at previous meetings as attached in Appendix 1 to the report and provides feedback including whether further monitoring of each recommendation is required. 	

1. ORIGIN OF REPORT

- 1.1 The former Health Scrutiny Committee now the Adults and Health Scrutiny Committee agreed at a meeting held on 19 June 2017 that a report be provided at each meeting to note the outcome of any recommendations made at the previous meeting held thereby providing an opportunity for the Committee to request further monitoring of the recommendation should this be required.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The report enables the Scrutiny Committee to monitor and track progress of recommendations made to the Executive or Officers at previous meetings.
- 2.2 This report is for the Adults and Health Scrutiny Committee to consider under its Terms of Reference No. *Part 3, Section 4 - Overview and Scrutiny Functions, paragraph 3.3:*

The Scrutiny Committees will:

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

3. **TIMESCALES**

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

4. **BACKGROUND AND KEY ISSUES**

- 4.1 Appendix 1 of the report sets out the recommendations made to Cabinet Members or Officers at previous meetings of the Scrutiny Committee. It also contains summaries of any action taken by Cabinet Members or Officers in response to the recommendations.
- 4.2 The progress status for each recommendation is indicated and if the Scrutiny Committee confirms acceptance of the items marked as completed, they will be removed from the list. In cases where action on the recommendation is outstanding or the Committee does not accept the matter has been adequately completed it will be kept on the list and reported back to the next meeting of the Committee. It will remain on the list until such time as the Committee accepts the recommendation as completed.

5. **ANTICIPATED OUTCOMES OR IMPACT**

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

6. **REASON FOR THE RECOMMENDATION**

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

7. **BACKGROUND DOCUMENTS**

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

- 7.1 Minutes of the Adults and Health Scrutiny Committee meeting held on 13 July 2021.

8. **APPENDICES**

- 8.1 Appendix 1 – Recommendations Monitoring Report

ADULTS AND HEALTH SCRUTINY COMMITTEE

Updated: 20 December 2021

Meeting date	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
13 JULY 2021					
			<p>The Adults and Health Scrutiny Committee RECOMMENDED that the Chair write to the local MP's requesting that they lobby central Government to push for greater devolved powers and funding for Peterborough.</p>	<p>Updated Response from the Chair: Peterborough City Council continues to have an ongoing dialog with the The Department for Levelling Up, Housing and Communities about Peterborough City Council's financial challenges and actions being taken. It is recommended that this recommendation should be closed and that in the new financial year a further recommendation could be made if deemed necessary.</p>	<p>Closed</p>

This page is intentionally left blank

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 10
11 JANUARY 2022	PUBLIC REPORT

Report of:	Fiona McMillan, Director of Law and Governance		
Cabinet Member(s) responsible:	Councillor Cereste, Cabinet Member for Digital Services and Transformation		
Contact Officer(s):	Paulina Ford, Senior Democratic Services Officer	Tel. 01733 452508	

FORWARD PLAN OF EXECUTIVE DECISIONS

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

1. ORIGIN OF REPORT

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

2. PURPOSE AND REASON FOR REPORT

2.1 This is a regular report to the Adults and Health Scrutiny Committee outlining the content of the Forward Plan of Executive Decisions.

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

The Scrutiny Committees will:

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

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

3. TIMESCALES

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

4. BACKGROUND AND KEY ISSUES

4.1 The latest version of the Forward Plan of Executive Decisions is attached at Appendix 1. The Forward Plan contains those Executive Decisions which the Leader of the Council believes that the Cabinet or individual Cabinet Member(s) can take and any new key decisions to be taken after 17 January 2022.

4.2 The information in the Forward Plan of Executive Decisions provides the Committee with the opportunity of considering whether it wishes to seek to influence any of these executive decisions, or to request further information.

4.3 If the Committee wished to examine any of the executive decisions, consideration would need to be given as to how this could be accommodated within the work programme.

4.4 As the Forward Plan is published fortnightly any version of the Forward Plan published after dispatch of this agenda will be tabled at the meeting.

5. CONSULTATION

5.1 Details of any consultation on individual decisions are contained within the Forward Plan of Executive Decisions.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 After consideration of the Forward Plan of Executive Decisions the Committee may request further information on any Executive Decision that falls within the remit of the Committee.

7. REASON FOR THE RECOMMENDATION

7.1 The report presented allows the Committee to fulfil the requirement to scrutinise Key Decisions which the Executive is planning to take, as set out in the Forward Plan of Executive Decisions in accordance with their terms of reference as set out in Part 3, Section 4 - Overview and Scrutiny Functions, paragraph 3.3.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 N/A

9. IMPLICATIONS

Financial Implications

9.1 N/A

Legal Implications

9.2 N/A

10. BACKGROUND DOCUMENTS

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

10.1 None

11. APPENDICES

11.1 Appendix 1 – Forward Plan of Executive Decisions

PETERBOROUGH CITY COUNCIL'S FORWARD PLAN OF EXECUTIVE DECISIONS

PUBLISHED: 17 DECEMBER 2021

FORWARD PLAN

PART 1 – KEY DECISIONS

In the period commencing 28 clear days after the date of publication of this Plan, Peterborough City Council's Executive intends to take 'key decisions' on the issues set out below in **Part 1**. Key decisions relate to those executive decisions which are likely to result in the Council spending or saving money in excess of £500,000 and/or have a significant impact on two or more wards in Peterborough.

If the decision is to be taken by an individual Cabinet Member, the name of the Cabinet Member is shown against the decision, in addition to details of the Councillor's portfolio. If the decision is to be taken by the Cabinet, this too is shown against the decision and its members are as listed below:
Cllr Fitzgerald (Leader of the Council), Cllr Steve Allen (Deputy Leader); Cllr Ayres; Cllr Cereste; Cllr Hiller; Cllr Walsh; Cllr Coles and Cllr Simons.

This Plan should be seen as an outline of the proposed decisions for the forthcoming month and it will be updated on a fortnightly basis to reflect new key-decisions. Each new Plan supersedes the previous Plan and items may be carried over into forthcoming Plans. Any questions on specific issues included on the Plan should be included on the form which appears at the back of the Plan and submitted to philippa.turvey@peterborough.gov.uk, Democratic and Constitutional Services Manager, Legal and Governance Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388039). Alternatively, you can submit your views via e-mail to or by telephone on 01733 452460. For each decision a public report will be available from the Democratic Services Team one week before the decision is taken.

PART 2 – NOTICE OF INTENTION TO TAKE DECISION IN PRIVATE

Whilst the majority of the Executive's business at the Cabinet meetings listed in this Plan will be open to the public and media organisations to attend, there will be some business to be considered that contains, for example, confidential, commercially sensitive or personal information. In these circumstances the meeting may be held in private, and on the rare occasion this applies, notice will be given within **Part 2** of this document, 'notice of intention to hold meeting in private'. A further formal notice of the intention to hold the meeting, or part of it, in private, will also be given 28 clear days in advance of any private meeting in accordance with The Local Authorities (Executive Arrangements) Meetings and Access to Information) (England) Regulations 2012.

The Council invites members of the public to attend any of the meetings at which these decisions will be discussed (unless a notice of intention to hold the meeting in private has been given).

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

For complete transparency relating to the work of the Executive, this Plan also includes an overview of non-key decisions to be taken by the Cabinet or individual Cabinet Members, these decisions are listed at **Part 3** and will be updated on a weekly basis.

You are entitled to view any documents listed on the Plan, or obtain extracts from any documents listed or subsequently submitted to the decision maker prior to the decision being made, subject to any restrictions on disclosure. There is no charge for viewing the documents, although charges may be made for photocopying or postage. Documents listed on the notice and relevant documents subsequently being submitted can be requested from Philippa Turvey, Democratic and Constitutional Services Manager, Legal and Governance Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388038), e-mail to philippa.turvey@peterborough.gov.uk or by telephone on 01733 452460.

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

PART 1 – FORWARD PLAN OF KEY DECISIONS**KEY DECISIONS FROM 17 JANUARY 2022**

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>New Peterborough City Market – KEY/17JAN2022/01 - As part of the Northminster development, the city market will be relocated to Bridge Street. The Cabinet Member will be asked to formally approve:</p> <p>1) the closure of the existing city market 2) the establishment of a new city market 3) the award of contract to a supplier(s) to develop and install a food court and market stalls</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>January 2022</p>	<p>Communities Scrutiny Committee</p>	<p>Central</p>	<p>Consultation is taking place with existing city market traders. Notice of the market closure has also been published in the Peterborough Telegraph and the public invited to send representations to the council.</p>	<p>Ian Phillips - Head of Communities and Partnerships Integration Email: ian.phillips@peterborough.gov.uk</p>	<p>A Cabinet Member Decision Notice setting out the full details of the proposals.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>Amendment to Hotel Loan Facility - KEY/17JAN2022/02 - An amendment is required to the Hotel Loan Facility with Fletton Quays Hotel Ltd</p> <p>112</p>	<p>Councillor Andy Coles, Cabinet Member for Finance</p>	<p>May 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Fletton and Stanground</p>	<p>Consultation has been undertaken with the Council's Quantity Surveyors working for the Council on this project</p>	<p>Carole Coe, Commercial Finance Manager, Tel:07966 570604, Email: carole.coe@pe-terborough.gov.uk</p>	<p>The decision will include an exempt annex containing a commercially confidential update from the Director of the Fletton Quays Hotel Ltd.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>Opt Into The National Scheme For Auditor Appointments From 2023 - KEY/17JAN2022/03 - Confirm to Public Sector Audit Appointments that it will opt into the national scheme for auditor</p> <p>113</p>	<p>Councillor Andy Coles, Cabinet Member for Finance</p>	<p>February 2022</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>N/A</p>	<p>N/A</p>	<p>Kirsty Nutton, Head of Corporate Finance Tel: 01733 384590 Email: Kirsty.nutton@peterborough.gov.uk</p>	<p>Report and Invitation letter</p> <p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

PREVIOUSLY ADVERTISED KEY DECISIONS

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>1. Disposal of freehold in Centre of the City - KEY/12JUN18/01 To delegate authority to the Corporate Director of Growth and Regeneration to sell the property</p> <p>114</p>	<p>Councillor Coles, Cabinet Member for Finance</p>	<p>December 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders</p>	<p>Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 Email: Peter.carpenter@pe terborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
<p>2. Contract for remedial works by PCC to the Stanground Bypass – KEY/2SEP19/02 To approve works to the Stanground bypass and authorise the associated package of work to be issued to Skanska Construction UK Limited under the Council's existing agreement with SKANSKA dated 18th September 2013 (the Highways Services Agreement).</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>December 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Stanground South and Hargate and Hempsted</p>	<p>Relevant internal and external stakeholders</p> <p>Standard consultation for highway schemes.</p>	<p>Charlotte Palmer, Group Manager – Transport and Environment, charlotte.palmer@peterborough.gov.uk</p>	<p>To be determined.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER	
116	<p>3. Approval of funding for the provision of accommodation to reduce homelessness KEY/14OCT19/01 – Following Cabinet Decision JAN18/CAB/18 this is a new project to increase the supply of housing and address the demand for accommodation resulting from the increase in homelessness.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>December 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p> <p>The issues associated with homelessness in Peterborough have been subject to significant discussion in various forums, including the Council's Adults and Communities Scrutiny, Cabinet and Full Council</p>	<p>Peter Carpenter, Acting Corporate Director of Resources Email: peter.carpenter@peterborough.gov.uk Tel: 01733 452520</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published. The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>
	<p>4. Disposal of land at 7-23 London Road, Peterborough - KEY/06JAN20/01 Approval to dispose of surplus land to a registered provider for redevelopment to social housing The disposal will be conditional on a successful planning consent; the application has yet to be made.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>December 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders.</p>	<p>Tristram Hill, Strategic Asset Manager, Tel: 07849 079787 Email: tristram.hill@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>There will be an exempt annex with details of the commercial transaction.</p>

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
117	<p>5. The disposal of former playing fields at Angus Court, Westtown, Peterborough - KEY/06JAN20/02</p> <p>Approval to dispose of former playing fields and Angus Court</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>December 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>West</p>	<p>A number of consultation events for local residents have been held for both the proposed disposal of land at Angus Court and the creation of new facilities at Thorpe Lea Meadows. Planning approval was secured for the new facilities at Thorpe Lea Meadows. These works are now completed. Consultation and information events to discuss the Council's plans to dispose of land at Angus Court and the creation of a new public play area, were held at West Town Academy took place on 1 November 2018 and 7 March 2019</p>	<p>Tristram Hill, Strategic Asset Manager, Tel: 07849 079787 Email: tristram.hill@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
6.	Acquisition of a freehold commercial property in Peterborough City Centre – KEY/8JUN20/03 - Acquisition of a freehold property for a community hub.	Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments	December 2021	Growth, Environment and Resources Scrutiny Committee	Central	Relevant internal and external stakeholders.	Tristram Hill, Strategic Asset Manager, Tel: 07849 079787 Email: tristram.hill@peterborough.gov	The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).
7.	Joint Cambridgeshire County Council and Peterborough City Council Transport Services DPS - KEY/7DEC20/01 - Joint Cambridgeshire County Council and Peterborough City Council Transport Services DPS for all Education and social care transport procurement.	Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University	December 2021	Children and Education Scrutiny Committee	All Wards	Relevant internal and external stakeholders. Agreed at RIT Board and Joint Commissioning Board	Bryony Wolstenholme - Passenger Transport Operations Tel: 01733 317453 Email: bryony.wolstenholme@peterborough.gov.uk	Joint Commissioning Board decisions 25.08.2020/ RIT Board 19.02.2020

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
119	<p>8. Variation to the Council's Operational Services Agreement (Peterborough Serco Strategic Partnership Contract): Modification to scope of the PSSP Contract - KEY/7DEC20/02 - Variation to the Council's Operational Services Agreement (Peterborough Serco Strategic Partnership Contract): Modification to scope of the PSSP Contract - Business Transformation & Strategic Improvement Service Support element</p>	<p>Councillor Cereste, Cabinet Member for Digital Services and Transformation</p>	<p>December 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>N/A</p>	<p>Relevant internal and external stakeholders.</p>	<p>Christ Yates, Finance, 01733 452527, chris.yates@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
	<p>9. Mechanism selected for the supply of agency workers – KEY/21DEC20/02 – Options appraisal being undertaken for the Council's future supply of agency workers beyond expiry of the current contracts. This decision recommends the option that should be taken forward in the long term.</p>	<p>Councillor Cereste, Cabinet Member for Digital Services and Transformation</p>	<p>December 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>N/A</p>	<p>Legal, procurement, market analysis.</p>	<p>Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 Email: Peter.carpenter@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
<p>10. Procurement of 22 one bedroom flats for the accommodation of people who have previously been rough-sleepers – KEY/04JAN21/01 - The decision is to approve the use of £625K capital grant towards the purchase of 22 one bedroom flats. There is a further decision to approve borrowing of up to £1,675,000 from Public Works Loan Board towards the purchase of the 22 one bedroom flats.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>December 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All</p>	<p>Consultation with MHCLG and Homes England</p>	<p>Mohamed Hussein Interim Director of Housing: Needs and Supply, Tel:07866 474953, Email: mohamed.hussein@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
11. 121	<p>Extension of the Delivery of Leisure and Cultural Services – KEY/15MAR21/02</p> <p>Extension of the delivery of Cultural Services by City Culture Peterborough, and Leisure Services by Peterborough Limited for three years to rationalise and reorganise service delivery in light of the effects of COVID-19. The 3-year extension will give time to properly reorganise, and allow time for the culture and leisure sectors to rebuild in time for future delivery options to be explored from 2024, including direct provision, working with partners, the establishment of a cooperative delivery model, or a public tender exercise..</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>December 2021</p>	<p>Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Pete Carpenter, Corporate Director Resources, 01733 452520, Peter.Carpenter@Peterborough.Gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
<p>12. Bretton Court Redevelopment Scheme – KEY/15MAR21/04</p> <p>1. Approve the surrender of the Council's lease for the ground floor retail units of Bretton Court dated 28th June 2019, subject to the conditions to set out below and to be formalised within the Deed of Surrender</p> <p>2. Approve the Council entering in to an Agreement for Lease for the ground floor retail units of the new development scheme at Bretton Court, subject to the terms set out below</p> <p>3. Subject to the terms of the above Agreement for Lease being satisfied, to approve the Council entering in to a New Lease or the ground floor retail units of the new development scheme at Bretton Court</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>December 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Bretton</p>	<p>Relevant internal and external stakeholders</p>	<p>Helen Harris, Senior Estates Surveyor, NPS Peterborough Email: helen.harris@nps.co.uk Tel: 01733 384534 Mobile: 07920 160181</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
13. 123	<p>Approval for application of Government funding for a heat network - KEY/29MAR21/02</p> <p>The Peterborough Integrated Renewables Infrastructure (PIRI) is designing a low carbon heat network for Peterborough. In order to develop the designs an application for Government Grant funding will be required and this decision is to provide approval for that application.</p>	<p>Councillor Simons, Cabinet Member for Waste, Street Scene and Environment</p>	<p>December 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All</p>	<p>Consultation have been undertaken with the engaged advisors</p>	<p>Elliot Smith - Commercial Manager; Energy, Infrastructure and Regeneration. Tel: 07506536565 Email; elliot.smith@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published. The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
14.	<p>PCC Homecare Framework – KEY/12APR21/02</p> <p>The extension of the PCC Homecare Framework for 12 months, plus delegated approval. Contract states three years, plus up to seven years, in 12 months increments. Due to be extended in September 2021, for 12 months.</p>	<p>Councillor Walsh, Cabinet Member for Adult Social Care, Health & Public Health</p>	<p>December 2021</p>	<p>Adults and Health Scrutiny Committee</p>	<p>West</p>	<p>Relevant internal and external stakeholders</p>	<p>Ruth Miller, 07795046754, ruth.miller@cambridgeshire.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>
15.	<p>64-68 Bridge Street, dilapidation works – KEY/26APR2021/02 –</p> <p>Approval to carry out dilapidations works at 64-68 Bridge Street, Peterborough.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>December 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders</p>	<p>Tristram Hill Strategic Asset Manager Tel: 07849 079787 Email: tristram.hill@nps.co.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
16. Fleet Procurement - KEY/26APR2021/08 - Formal tender for various Fleet vehicles for Aragon Direct Services including areas such as Street Cleansing and Property Maintenance	Councillor Simons, Cabinet Member for Waste, Street Scene and Environment	December 2021	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders	James Collingridge, Head of Environmental Partnerships, Tel: 01733864736, Email: james.collingridge@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
17. Peterborough City Council Housing Related Support Procurement / Commissioning - KEY/24MAY21/02 – To Procure / Commission Peterborough City Council Housing Related Support Services. Service redesign and change form annual Grant Agreements to longer term contracts.	Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities	December 2021	Communities Scrutiny Committee	All Wards	Soft market testing is underway. A Housing Related Support Commissioning Strategy has been agreed and has received all the relevant approvals.	Sharon Malia, Housing Programmes Manager Sharon Malia - Housing Programmes Manager, 01733 237771, Email: sharon.malia@peterborough.gov.uk	To be submitted, Housing Related Support Commissioning Strategy for Cambridgeshire & Peterborough 2020 - 2022. Procurement/ Commissioning information.
18. Approval to commit funding for a bespoke specialist placement for a four year period 2021-2025 – KEY/07JUN21/01 Approval to commit funding for a specialist regulated bespoke placement for a period of four years from 2021-2025.	Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University	December 2021	Children and Education Scrutiny Committee	Not yet known as property has yet to be located /decided upon.	Extensive consultation has taken place and is on going amongst all system stakeholders and interested parties.	Helene Carr - Head of Service Children's Commissioning. . Contact: 07904909039: email - helene.carr@peterborough.gov.uk	The decision will include an exempt annexe. By virtue of paragraph 2, Information which is likely to reveal the identity of an individual.

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
126	<p>19. Active Lifestyle and Sports Strategy – Refresh – KEY/2AUG21/02 - A review of the Active Lifestyles and Sports Strategy following the impact of Covid-19 and services across the city. Since the strategy was adopted in 2018/19 there have been significant developments with the culture and leisure services being delivered by new operators, the demise of certain stakeholders and a stronger importance of working with public health so they are aligned with physical activity for residents health and wellbeing, both physically and mentally.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>April 2022</p>	<p>Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Currently in early stages of the review, working with Cambridgeshires Active Partnership, Living Sport a outline plan of a steering group and consultation will be delivered. This will also align with Sport England’s new 10 year strategy which is being launched in 2021 along with a new funding framework.</p>	<p>Jamie Fenton - Partnership Manager, Culture, Sport and Leisure, Email: jamie.fenton@pet erborough.gov.uk – Tel: 07976382756</p>	<p>Current Strategy will be used as a good starting point, this will have statistics updated, a new steering group developed and a new way to evidence actions/outcomes by stakeholders</p>

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
20.	<p>Capita Revenue & Benefits Academy system migration to cloud – KEY/30AUG21/01 -</p> <p>To approve the award of contract for the procurement of ICT cloud-based services from Capita UK Limited</p> <p>through to a Framework Agreement for the period 1st September 2021 to 31st August 2026 for a value of £630,000</p>	<p>Councillor Marco Cereste, Cabinet Member for Digital Services and Transformation</p>	<p>December 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Data has been gathered from the existing on premises system and been analysed by Capita to inform their proposal. Capita's proposal has been shared with internal stakeholders and Serco who process on behalf of the council. Feedback has been collated and sent back to Capita to allow them to amend their proposal and draft the contract</p>	<p>Jason Dalby, ICT Project Manager, Tel:07931 176848, Email: jason.dalby@pet erborough.gov.uk</p>	<p>Project Brief, Business Case, Specification of Requirements, Capita proposal, data protection and climate impact assessments</p>
21.	<p>Approval to enter into a Section 75 Partnership Agreement with Cambridgeshire and Peterborough NHS Foundation Trust – KEY/11OCT21/03</p> <p>This agreement will ensure the provision of CPFT mental health specialist working with mental health practitioners who are part of multiagency Family Safeguarding teams working as part of children's social care safeguarding teams.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University</p>	<p>December 2021</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Helen Andrews, Children's Commissioning Manager helen.andrews@ cambridgeshire.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>22. Disband Peterborough City Market from Laxton Square and relocate to a new location – KEY/11OCT21/04 As part of the Northminster development, the current market site is required to be decommissioned and the site vacated in early 2022. The proposal to the Cabinet Member will be to disband the current market, serve all appropriate legal notices to existing traders and authorise officers to develop an alternative market location.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>December 2021</p>	<p>Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Consultation with market traders will take place over the details of the new market location and transition from the existing site,</p>	<p>Ian Phillips - Head of Communities and Partnerships Integration ian.phillips@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>23. Appointment of Multidisciplinary Design Team for the Peterborough Museum Extension Project – KEY/11OCT21/05 Confirmation will be required to appoint the Multi-disciplinary Design Team for the Peterborough Museum Extension. The design team will be procured via the Homes England Framework of Suppliers. The procurement process is currently underway with Expression of Interest Issued, overseen by Peterborough City Council Procurement Officer.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>December 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Procurement exercise managed by PCC Procurement team, published notice via Homes England Framework</p>	<p>Rebecca Close, Project Manager, rebecca.close@peterborough.gov.uk, 07813785953</p>	<p>CMDN will be prepared once procurement of project is completed recommending award.</p>
<p>24. Traffic Signals Maintenance Funding – KEY/25OCT21/01 - Approve the award of £500k to Milestone Infrastructure to upgrade the traffic signals at the Taverners Road / Lincoln Road junction following a successful funding bid to the Department for Transport</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>December 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central, Park and North</p>	<p>Consultation will be undertaken as part of this project</p>	<p>Lewis Banks, Transport & Environment Manager, Tel:01733 317465, Email: lewis.banks@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION	
25.	<p>Approval for contract to be awarded to Milestone to deliver the new traffic signals maintenance fund – KEY/8NOV21/02</p> <p>The Council has been awarded £500k as part of the Department for Transport traffic signals fund. The Lincoln Road / Taverners Road signalised junction will be upgraded using this funding.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>December 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central, Park and North Wards</p>	<p>Consultation will be undertaken during the design phase of the scheme</p>	<p>Lewis Banks, Transport & Environment Manager, 01733 317465, lewis.banks@pe-terborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
26.	<p>Laptop procurement - KEY/22NOV21/01 – Award of contract for laptop devices</p>	<p>Councillor Marco Cereste, Cabinet Member for Digital Services and Transformation</p>	<p>December 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Kevin Halls, IT Finance Contract Manager Email: kevin.halls@cambridgeshire.gov.uk Tel: 07880053901</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

130

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>28. Community Alarm (Lifeline) Services: (i) delegation of function to Cambridgeshire County Council for new service users; (ii) direct award for legacy service users and (iii) delegation of function to Cambridgeshire County Council for delivery of Enhanced Response Service – KEY/20DEC21/01 Community Alarm (Lifeline) Services: (i) delegation of function to Cambridgeshire County Council for new service users; (ii) direct award for legacy service users and (iii) delegation of function to Cambridgeshire County Council for delivery of Enhanced Response Service</p>	<p>Councillor Walsh, Cabinet Member for Adult Social Care, Health & Public Health</p>	<p>December 2021</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Procurement, Finance, Legal, Cambridgeshire County Council</p>	<p>Diana Mackay, Commissioner (Early Intervention & Prevention) Adult Services, Tel: 01223 715966, Diana.Mackay@cambridgeshire.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>29. Development of the Integrated Care System – KEY/20DEC21/02 - Integrated care systems (ICSs) are geographically based partnerships that bring together providers and commissioners of NHS services with local authorities and other local partners to plan, co-ordinate and commission health and care services. They are part of a fundamental shift in the way the health and care system is organised – away from competition and organisational autonomy and towards collaboration, with health and care organisations working together to integrate services and improve population health. ICSs have been developing for several years – the Health and Care Bill will put them on a statutory footing from April 2022.</p>	<p>Cabinet</p>	<p>January 2022</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>The NHS is leading a wide consultation with residents and other system partners</p>	<p>Wendi Ogle-Welbourn Executive Director: People and Communities for both Cambridgeshire & Peterborough Councils Email:wendi.ogle-welbourn@peterborough.gov.uk Tel: 01733 863749</p>	<p>Cabinet Report</p> <p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>30. Section 256 Agreement with Cambridgeshire and Peterborough Clinical Commissioning Group – KEY/03JAN22/01 Authorise the Council to enter into a Section 256 Agreement (pursuant to section 256 NHS Act 2006) with the Cambridgeshire and Peterborough Clinical Commissioning Group for receipt of funding relating to health funded support to children and young people and their families for the financial years 2022/2023 and 2023/2024.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children’s Services and Education, Skills and University</p>	<p>March 2022</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>All relevant internal and external stakeholders</p>	<p>Pam Setterfield, Commissioning Manager, Tel: 07920 160394, Email: pam.setterfield@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION	
31. 135	<p>Novation of Amey LG Materials Recycling Facility contract – KEY/03JAN22/02 Agreement by the relevant cabinet member to permit a novation of Amey MRF contract and associated legal agreements necessary to complete this process.</p>	<p>Councillor Nigel Simons, Cabinet Member for Waste, Street Scene and the Environment</p>	<p>January 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Richard Pearn, Head of Waste, Resources and Energy, richard.pear@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE

KEY DECISIONS TO BE TAKEN IN PRIVATE

<i>KEY DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER</i>
None.							

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

NON-KEY DECISIONS							
<i>DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
None.							

PREVIOUSLY ADVERTISED DECISIONS

<i>DECISION REQUIRED</i>		<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
138	<p>1. Disposal of former Barnack Primary School caretaker house - Delegate authority to the Corporate Director of Growth and Regeneration to dispose of the property.</p>	<p>Councillor Coles, Cabinet Member for Finance</p>	<p>December 2021</p>	<p>Growth, Environment & Resources Scrutiny Committee</p>	<p>NA</p>	<p>Relevant internal and external stakeholders.</p>	<p>Bill Tilah, Estates Surveyor Email: Bill.Tilah@nps.co.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
139	<p>2. Approval of the leasehold disposal of a brownfield site to a care provider – A site has been found for a care home and the Council are currently looking into a leasehold disposal to a care provider who will build a care facility and then contract to provide services to the Council.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>December 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Park Ward</p>	<p>Relevant internal and external stakeholders.</p> <p>A forum has been set up by the Combined Authority involving representatives from finance, legal, property and social care.</p>	<p>Tristram Hill - Strategic Asset Manager, 07849 079787, tristram.hill@nps.co.uk</p>	<p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>
	<p>3. Modern Slavery Statement To review and agree for publication an updated Statement in compliance with the Modern Slavery Act 2015.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>December 2021</p>	<p>Communities Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Rob Hill, Assistant Director: Public Protection, rob.hill@peterborough.gov.uk</p> <p>Amy Brown, Senior Lawyer and Deputy Monitoring Officer, Amy.brown@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
4.	Leisure Facility Options Appraisal - Cabinet Member approval to proceed with the development of a business case to test the viability of a new leisure facility in the city	Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing, Culture and Communities	December 2021	Communities Scrutiny Committee	N/A	None at this stage	Emma Gee Email: emma.gee@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>5. Variation to the delegation agreement between Peterborough City Council (PCC) and Cambridgeshire County Council (CCC) regarding the delivery of the Healthy Child Programme (HCP) across Peterborough and Cambridgeshire</p> <p>This decision seeks authorisation to vary the Delegation and Partnering agreement to account for the increase in the value of PCC financial contributions to CCC in respect of the Agenda for Change pay increase. Agenda for Change is a nationally agreed UK-wide package of pay, terms and conditions for NHS staff. Under this deal, which came into effect in 2018, was the agreement for all NHS staff employed at the top pay points at bands 2-8c were to receive a 6.5% cumulative pay increase over a 3 year period.</p>	<p>Councillor Walsh, Cabinet Member for Adult Social Care, Health & Public Health</p>	<p>December 2021</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Amy Hall, Children's Public Health Commissioning Manager, 07583040529</p>	<p>CMDN to authorise delegation of HCP commissioning functions from PCC to CCC - https://democracy.peterborough.gov.uk/mglssueHistoryHome.aspx?Id=22331&PlanId=395&RPID=0</p>

DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
6.	<p>Joint PCC and CCC IT Service Management System</p> <p>To approve the procurement of a new joint Peterborough City Council [PCC] and Cambridgeshire County Council [CCC] IT Service Management [ITSM] system.</p>	<p>Councillor Cereste, Cabinet Member for Digital Services and Transformation</p>	<p>December 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>N/A</p>	<p>Relevant internal and external stakeholders.</p> <p>G-Cloud Procurement Process</p>	<p>Damian Roberts, Project Manager. T: 07485 594522 E: damian.roberts@peterborough.gov.uk</p>	<p>CMDN and PID</p>
142	<p>Approval of the Peterborough Sufficiency Strategy</p> <p>Every top tier local authority is required to publish a sufficiency strategy. This must set out how we seek to avoid children coming into care through the provision of family support services, and identify steps that we are taking to ensure that we have sufficient placements for children in care in our area, so that as many children and young people in care can live locally, provided that this is in their best interests.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University</p>	<p>December 2021</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>There has been widespread consultation including with children and young people in care.</p>	<p>Lou Williams: Director of Children's Services, 07920160141, lou.williams@peterborough.gov.uk</p>	<p>Scrutiny Report</p>

DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
143	<p>8. Werrington Fields and Ken Stimpson Secondary School - Following a public meeting held on 20 September 2021 at Ken Stimpson School, a decision needs to be taken on whether or not to proceed with plans to erect a fence to enclose part of the school's playing fields. The area is currently open access to the public. The school has not been using the area for over two years due to concerns over the safeguarding risk to the young people attending the school.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University</p>	<p>December 2021</p>	<p>Children and Education Scrutiny Committee</p>	<p>Werrington</p>	<p>Public meeting held on 20 September 2021 at Ken Stimpson School. Prior to this, a detailed background information document was circulated to interested parties.</p>	<p>Hazel Belchamber, Assistant Director: Education Capital & Place Planning, Tel: 07833481406, Email: hazel.belchamber@cambridgeshire.gov.uk</p>	<p>Cabinet Member Decision Notice, Background Information Document</p> <p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
9.	Novation of Dementia Resource Centre contract - Approval to novate the contract for the Dementia Resource Centre from Alzheimer's Society to Alzheimer's Trading Limited (ATL).	Councillor Irene Walsh, Cabinet Member for Integrated Adult Social Care, Health and Public Health	December 2021	Adults and Health Scrutiny Committee	All Wards	Relevant internal and external stakeholders	Sarah Bye, Senior Commissioner, sarah.bye@cambri dgeshire.gov.uk, 07468 718793	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

PART 4 – NOTIFICATION OF KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES

DECISION TAKEN	DECISION MAKER	DATE DECISION TAKEN	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>Allocation of Workforce Recruitment and Retention Funding in response to the COVID-19 Pandemic - DEC21/CMDN/56</p> <p>The Cabinet Member allocated the Workforce Recruitment and Retention Grant issued by central government, totalling £537,375, to CQC Registered Care Home and Community Providers in contract with Peterborough City Council</p>	<p>Cabinet Member for Adult Social Care, Health and Public Health</p>	<p>8 December 2021</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>None.</p>	<p>Shauna Torrance, Tel: 07887631808; Email: shauna.torrance@cambridgeshire.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>Proposed Closure of Key Theatre & Temporary closure of Werrington Leisure Centre to the public –</p> <p>The Cabinet Member approved:</p> <ol style="list-style-type: none"> 1. The proposed closure of The Key Theatre from 17th January 2022. 2. The temporary closure of Werrington Leisure Centre to public use from 1st January 2022 until September 2022. 	<p>Deputy Leader and Cabinet Member for Housing, Culture and Communities</p>	<p>16 December 2021</p>	<p>Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>None.</p>	<p>Adrian Chapman, Service Director Community & Safety Cambridgeshire County Council & Peterborough City Council Tel: 07920 160441; Email: adrian.chapman@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

DIRECTORATE RESPONSIBILITIES

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

City Services and Communications (Markets and Street Trading, City Centre Management including Events, Regulatory Services, Parking Services, Vivacity Contract, CCTV and Out of Hours Calls, Marketing and Communications, Tourism and Bus Station, Resilience)

Strategic Finance

Internal Audit

Schools Infrastructure (Assets and School Place Planning)

Waste and Energy

Strategic Client Services (Enterprise Peterborough / Vivacity / SERCO including Customer Services, ICT and Business Support)

Corporate Property

BUSINESS IMPROVEMENT AND DEVELOPMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

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

CUSTOMER AND DIGITAL SERVICES Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

IT, Customer Services – contact centres, walk-in customer service sites, reception services and web & digital services;

Communications;

Emergency Planning, Business Continuity and Health and Safety.

PEOPLE AND COMMUNITIES DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

Adult Services and Communities (Adult Social Care Operations, Adult Social Care and Quality Assurance, Adult Social Care Commissioning, Early Help – Adults, Children and Families, Housing and Health Improvement, Community and Safety Services, Offender Services)

Children's Services and Safeguarding (Children's Social Care Operations, Children's Social Care Quality Assurance, Safeguarding Boards – Adults and Children's, Child Health, Clare Lodge (Operations), Access to Resources)

Education, People Resources and Corporate Property (Special Educational Needs and Inclusion, School Improvement, City College Peterborough, Pupil Referral Units, Schools Infrastructure)

Business Management and Commercial Operations (Commissioning, Recruitment and Retention, Clare Lodge (Commercial), Early Years and Quality Improvement)

Performance and Information (Performance Management, Systems Support Team)

LAW AND GOVERNANCE DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

Democratic Services (Town Hall, Bridge Street, Peterborough, PE1 1HG)

Electoral Services (Town Hall, Bridge Street, Peterborough, PE1 1HG)

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

Information Governance, (Coroner's Office, Freedom of Information and Data Protection)

PLACE AND ECONOMY DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

Development and Construction (Development Management, Planning Compliance, Building Control)

Sustainable Growth Strategy (Strategic Planning, Housing Strategy and Affordable Housing, Climate Change and Environment Capital, Natural and Built Environment)

Opportunity Peterborough

Peterborough Highway Services (Network Management, Highways Maintenance, Street Naming and Numbering, Street Lighting, Design and Adoption of Roads,

Drainage and Flood Risk Management, Transport Policy and Sustainable Transport, Public Transport)

PUBLIC HEALTH DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

Health Protection, Health Improvements, Healthcare Public Health.

THIS PAGE IS LEFT INTENTIONALLY BLANK

This page is intentionally left blank

ADULTS AND HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2021/2022

Updated: 19 NOVEMBER 2021

Meeting Date	Item	Indicative Timings	Comments
<p>13 JULY 2021 <i>Draft Report 24 June</i> <i>Final Report 1 July</i></p>	<p>Co-opted Member Report To agree to the appointment of co-opted members to the committee for the municipal year 2021/2022. Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Managing COVID-19 Public Health Update Contact Officer: Emmeline Watkins / Joyti Atri</p>		
	<p>Cambridgeshire and Peterborough Adult Social Care Partnership Boards – 2020 – 2021 Annual report Contact Officer: Charlotte Black and Debbie McQuade</p>		
	<p>Adult Social Care Recovery Plan Update Contact Officer: Charlotte Black and Caroline Townsend</p>		
	<p>Review Of 2020/2021 and Work Programme For 2021/2022 To review the work undertaken during 2020/21 and to consider the work programme of the Committee for 2021/2022 Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		

	<p>Forward Plan of Executive Decisions</p> <p>That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
<p>21 SEPTEMBER 2021 <i>Draft Report 2 September</i> <i>Final Report 9 September</i></p>	<p>Primary Care Update – Relating to Access to Primary Care During the Covid-19 Pandemic</p> <p>Contact Officer: Jessica Bawden, C&P CCG</p>		
	<p>Update Report on the Development of the Integrated Care System for Cambridgeshire and Peterborough</p> <p>Contact Officer: Jan Thomas, C&PCCG</p>		
	<p>All Age Autism Strategy Consultation Report</p> <p>Contact Officer: Janet Dullaghan/Jane Coulson</p>		
	<p>Monitoring Scrutiny Recommendations</p> <p>To monitor progress made on recommendations made at the previous meeting.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		

	<p>Forward Plan of Executive Decisions</p> <p>That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Work Programme 2021/2022</p> <p>To consider the Work Programme for 2021/2022</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
<p>9 NOVEMBER 2021 Draft Report 14 October Final Report 21 October</p>	<p>East Of England Ambulance Service NHS Trust (EEAST) report On Progress On CQC Inspection target and Overview Of performance In The Peterborough Area</p> <p>Contact Officer: Chris Lewis, East of England Ambulance Service NHS Trust</p>		
	<p>Covid Recovery Plan for Elective Care and Winter Pressures</p> <p>Contact Officer: Taff Gidi, NWAFT</p>		
	<p>To Scrutinise the Relationship between the Council and Private Sector Commercial Providers (Adult Social Care)</p> <p>Contact Officer: Will Patten</p>		

	<p>Monitoring Scrutiny Recommendations To monitor progress made on recommendations made at the previous meeting.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Forward Plan of Executive Decisions That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Work Programme 2021/2022 To consider the Work Programme for 2021/2022</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
<p>17 NOVEMBER 2021 Joint Scrutiny of the Budget Meeting</p>	<p>Medium Term Financial Strategy 2022/23 to 2024/25</p> <p>Contact Officer: Peter Carpenter</p>		
<p>11 JANUARY 2022 <i>Draft Report 15 December</i> <i>Final Report 22 December</i></p>	<p>Cambridgeshire & Peterborough Safeguarding Adult Board Annual Report 2019-20</p> <p>Contact Officer: Charlotte Black and Jo Procter</p>		

	<p>Portfolio Progress Report from the Cabinet Member for Adult Social Care, Health and Public Health including the Adult Services Self-Assessment</p> <p>Contact Officer: Jyoti Atri, Charlotte Black and Tina Hornsby</p>		
	<p>Neurological Psychical Rehabilitation Consultation</p> <p>Contact Officer: Jane Coulson</p>		
	<p>Adults And Health Scrutiny Committee Meeting Start Time 2022-2023</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Monitoring Scrutiny Recommendations</p> <p>To monitor progress made on recommendations made at the previous meeting.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Forward Plan of Executive Decisions</p> <p>That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee.</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Work Programme 2021/2022</p> <p>To consider the Work Programme for 2021/2022</p> <p>Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		

9 FEBRUARY 2022 Joint Scrutiny of the Budget Meeting	Medium Term Financial Strategy 2022/23 to 2024/25 Contact Officer: Peter Carpenter		
15 MARCH 2022 <i>Draft Report 23 February</i> <i>Final Report 2 March</i>	Update on relocation of the Urgent Treatment Centre and GP Out of Hours Service Peterborough including North West Anglia NHS Foundation Trust Update on Progress with the Green Travel Plan. Contact Officer: Jane Coulson / Taff Gidi		
	Integrated Care System Contact Officers; Charlotte Black / Jyoti Atri		
	Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough (2020-24) Contact Officer: Jyoti Atri / Emmeline Watkins		
	CPFT Section 75 Mental Health - Annual report Contact Officer: Sarah Bye		
	Adults Social Care Annual Complaints Report 2020-2021 Contact Officer: Charlotte Black / Belinda Evans		

	<p>Monitoring Scrutiny Recommendations To monitor progress made on recommendations made at the previous meeting. Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
	<p>Forward Plan of Executive Decisions That the Committee identifies any relevant items for inclusion within their work programme which are relevant to the remit of this Committee. Contact Officer: Paulina Ford, Senior Democratic Services Officer</p>		
<p>Future Reports:</p>	<p>KPI report on the performance of the Integrated Care System vs. the CCG – to be presented in approximately 18 months - Contact Officer: Dr Gary Howsam</p>		

This page is intentionally left blank