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ADULTS AND HEALTH SCRUTINY COMMITTEE

TUESDAY 27 SEPTEMBER 2022
7.00 PM

Bourges/Viersen Room - Town Hall

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

AGENDA

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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 18 July 2022**	**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.	**Annual Director Of Public Health Report**	**13 - 26**
6.	**Primary Care Services Update**	**27 - 36**
7.	**Carers Survey and Carers Strategy**	**37 - 62**
8.	**Forward Plan of Executive Decisions**	**63 - 84**
9.	**Work Programme 2022/2023**	**85 - 88**

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10. Date of Next Meeting

11 October 2022 - Joint Meeting of the Scrutiny Committees
8 November 2022 – Adults and Health Scrutiny Committee

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Committee Members:

Councillors: S Barkham (Chair), A Ali (Vice Chairman), N Bi, C Burbage, G Elsey, S Farooq, C Harper, S Qayyum, B Rush and B Tyler

Substitutes: Councillors: A Bond, C Fenner and M Sabir

Non-Statutory Co-opted Members
Parish Councillor June Bull, 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 MONDAY, 18 JULY 2022 BOURGES/VIERSEN ROOM, TOWN HALL, PETERBOROUGH

Committee Members Present: S Barkham (Chair), Ansar Ali (Vice-Chair), N Bi, G Elsey, S Farooq, C Fenner, B Rush, B Tyler, S Qayyum, Co-opted Member Parish Councillor June Bull

Officers Present:
Jyoti Atri, Director of Public Health
Debbie McQuade, Assistant Director Adults and Safeguarding
Kate Hopcraft, Director of Planned Care NHS Cambridgeshire and Peterborough
Janine Nethercliffe, Deputy Medical Director for North West Anglia NHS Foundation Trust
Charlotte Cameron, Democratic Services Officer
Paulina Ford, Senior Democratic Services Officer

Also Present:
Eva Woods, Youth Council Representative and Youth MP for Peterborough
Cllr Howard, Cabinet Member for Adult Social Care, Health and Public Health

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Burbage and Councillor Harper. Councillor Fenner was in attendance as substitute for Councillor Burbage.

2. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

No declarations of interest were received.

3. MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING HELD ON 15 MARCH 2022

The minutes of the meeting held on 15 March 2022 were agreed as a true and accurate record.

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

There were no Call-Ins received at this meeting

5. APPOINTMENT OF CO-OPTED MEMBERS 2022/23

The Adults and Health Scrutiny Committee received a report in relation to the appointment of Co-opted Members in accordance with the Council's Constitution Part 3, Section 4 – Overview and Scrutiny Functions.

The purpose of the report was to seek approval from the committee to appoint Parish Councillor June Bull as a non-voting Co-opted Member to represent the rural communities for the municipal year 2022/2023 and to appoint Parish Councillor Neil Boyce as a substitute for Parish Councillor June Bull should she not be able to attend a meeting.

The Senior Democratic Services Officer introduced the report and explained that the nominations for Parish Council Co-opted Members had been put forward by the Parish Council Liaison Working Group and that the appointments would be reviewed annually.

The Committee unanimously agreed to the appointments of Parish Councillor June Bull as a non-voting Co-opted Member for the municipal year 2022/23, and the appointment of Parish Councillor Neil Boyce as her substitute.

The Chair welcomed Parish Councillor June Bull who was in attendance and invited her to join the committee for the rest of the meeting.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to agree to:

1. Appoint Parish Councillor June Bull as an Independent Co-opted Member with no voting rights to represent the rural area for the municipal year 2022/2023. Appointment to be reviewed annually at the beginning of the next municipal year.
2. Appoint Parish Councillor Neil Boyce as the nominated substitute for Parish Councillor June Bull. Appointment to be reviewed annually at the beginning of the next municipal year

6. ELECTIVE WAITS AND RECOVERY

The report was introduced by the Director of Planned Care NHS Cambridgeshire and Peterborough accompanied by the Deputy Medical Director for North West Anglia NHS Foundation Trust. The report provided the committee with an update on current elective waiting lists, encompassing both surgical and outpatient pathways, and the strategy for recovery following the increasing waiting times for patients post the COVID-19 pandemic. The report included background information; highlighting the key issues, current position, particularly for the North West Anglia NHS Foundation Trust (NWAFT), as well as actions taken to date and future plans to support recovery across the Integrated Care System (ICS).

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

- One Member who worked in Primary Care had noted that since Covid there had been an increase in GPs having to chase up on appointments and hospital investigations on behalf of their patients. The concern was that their patients' conditions had worsened due to the waiting times for appointments. Members were also concerned about the shortage of beds. Members were informed there had been some issues internally with the appointment booking system and this was being resolved and therefore would improve. The hospital had now published waiting times on the website. The GP liaison service was now being looked at to see what improvements could be made and the patient liaison service was also being improved so that once a patient had been

referred, they could access the hospital directly to check on their appointment without having to go through their GP. The issues were known and the hospital was working hard to rectify them.

- Members were informed that there had always been a challenge over the winter for surgical beds. There was a need to ensure better patient flow which often occurred due to blocks on discharging patients. It was a system wide problem which the Integrated Care System would help with. Other solutions like virtual wards were being looked at and ways of keeping patients out of acute Trusts when they did not need to be there and delivering their care closer to home.
- Members asked several questions on the NHS England and NHS Improvement: Equality and Health Inequalities Assessment including the following.
- Members wanted to know how many of the patients had been waiting to be seen for 52 weeks and 104 weeks who had opted out and cancelled their treatment or had gone privately. Members also sought clarification on how many patients had changed their status from elective surgery to either semi elective or urgent. The Officer advised Members that there were some patients who had chosen to go privately, and this was of course their choice, but everything was being done to assist patients to avoid them having to refer to the private sector. When re-triaging patients there had been a significant number of patients who had been changed from the routine waiting list to urgent. Examples of this were patients with bladder stones which continued to bleed, patients with long term catheters that needed to have a prostrate operation, patients with stents. Normally these conditions could have waited six months but after that time it became more urgent as waiting could cause long term risks. The waiting list was reviewed regularly to ensure those patients were treated appropriately at the right time. Everything possible was being done to minimise the waiting lists but there was still a possibility of a patient on the waiting list presenting at A&E.
- Members referred to page 27 of the report, Elective Recovery and noted that one ambition was to eliminate 104+ week waits by July 2022 and maintain performance. Members sought clarification on if this had been achieved. The Officer responded that currently there were a small number of patients waiting for treatment in the North Patch over 104 weeks. Those patients were waiting mainly due to clinical reasons or patient choice to delay the treatment due to personal circumstances. Currently across the whole of Cambridgeshire and Peterborough there were just two patients that were waiting due to capacity, but work was being done with the relevant providers to ensure that those patients received their treatment within the next few weeks.
- Members also noted that the report stated that it wanted to reduce the total system waiting list to September 2021 levels and sought clarification on whether this had been achieved and what the September 2021 levels looked like compared to the 104 week wait. Members were informed that the September 2021 ambition was more about the overall size of the waiting list which was not being achieved at the moment as the waiting list was currently growing. In terms of long waits the next step was to get to 78 weeks wait by the end of March 2023.
- Members sought clarification as to how the Trust could ensure equitability and address inequalities in waiting times in elective surgery backlogs covering every speciality. Members were advised that waiting lists were completed in terms of clinical priority. Monitoring also took place with regard to the demographics of people on waiting lists to identify any groups of patients that were waiting longer than others so that these cases could be investigated to understand what needed to be done. There was also a work stream around health inequalities for the planned care work which was being undertaken across the system to make sure everything was being done to reach all potential patients and different groups across all of the systems. It was work in progress.

- The Youth MP referred to page 34 where it mentioned work being done to assist people or families on lower incomes to ensure that alternatives to digital solutions remained in place for people who may not have access to the technology. Clarification was sought as to what this meant. Officers advised that different ways were being looked at to make sure people could access the virtual clinics even if they did not have the technology at home. There were places that people could go to access the technology to attend virtual appointments, an example of which was at Doddington Hospital.
- The issue of people with poor literacy or health Literacy was also raised and Members were informed that work was being done to ensure that alternatives to digital solutions remained in place for people who may not have access to the technology. Alternative methods of communicating new services were also being considered that were clear, graphical and accessible. Not all patients benefited from virtual appointments and treatment for each patient would be tailored to suit their needs and clinical decisions that were best for that patient.
- Members referred to page 33 of the report and groups who faced health inequalities and in particular carers of patients: unpaid family members. It was noted that the overall impact was likely to be positive, stating that some population may benefit from not having to access services on site with reduced travel time and wait times. Members noted however that there was no main recommendation against this. Officers advised that the health inequalities assessment was quite difficult to do for the overarching programme of works as each element were very different types of projects. Recommendations would be forthcoming as each project had a health inequality assessment completed.
- Members referred to page 19 MSK Services noting that the benefits expected from the redesign would reduce referrals into secondary care with patients being seen in community services closer to home. Members sought clarification as to what the community services would be. Officers advised community services already in existence were such services as physio and pain management and the idea was to make these much more accessible locally so that patients did not have to come into the hospital. The services were provided by different GP practices and through Cambridgeshire Community Services.
- Members referred to page 32 and the table which summarised the main potential positive or adverse impacts for people who experienced health inequalities. Members noted that the main recommendation for most of the proposals to reduce any key identified adverse impact or to increase the identified positive impact was stated as *"To work with wider system groups and North/South place to ensure that alternatives to digital solutions remain in place for people who may not have access to the technology".* Members felt that the recommendation was very broad, and clarification was sought as to what the wider system groups mentioned were. Officers acknowledged that the recommendation seemed very broad within that impact assessment around the areas stated. Each of the schemes were very different in how they would be delivered, and more detailed information was required, it was work in progress and each scheme would be looked at in detail as it was developed.
- Members referred to page 28, Perioperative Pathway transformation. Clarification was sought as to when the wait time started, was it from when the operation date was set or when the Perioperative Pathway started. Members were informed that the 18 week wait time started when the patient was first referred into the hospital not when the decision was taken for the patient to have surgery. Patients were waiting longer for treatment post-pandemic which could mean that their condition could deteriorate and could impact on wider aspects of their health or life. Additional support was being given to them whilst waiting by providing holistic support. For example, weight management, smoking cessation, diabetes or accessing community or voluntary sector groups/services or social prescribing to improve their overall wellbeing.

- Members sought clarification on how effective the community clinics had been and if they had been instrumental in reducing the waiting lists. Officers advised that there was more that could be done with community services especially with speciality services such as Ear, Nose and Throat and cataract surgery. Work was already being undertaken for these areas in community clinics, but work was being done to see how this could be maximised.
- Members were pleased to hear that positive steps were being taken to address waiting lists. Members commented that they often heard people's frustrations about how long they were having to wait for appointments and wanted to know if officers were aware of people being forced to go privately due to the length of waiting time before they were treated. Officers advised that no one was forced to go privately, and it was of course their own choice. Patients' expectation was that as soon as Covid was over the waiting lists would revert back to 18 weeks, assuring patients and educating them on a realistic waiting time was important. However, some patients may still choose to go privately if they have insurance and could do so. Every effort was being made to clear the backlog of waiting lists.
- Members commented that health inequalities in the city were a continuing issue and asked if data was being kept ensuring that those who needed to be looked after were being identified. Members were informed that at a system level there was a weekly patient tracking list which provided high level data that sat behind the waiting lists. The tracking list provided the demographics of each patient. The biggest issue was not knowing who was not coming on to the waiting lists and more work was being done to try and identify those patients and how this could be improved.
- Members referred to page 21 and the Non Admitted Pathways waiting list and wanted to know how this was monitored. Members were advised that the Non Admitted Pathways were monitored very closely within the Acute Trust and there was also an overview across the whole system so that peaks and troughs and high numbers of patients waiting could be identified. Patient experience and outcomes were monitored by the clinicians seeing those patients. Every long waiting outpatient has a mandatory harm review to see if the patient had suffered any harm as a result of being on the waiting list.
- Members wanted to know how people on the waiting list were being supported so that they were fit and ready to receive their treatment e.g., smoking cessation, dietary advice. Members were informed that if a patient was recognised at clinically obese or smoking this would be broached with them at their first appointment and suggest ways of assisting them like attending smoking cessation clinics or signposting them to see a dietician. There was more work that could be done but it was recognised that outcomes for patients would be better if they were fit and ready for their treatment.
- Members sought clarification as to what percentage of patients waiting for surgery were declined treatment because they were not fit and ready and had not taken advice to get themselves fit for surgery. Members were informed that surgery would not be delayed unless the risk of surgery was dangerous.
- Members referred to page 28, Theatre Utilisation and noted that there were opportunities for all providers to improve processes and pathways within theatre departments to improve efficiencies and gain productivity opportunities. The key benefits from this would be an increase in procedures within current resources and a reduction in procedure cancellations; ultimately reducing the overall waiting list. Members were informed that theatre utilisation had been looked at and it had been identified that there was capacity in theatres. Underutilisation was due to several factors and each theatre and consultant job times were being looked at including high volume less complex cases to try and maximise theatre usage.

- Officers advised Members that if a theatre case overran its time, the first thing that would be done would be to see if the list could be extended. Everything would be done to try and get all patients listed for the day completed. Should a patient's surgery have to be cancelled on the day everything would be done to get that patient seen again as soon as possible.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to note and consider the information contained within the report relating to current elective waits and recovery plans.

7. HEALTH AND WELLBEING OVERARCHING STRATEGIC APPROACH

The report was introduced by the Director of Public Health accompanied by the Cabinet Member for Adult Social Care, Health and Public Health. The purpose of the report was to obtain views on the developing Cambridgeshire and Peterborough Overarching Health and Wellbeing Strategy.

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

- Members referred to page 53, paragraph 2.16 *How we will achieve these ambitions.* Members were particularly interested in the health inequalities and commented on the vast difference in life expectancy across the county due to the inequalities in social determinants across Cambridgeshire, particularly between areas of Peterborough and Cambridge. Members sought clarification on how the levelling up of health inequalities would be achieved. The Director for Public Health stated that it was very much an inequalities agenda and a wider determinants agenda as stated in the report and priorities were chosen to address poverty through employment and housing which was integral to the delivery of the strategy. The Director of Public Health felt that the Levelling Up White Paper had not offered anything to assist Peterborough in addressing local health inequalities but would have another look as Members felt that there were some 'hooks' around housing, health care access and education which could provide funding.
- Members referred to Section 2.14 and the anticipated outcomes for the Joint Cambridgeshire & Peterborough Heath & Wellbeing strategy and wanted to know how these would be achieved. Members were informed that the four priorities identified would assist in delivering the three anticipated outcomes but the detail behind these were yet to be developed. Members sought clarification as to whether the anticipated outcomes could realistically be achieved. The Director for Public Health said they were ambitious priorities, but they had to be realistically deliverable and had confidence that most would be achieved.
- The Youth MP referred to page 54 and conversations about better employment opportunities and how this linked into poverty and deprivation within the city. Clarification was sought as to whether those conversations and been linked to whether Peterborough could become a 'living wage' city. The Director for Public Health advised that when the priorities were originally written the concern was around the impact of Covid and the loss of employment or young people not being able to access employment. Whilst this was still an issue the emerging issue now was the cost of living and inflationary pressures and the fact that people who were in work were also experiencing poverty, and this was where the living wage agenda would be relevant. The priorities and outcomes would therefore be kept under review as the world around

changed. The living wage would be agreed to in principle, but it did pose challenges in terms of delivery and particularly in the care sector.

- The Youth MP also referred to the section in the report which referred to ensuring children were ready to enter education and exit and preparing them for the next phase of their lives. How would this be measured as a quantitate comparison how young people outside the academic sphere had become more prepared to enter the adult world as a result of the strategy. The Director of Public Health advised that the measures for those priorities had not yet been defined and it would be the responsibility of the lead officer for each priority area to put the measure in place. One common measure that was already in place was to measure those young people who were Not in Education, Employment or Training (NEET) but other measures were available.
- Members referred to pages 62 and 63 of the report and noted that targets had been set to increase healthy life expectancy by at least two years in Cambridgeshire and Peterborough, and to reduce the gaps between men and women in those areas and to reduce inequalities in preventable deaths before the age of 75 years by 20%. Clarification was sought on how the targets were set and if they were realistically achievable. The Director for Public Health acknowledged that they were stretched targets, but the aim was to be ambitious, however the targets were achievable. The targets were not based on any scientific calculation.
- Members noted that the aim of the strategy was to create an environment to give people the opportunity to be as healthy as they could be, but also noted that it had appeared in some areas of the city that the council were creating an environment for people to become as unhealthy as possible. This was seen by overcrowding and densely populated areas which often caused unhealthy environments. Members commented that these areas of Peterborough needed to be looked at more closely. The Director for Public Health advised that planning measures were used and would be continued to be used to support living in a healthy environment including such measures as exclusion zones for fast food outlets around schools. One of the challenges was that there was a lot of exposure to fast food outlets and unhealthy foods, additionally high density of pubs and drinking places and accessibility to cheap alcohol through supermarkets. There would need to be prioritisation on children and childhood obesity and working with schools to reduce this and improve on the lunch time and tuck shop provision.
- Members noted that the council had already identified its top ten areas of deprivation and wanted to know why those areas were not being prioritised for health inequalities. The Director for Public Health advised that she was writing a paper on health inequalities which included information on why it was appropriate or not to target certain areas. Many of the most effective Public Health measures had been universal measures. Examples of these were the Covid lockdown measures which were really effective at reducing inequalities and exposure to Covid mortality. Another example was fluoridation in water which was one of the most effective measures in reducing inequalities in dental care. This information would be explored in more detail in the annual Public Health report which would be presented to the committee at a future meeting.
- Members commented that Peterborough was a multi-cultural city and sought clarification as to whether the strategy would follow a multi-cultural approach. The Director for Public Health advised that she was a firm believer in the application of behavioural science, and that involved understanding populations where you wanted to change behaviour, understanding the motivational factors and the barriers to adopting healthy behaviours and then using marketing techniques to address them. Budget had been put aside to support this.
- Members referred to the section regarding ensuring children were ready to enter education and wanted to know if this linked into the Best Start in Life Programme.

Members were informed that the Best Start in Life Programme was still in place, this strategy would be about delivering even better outcomes. The Best Start in Life Programme had been impacted by Covid as Health Visitors had not been able to have face to face visits and one of the priorities of the strategy was to get the face-to-face visits back in place. Face to face visits would enable developmental base line checks to recommence and universal measures could then be put in place and targets for child development.

The Chair thanked the Director for Public Health for an informative and comprehensive report and invited the Director back to a future meeting to report on how the strategy was progressing.

The Chair also welcomed Cllr Howard to his first meeting as the new Cabinet Member for Adult Social Care, Health and Public Health.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to note and comment on the proposals for engagement and consultation around the Overarching Cambridgeshire and Peterborough Health & Wellbeing Strategy.

The Adults and Health Scrutiny Committee requested that the Director of Public Health include in her next Service Director report the Health and Wellbeing Strategy, outlining actions that will be taken to achieve the strategies priorities.

8. REVIEW OF 2021/2022 AND WORK PROGRAMME FOR 2022/2023

The Senior Democratic Services Officer presented the report which considered the 2021/2022 year in review and looked at the work programme for the new municipal year 2022/23 to determine the Committees priorities. Members also noted the Terms of Reference for the Committee.

Members asked if information on what staffing levels were like during Covid throughout hospitals, GP surgeries and intermediate care teams and how staff were affected when operating with a lesser workforce that normal, and if this could be incorporated into a future report. The Senior Democratic Services Officer suggested that this be discussed at the next Group Representatives/Agenda Planning meeting to see if it could be incorporated into a future report.

AGREE ACTIONS

The Adults and Health Scrutiny Committee noted the report and **RESOLVED** to

1. Consider items presented to the Adults and Health Scrutiny Committee during 2021/2022 and make recommendations on the future monitoring of these items where necessary.

2. Determine its priorities and approve the draft work programme for 2022/2023 attached at Appendix 1.

3. Note the Recommendations Monitoring Report attached at Appendix 2 and consider if further monitoring of the recommendations made during the 2021/2022 municipal year is required.

4. Note the Terms of Reference for this Committee as set out in Part 3, Section 4, Overview and Scrutiny Functions and in particular paragraph 2.1 item 3, Adults

and Health Scrutiny Committee and paragraph 3.5 Health Issues as attached at Appendix 3.

9. FORWARD PLAN OF EXECUTIVE DECISIONS

The Senior Democratic Services Officer introduced the report which included the latest version of the Council's Forward Plan of Executive Decisions containing decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during the forthcoming month. Members were invited to comment on the plan and where appropriate, identify any relevant areas for inclusion in the Committee's Work Programme.

A Member requested further information on the following decisions:

- Variations to the Integrated Drug and Alcohol Treatment System Contract - KEY/25APR2022/03
- Investment of additional funding from the Office of Health Improvement and Disparities (OHID) to improve Drug and Alcohol Treatment Services – KEY/23MAY22/01

The Director of Public Health advised that the above decisions related to work that had been carried out by Dame Carol Black that had identified deficiencies in the drug treatment pathway. There had been more money made available to increase the reach to the people that could be offered treatment to and to strengthen the pathway such as offering more family support. This was a variation to the current contract to allow for the additional investment. Further information could be provided via a briefing note.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to note the report and requested that the Director of Public Health provide the committee with a briefing note on Forward Plan Item 9 Variations to the Integrated Drug and Alcohol Treatment System Contract KEY/25APR2022/03.

10. DATE OF NEXT MEETING

13 September 2022 – Joint Meeting of the Scrutiny Committees
27 September 2022 – Adults and Health Scrutiny Committee

CHAIR

7.00 - 8.23pm

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ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
27 SEPTEMBER 2022	PUBLIC REPORT

Report of:	Jyoti Atri, Director of Public Health	
Cabinet Member(s) responsible:	Cllr Howard, Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Jyoti Atri, Director of Public Health Emmeline Watkins, Deputy Director of Public Health Peterborough	Tel. 01223 703259

ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT **To be Fair:** Evidence-led approaches to addressing health inequalities in Cambridgeshire and Peterborough.

RECOMMENDATIONS	
FROM: *Director of Public Health*	**Deadline date: N/A**
It is recommended that the Adults and Health Scrutiny Committee note the Annual report of the Director of Public Health.	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee following a request from the Adult and Health Scrutiny Committee group representatives as part of the 2022/23 Adults and Health Scrutiny Committee work programme.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide the Adults and Health Scrutiny Committee an opportunity to discuss the Annual Director of Public Health report on approaches to health inequalities.

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 - Public Health.

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 The Director of Public Health (DPH) has a duty to write an annual report on the health of the local population. The content and structure of the report may be decided locally. This year the Annual DPH report focus is on health inequalities in Cambridgeshire and Peterborough and evidence-led approaches to addressing these long-standing inequalities.

The Annual DPH report is attached separately at appendix 1.

5. CONSULTATION

5.1 No consultations have been taken or are required.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 This report provides recommendations of evidence-based approaches that can be taken to address health inequalities in Cambridgeshire and Peterborough. These needed to be embedded in the work of the council and wider partners.

7. REASON FOR THE RECOMMENDATION

7.1 The Committee is asked to note the Annual Director of Public Health report.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 The Committee could have chosen not to scrutinise the Annual DPH report. However, this would have omitted key issues for Peterborough residents' health and wellbeing.

9. IMPLICATIONS

Financial Implications

9.1 *None*

Legal Implications

9.2 The DPH has a duty to write an annual report, whereas the authority's duty is to publish it (under **section 73B(5) & (6) of the 2006 Act**, inserted by section 31 of the 2012 Act).

Equalities Implications

9.3 The focus of the Annual DPH report is about reducing inequalities.

Rural Implications

9.4 There are no specific Rural implications, though there can be rural inequalities in health and wellbeing.

Carbon Impact Assessment

9.5 There are no Carbon Impacts associated with the Annual DPH report

9.6 There are no other specific implications of the Annual DPH report though the approaches to addressing inequalities highlighted should be considered more broadly. There are no implications for children in care/care leavers or cross-service implications

10. BACKGROUND DOCUMENTS

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

10.1 References are embedded within the report attached at Appendix 1.

11. APPENDICES

11.1 Appendix 1: Annual Director of Public Health report

APPENDIX 1

To be Fair

Evidence-led approaches to addressing health inequalities in Cambridgeshire and Peterborough.

Director of Public Health Annual Report 2022/23

Introduction

Health inequalities are unfair and avoidable differences in health between people or communities. The exposure and exacerbation of health inequalities through the Covid-19 pandemic has resulted in focused attention on health inequalities and renewed interest in addressing them. Yet our awareness of health inequalities and our desire to address them is not new. The Black report in 1980[1] exposed health inequalities and made clear statements about the broader determinants of health inequalities, such as education, income and housing. These inequalities start early in life and have sustained impact on all aspects of life including health and death. The Marmot review in 2010[2] made a clear articulation of the determinants of health inequalities and outlined actions that would address them.

There have been attempts by national government to reduce inequalities in health. However, ten years after the publication of his initial review Prof Marmot identified that inequalities in health had actually widened [3]. These widening disparities were in place long before the additional and unequal distribution of the impact of Covid-19[4], and now, two and a half years after the start of the pandemic, we are facing another threat to our residents' health which will once again have most of an impact on the most deprived households. This summer, our most deprived residents have already felt the effects of sharp increases in food, fuel and other costs of living, and the effects will worsen and be felt more widely as we enter the winter months. Stark choices for households are likely to result in poorer health for many especially those who are not able to absorb the additional costs.

There have also been multiple and ongoing attempts to reduce health inequalities at a local level in Cambridgeshire and Peterborough and yet health inequalities persist.

Figure 1 shows the patterns for deaths under the age of 75 years where men in the most deprived fifth of areas have a considerably higher rate of premature death, and the gap between the most and least deprived fifths has remained relatively consistent. For women, this gap has potentially widened in recent years.

This report explores some of the reasons for why we have not been successful at reducing health inequalities and outlines some approaches, based on evidence and experience, that may materially improve outcomes for those who are experiencing inequalities and reduce inequalities.

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[1] The Black Report 1980 (sochealth.co.uk)
[2] Fair Society Healthy Lives, February 2010
[3] Health Equity in England: The Marmot Review 10 Years On - The Health Foundation, February 2020
[4] COVID-19: Review of emerging evidence of needs and impacts on Cambridgeshire & Peterborough, 2021/2022

APPENDIX 1

Figure 1 All-cause mortality rates in those under 75 years between 2014 and 2021 by Indices of Multiple Deprivation (IMD)

Comparison of **most** and **least** deprived IMD **quintiles** - **three year** aggregated age standardised rates per 100,000

Cambridgeshire and Peterborough
Premature (under 75) all cause mortality rates per 100,000
Most deprived quintile compared with least deprived quintile

Males | Females

Rate ratio - most deprived divided by least deprived:

	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021
Males	2.1	2.4	2.6	2.6	2.4	2.4
Females	2.1	2.0	2.3	2.3	2.5	2.5

DASR per 100,000 — 3 Year Period
Most deprived quintile — Least deprived quintile — Average

The determinants of health inequalities

As made clear in both the Black report and the Marmot review, the causes of health inequalities lie predominantly in the wider determinants of health such as good housing, good education, good employment and income, healthy environments, a supportive community, and family. Many of the structural levers for addressing these lie outside local control, however this report will focus on what can be done at a local level to address health inequalities. If we are to be successful in tackling health inequalities now, we must learn from our experience to date and draw on the international evidence base of successful interventions.

Health inequalities are unfair and avoidable differences in health between people or communities. Our focus must be on reducing inequalities in health outcomes and to do this we must understand the determinants of those inequalities. These include education, income, gender, age, sexual orientation, disability, genetics, ethnicity and background, and access to services and treatment. Whilst many of these factors may predispose individuals to experience health inequalities, most of these factors should not inevitably lead to inequalities in health outcomes. It is how society responds to these different risk factors that should lead to a reduction in inequalities in outcomes.

Targeting by geographical groupings will miss most individuals that could benefit

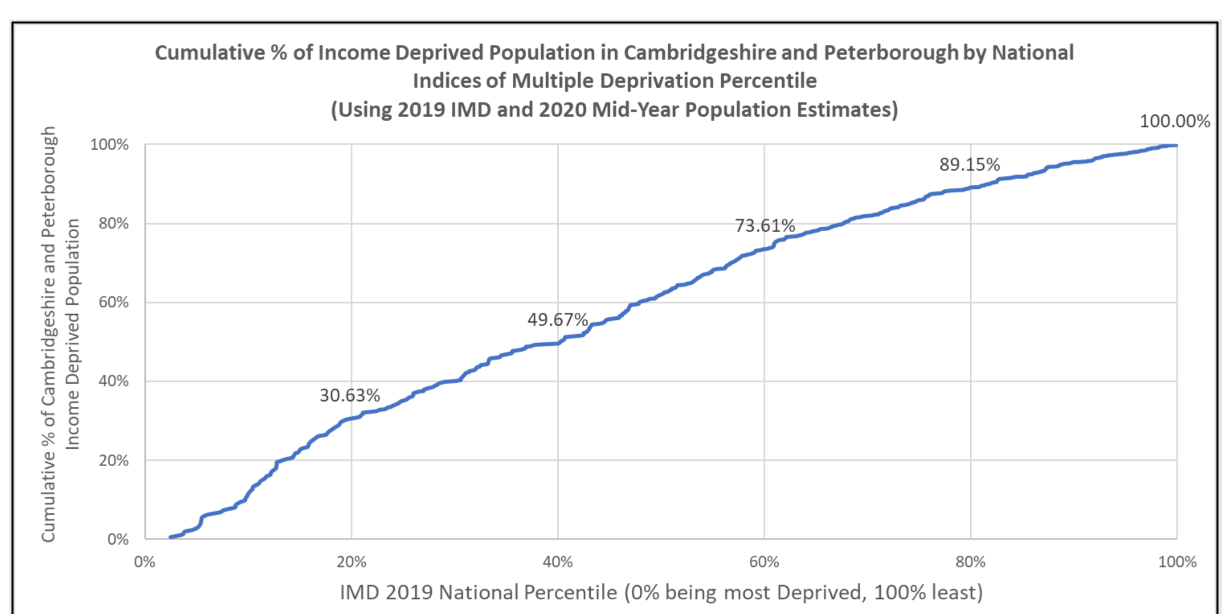
Inequalities in health are experienced by individuals, yet much of our analysis and data presentation is aggregated, hiding considerable variation. Information is often presented by geography, or the Indices of Multiple Deprivation (IMD) which itself is based on small area geographies.

Data presented by deprivation categories can highlight the health inequalities and the outcomes that need improving – but it doesn't necessarily inform the type of intervention that is going to be most effective. Sometimes, given the geographic clustering of deprived areas in Cambridgeshire and Peterborough, the presentation of data by deprivation can lead a focus on geographically based interventions. To the person with a hammer everything looks like a nail! Whereas we need to be rigorous and evidence-led in choosing the most effective intervention mechanism.

The factors that may predispose an individual to experience health inequalities are distributed widely across the county and not restricted within particular geographies. For example, a very important factor in health outcomes is income, and although low incomes are associated with some geographic areas, there remains a lot of variation.

Figure 2 shows the cumulative number of individuals who are income deprived across Cambridgeshire and Peterborough against IMD percentiles. Put simply, it's likely that all our areas, even the wealthiest, are home to people on low incomes. If we were to focus our attentions on the most deprived quintile, we would only reach 31% of individuals who are income deprived and miss the majority. Even the least deprived quintile contains 11% of the income deprived individuals across the county. Using food poverty as an example, whilst primary and secondary schools in the most deprived areas in Cambridgeshire and Peterborough are likely to have the highest proportions of children eligible for free school meals, the majority of children eligible for free school meals will be in the other quintiles and all primary and secondary schools in Cambridgeshire and Peterborough have some children eligible for free school meals.

Figure 2 The Cumulative percentage of income deprived population in Cambridgeshire and Peterborough by Indices of Multiple Deprivation



Apart from geographic targeting of interventions, the other approach that is often used is to target resources to the highest need individuals. This is an approach that is widely used by our health and social care sector, where need thresholds must be crossed before individuals can access care or support. Whilst of course this approach is required to protect limited resources and to ensure only those who are in need receive services, the limitation of this approach is that there are inequalities in healthcare-seeking behaviour and subsequent access to services can widen inequalities further[5]. Focusing resources at those in greatest need who are already unwell cannot result in a reduction of health inequalities as the determinants of those inequalities will already have had their impact. It is too late.

The case for universal approaches

As described above, when faced with a problem such as excess weight which impacts the health of the majority of the adult population, targeted approaches that focus on a relatively small number of people will not work at reducing overall risk in the population.

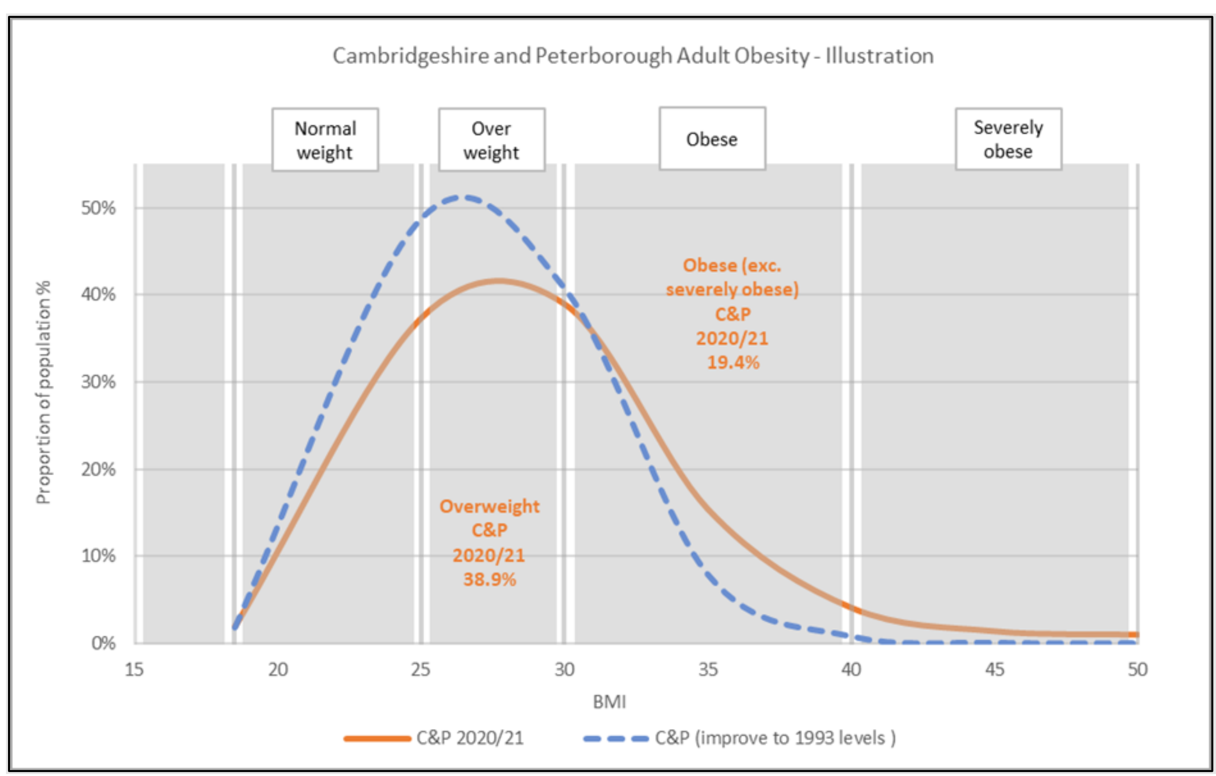
[5] The Inverse Care Law, Lancet. Hart, J. T, 1971 Feb 27;1(7696):405-12

APPENDIX 1

Figure 3 illustrates the population distribution of those overweight and obese in Cambridgeshire and Peterborough and how that has shifted over the last 30 years, with many more of us now overweight and obese, something that need reversing.

APPENDIX 1

Figure 3 Illustration of the current distribution of those overweight and obese in Cambridgeshire and Peterborough compared to 1993[6]



However, if we focus on those who are overweight and living in the most deprived quintile, we will miss the majority of people who need to lose weight. Using a threshold approach, focusing on those who are obese or severely obese for example, we will miss the majority who are overweight and whose health is already at risk because of it and who could go on to be obese. Offering intensive individual level support to all of those who are overweight is unaffordable, impractical and not cost effective; universal measures are required to tackle a problem of this scale. Measures such as changing the environment to support people to walk or cycle by default or restricting advertising of fast foods are more cost effective. Of course, we will want to offer additional support and interventions to those who are obese, but this cannot be at the cost of universal approaches which have the potential to improve the risk levels of many more people.

Universal approaches can be very successful at both improving population health outcomes and reducing inequalities, without being stigmatising. For example, universal measures on smoking, such as the smoking ban in indoor public spaces, other smoking legislation and pricing measures have resulted in reduced overall population smoking prevalence, reduced inequalities in smoking initiation[7] and smoking prevalence between the most deprived and least deprived deciles, have

[6] Illustration based on point prevalence data for Cambridgeshire and Peterborough based on Active Lives Survey 2020/21 and England data from Health Survey for England 2019

[7] Impact of UK Tobacco Control Policies on Inequalities in Youth Smoking Uptake: A Natural Experiment Study | Nicotine & Tobacco Research | Oxford Academic (oup.com), May 2020

continued to reduce since the introduction of the ban[8]. Another such example is the addition of fluoride to drinking water, which can improve population oral health and reduce inequalities in dental caries[9]. If targeted approaches are used alone, the potential to improve population health outcomes, is missed.

Universal approaches are also essential when identifying those in greater need or at higher risk. For example, our health visiting services routinely visits all babies, providing systematic support to all new mothers but identifying and providing intensive and systematic support to any families with greater need. Without this universal intervention, it would be much harder to identify those who needed more help.

Even for something such as smoking in pregnancy, which on the face of it warrants a very targeted approach, without routine carbon monoxide checks, many pregnant smokers or those exposed to smoking in pregnancy, through household members smoking, would be missed and would not be offered support to stop smoking. Once identified, individuals can be offered the additional support they need.

Proportionate or progressive universalism

Combines the approach of improving health of all individuals as well focusing efforts on improving the health of the groups with the highest need.

For services, this means that there is a universal offer but one that is systematically planned and delivered to enable access and give support according to need – both at an individual level and at a neighbourhood level to ensure better outcomes for all.

The balance between a proportionate universal approach and a more targeted offer, and its impact on outcomes, has also played out in the approach to supporting families with the youngest children. The original Sure Start programme was funded to provide universal access to community-based support and health provision, but as funding changed a much more targeted approach needed to be offered which meant that it is more difficult to identify early signs of difficulties within families as they are no longer regularly attending universal sessions with their peer group. It also potentially impacted local community views on the purpose of Sure Start centres[10]. The new national approach for Family Hubs has recognised this gap and is moving towards a coordinated and universal Start for Life and family services as well as ensuring that there are additional targeted interventions to support vulnerable and under-served populations[11].

For all these reasons, universal approaches should be the first port of call.

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[8] Smoking inequalities in England, 2016 - Office for National Statistics (ons.gov.uk)
[9] Health and Care Bill: water fluoridation - GOV.UK (www.gov.uk), March 2022
[10] Sure Start: voices of the ‘hard-to-reach’ (pdf - researchgate.net) October 2007
[11] Family hubs and start for life programme: local authority guide - GOV.UK (www.gov.uk), August 2022

APPENDIX 1

The limitations of universal approaches

Universal approaches may sometimes fail to address inequalities. Some groups and communities are also more likely to experience challenges in accessing care, including preventative care – with issues such as the availability of services in their area, services opening times, digital exclusion, access to transport, access to child care, language and literacy, poor experiences in the past, misinformation and fear - all being highlighted by the NHS[12] as potential reason for differential access to care.

The Covid-19 vaccine is a universal offer that has been incredibly effective at reducing population harm from Covid-19, without this universal offer we would still be seeing many hospitalisations and deaths due to Covid-19. However, it has become increasingly clear, through the pandemic that this universal offer was not universal in reach. In fact, those who were most likely to need it due to being at higher risk through social factors, were least likely to take up the vaccine.

The offer of vaccination was systematic and there was considerable additional planning and engagement across geographies, ages, ethnicities and communities to address the issues such as opening times, transport, facilities, language, understanding and misinformation. However, there was clearly variable impact of vaccine initiatives, both nationally and locally, and there are still some local areas and communities with lower levels of Covid-19 vaccine uptake.

The complexity of addressing the underlying systemic issues and addressing individual concerns was highlighted throughout – with some real successes, but the continued lack of vaccine confidence in some areas despite considerable efforts highlights that there are still lessons to be learned to enable effective implementation and support to access this type of universal offer.

Interventions to improve uptake of such a universal offer may increase uptake for all, without reducing the inequalities across the population. For example, in Sweden[13] there was a randomised controlled trial of monetary incentives to undergo early Covid-19 vaccination, compared to other measures such as behavioural nudges or reminders. One group received a 200 Kr (£16) cash incentive if they were vaccinated within 30 days of becoming eligible for vaccination whereas the other groups received behavioural nudges. While some of the behavioural nudges significantly increased the intention of participants to be vaccinated, they did not significantly impact uptake, however the vaccine uptake rate in the monetary incentive group was 4 percentage points higher than the control.

Interestingly, financial incentivisation provided a similar boost to the rate of vaccination across all the demographic groups – thus improving uptake for all, but not reducing

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[12] NHS England » What are healthcare inequalities?

[13] Monetary incentives increase COVID-19 vaccinations - PubMed (nih.gov) Campos-Mercade P etal. Science. 2021 Nov 12;374(6569):879-882

inequalities. This presents ethical questions of acceptability of improving absolute uptake overall and thereby preventing hospitalisations and deaths in those who are most vulnerable, yet not reducing inequalities.

There is obviously a trade-off between overall cost of an intervention program such as an incentive programme, the fairness with respect to who is eligible and this needs to be clearly and transparently balanced with the cost-effectiveness of the intervention. For vaccine incentives, it is fairer if the incentive is universal - offered to everyone, including groups who are likely to have high uptake or have already been vaccinated. This would mean the cost for each additional vaccinated person above the baseline would be much higher than for targeted incentives. However, the cost-effectiveness of such a program could still be positive if it reduces future pandemic costs sufficiently.

It is easier to target incentives when the need (and lack of need) can be clearly identified - such as in those smoking during pregnancy. Here, targeted monetary incentives have been shown to be highly effective at improving quit rates compared to normal care[14], with very clear benefits as to health outcomes for the mother and the child.

The ongoing debate of universal versus targeted support measures for energy costs this winter especially given the existing budget constraints highlights the complexity of these decisions and the need, if targeting, to identify all those in need or at risk of poor outcomes.

Care needs to be taken that interventions are based on true assessment of risk or need, rather than on the much easier to measure but crude demographic or geographic characteristics. Targeting to demographic or geographic groups assumes that the selected group is homogenous both in behaviour and health outcomes and also risks missing many people who are not in these groups but still in need. In addition, a service that is crudely targeted to a group can lead to a level of stigma and an unwillingness to use the service, which needs to be addressed in any successful targeted service.

Whatever form of targeting is used it is important that the identification of those at risk is carried out with the best data available, and the intervention has a strong evidence base of impact on outcomes.

[14] Cochrane Review (2019) Incentives for smoking cessation - PMC (nih.gov)

APPENDIX 1

Table 1 Brief overview of types of targeting and the advantages and disadvantages

Targeted group for intervention	Advantages	Disadvantages
Risk group identified at an individual level	• Requires robust individual level data to enable risk scoring • Intervention can be targeted to those at need/risk and is likely to have more impact on outcomes	• Information to risk score is not always available • Requires system analytic capacity to identify risk groups • People below the cut-off for intervention may still have risks that can be reduced
Groups with key health or behavioural need e.g.	• Focused interventions such as incentives and peer support are possible • Some individuals with need will be known to services	• Often based on the individual or service identifying their need and accessing intervention – therefore groups may be missed leading to a widening of inequalities. • Need is not always easy to identify • Can be assumptions that group are similar in characteristics and a similar intervention is appropriate for all
Demographic group e.g. homeless, migrants, traveller communities, those on benefits	• Can be easy to identify • Often have high health needs	• Assumes a group is homogenous and have the same needs • Can lead to culture blaming and stigmatisation • Specific services can be perceived as poorer quality leading to issues with utilisation by the group • Focus can be on particular health conditions or support needs, neglecting broader health problems
Geographical/deprivation	• Requires no individual level data to identify target group • Need is proportionately higher in deprived areas	• Substantial proportion of health need is elsewhere.
Demographic e.g age, ethnicity	• Most services have age information	• Need is often higher in deprived individuals at an earlier age. • Age cut offs can therefore worsen inequalities if this isn't taken into account

Conclusions and Recommendations

The renewed interest and commitment to tackling health inequalities as a result of the pandemic, is very much welcomed. Historic approaches at tackling these inequalities have not been successful, in fact inequalities have widened.

The automatic response to tackling inequalities is to target, however, as demonstrated in this report, universal approaches can be far more effective at reducing inequalities, than targeted approaches. Universal approaches are also necessary in identifying those individuals who are in need of further intervention. Targeting has also often been carried out on geographical basis or using IMD quintiles, as argued in this report, this can often lead to the majority of individuals in need, being missed.

Targeting in the way that we have previously has not If we are

To be fair to our residents we need to successfully reduce inequalities in health outcomes. To be successful in this we must be more intelligence-led and evidence-based.

We need to:

- Keep a focus on universal interventions as a key way of improving outcomes, reducing inequalities in health in our population.
- Make sure that any universal offer is systematically planned and delivered to enable access to all and give additional support according to need.
- Start early (pregnancy and childhood) before inequalities become entrenched
- Ensure that any targeted intervention is
  - based on need, ideally through universal identification of need or risk rather than grouping by easily available information such demographics or geography
  - evidence-led as to approach
- Be transparent and explicit around considerations for interventions clearly articulating the proposed individual and population benefits, draw first on evidence based approaches with proven cost effectiveness and where evidence is not available, research and evaluate the impact of new and innovative approaches.

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ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
27 SEPTEMBER 2022	PUBLIC REPORT

Report of:	NHS Cambridgeshire and Peterborough ICB	
Contact Officer(s):	David Parke Associate Director of Primary Care	david.parke1@nhs.net

PRIMARY CARE SERVICES UPDATE

RECOMMENDATIONS
It is recommended that the Adults and Health Scrutiny Committee: 1. Note the contents of this report in response to the questions raised at the Group Representatives meeting on 2 August 2022. 2. Discuss the contents of the report and make any recommendations necessary.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee following a request from the members of the committee at the annual planning meeting on 16 June 2022 and the Group Representatives' meetings on 4 August 2022.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide an update on Primary Care Services and respond to specific questions and request for information from the Primary Care Team.

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

3. Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

Sections set out in response to specific queries raised.

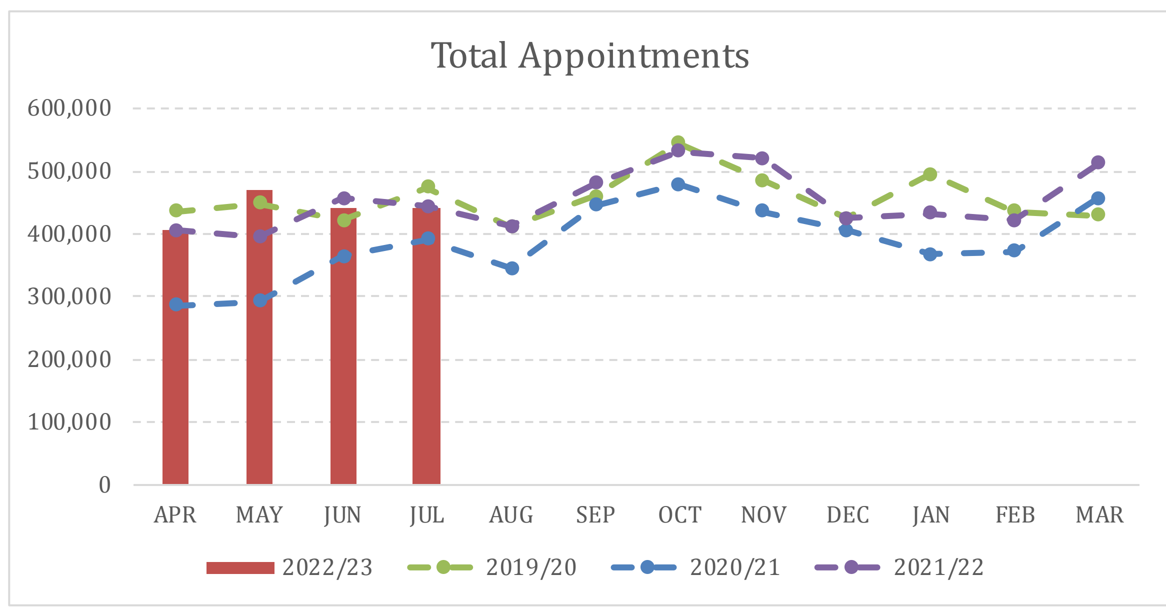
3.1 GP Access and what we are doing to improve that.

3.1.1 During the COVID-19 pandemic, the Cambridgeshire and Peterborough health and care system was not alone in experiencing unprecedented pressures and activity across all its health services as the system journeyed through the pandemic and subsequently moved into recovery and restoration.

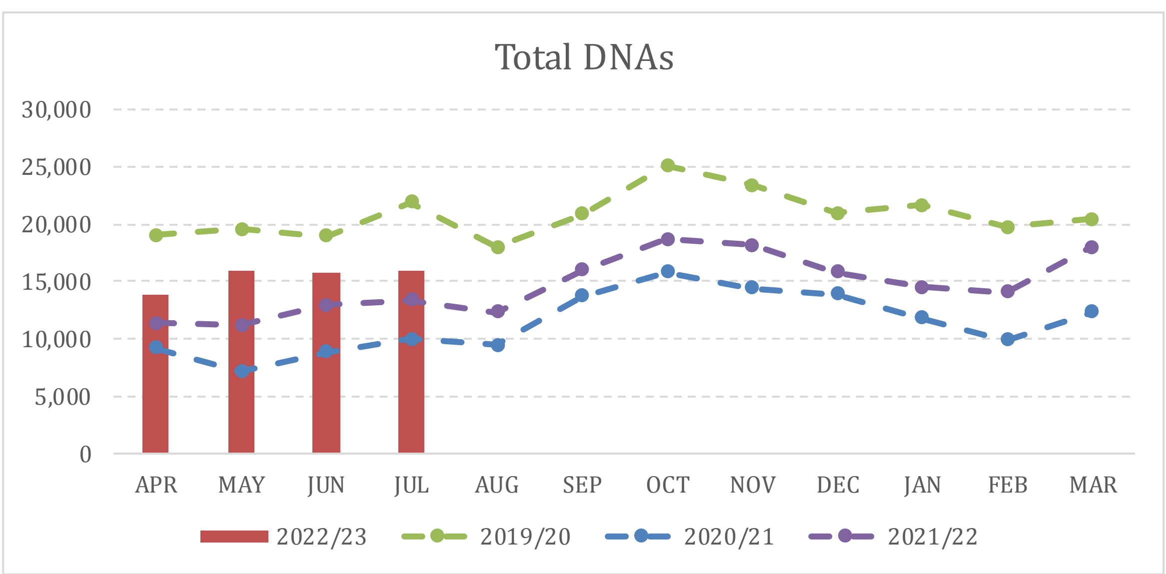
NHS England instructed general practice to re-prioritise work to support the COVID vaccination programme in 2021 and the booster programme into 2022. This focus has shifted to addressing non-COVID needs in 2022/23 with general practice encouraged to see patients face to face where clinically appropriate.

There continues to be significant demand and pressures for general practice above and beyond pre-pandemic levels. General practice has responded and is accommodating additional

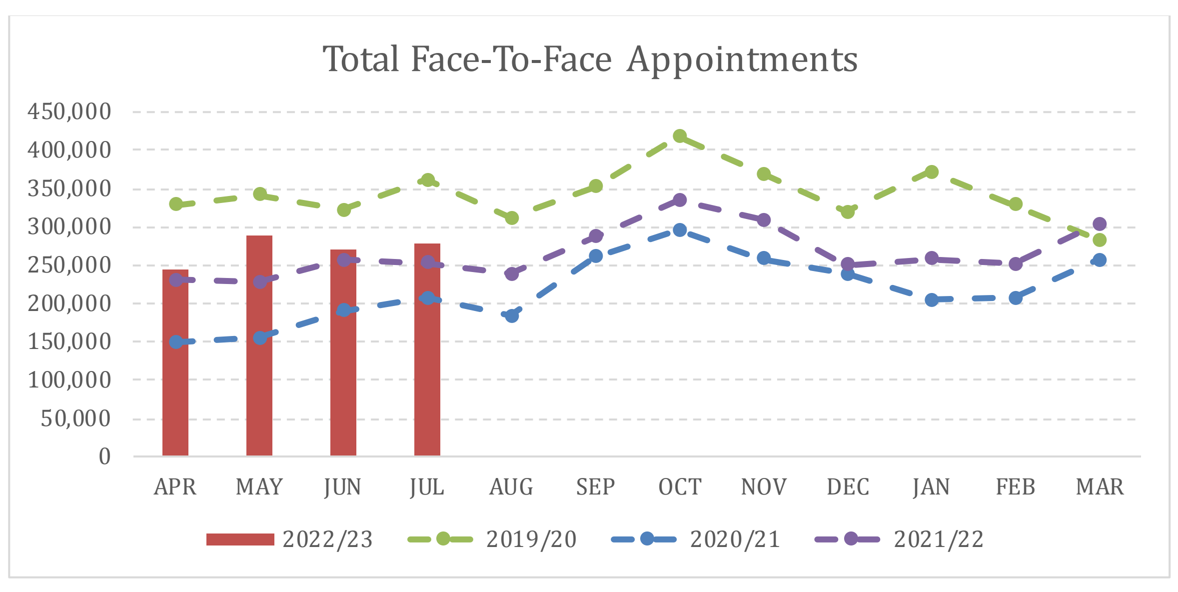
appointments with the 4 months year-to-date activity back to pre pandemic levels as illustrated below:

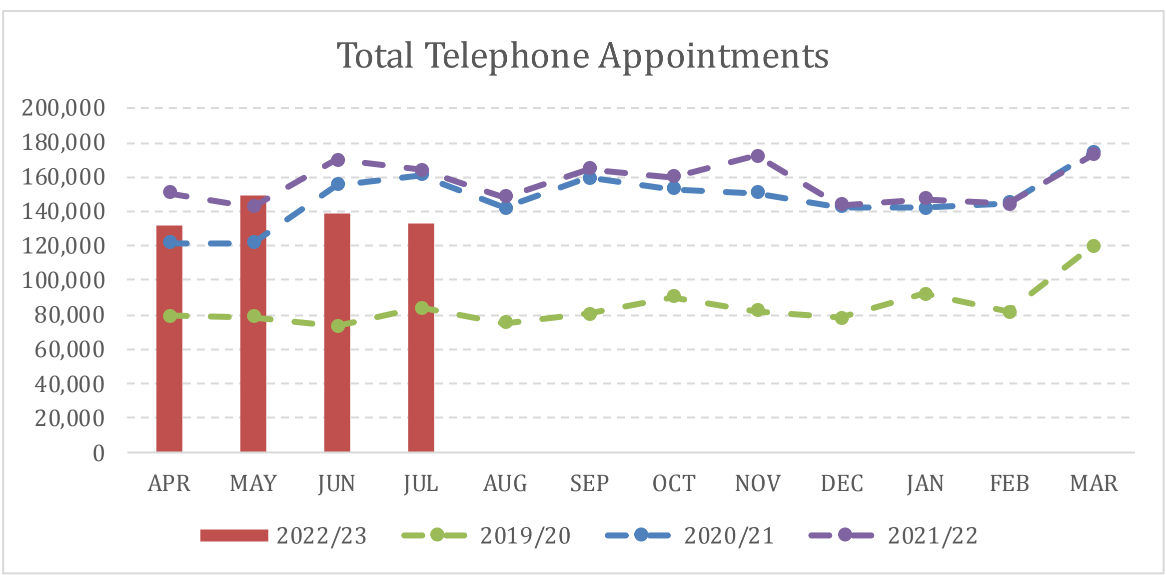


As a result of a national initiative to embed telephone triage into primary care we have seen the level of patients not arriving for appointments reducing.

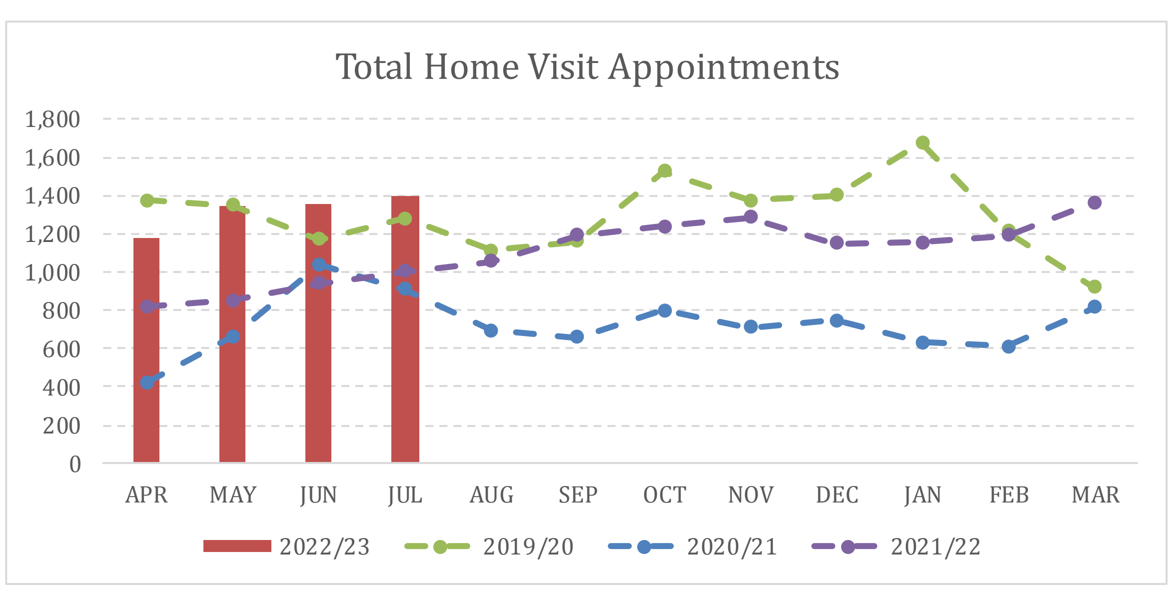


As health adapts to new ways of working and managing workforce constraints, primary care has adopted virtual appointments where clinically appropriate. At present we are still seeing almost 70% of appointments as face-to-face





Primary care has put in considerable time and effort into ensuring that home visits have returned to pre-pandemic level.



Enhanced Service

Expanding primary care capacity remains a top priority for NHS England and our Integrated Care Board (ICB) in Cambridgeshire & Peterborough. There will be more patient access from 1st of October 2022 under the Enhanced Access scheme.

The new offer is based on Primary Care Networks (PCNs) providing bookable appointments outside normal hours between 6.30pm-8pm weekday evenings and 9am-5pm on Saturdays, utilising the full multi-disciplinary team, and offering a range of general practice services, including 'routine' services such as screening, vaccinations, and health checks, in line with patient preference and need. The Enhanced Service will contract PCNs to provide 60 minutes per 1,000 PCN population (so a PCN population of 50,000 will need to deliver 50 hours of additional clinical appointments per week), from an identified hub(s). Previously this was 30 mins per 1,000 population so a 100% increase in service provision.

The PCN(s) must deliver a mixture of in-person face-to-face and remote (telephone, video or online) appointments. To enable delivery PCNs have made excellent progress in recruiting to roles under the Additional Roles Reimbursement Scheme (ARRS), which sees an additional 430 WTE clinicians across Cambridgeshire and Peterborough ICS, with 134 WTE clinical roles across the six Peterborough PCNs.

3.2 How Primary Care is managing long-term conditions, including any increases in prevalence.

3.2.1 Primary care has always managed long term conditions in the community where possible to support care closer to home. In addition, NHS England have commissioned the Impact and Investment Fund (IIF) to help PCNs deliver better outcomes for Long Term Conditions (LTCs). For example, general practice teams will be:

- Providing effective long-term condition management and rapid response to acute presentation, aiming for a moderate reduction in emergency admissions.
- Ensure lower gastrointestinal two week wait (fast track) cancer referrals are accompanied by a faecal immunochemical test (FIT) result.
- Refer patients to social prescribing where this could be beneficial.
- Provide Structured Medication Reviews (SMRs) to patients who are eligible for them. Review patients who are prescribed medicines, alone or in combination, which have higher risk of harm such as dependency or gastrointestinal haemorrhage.
- Increase use of inhaled corticosteroid (ICS) inhalers for appropriate asthma patients to improve disease management.
- Cardiovascular Disease management to include confirming or excluding hypertension diagnosis for more patients with high blood pressure, through clinically appropriate follow-up. Prescribe statins to patients with higher CVD risk and refer suitable patients with high cholesterol levels to assessment for familial hypercholesterolaemia. Treat patients with atrial fibrillation with Direct Oral Anticoagulation (DOACs) in line with NICE guidance.

In Peterborough, a targeted approach for supporting patients living with high-risk Long-Term Conditions (LTC) was commissioned to identify and manage all high-risk patients with diabetes, hypertension, atrial fibrillation, heart failure, Chronic Obstructive Pulmonary Disease (COPD) and asthma. The early indicators and results of this pilot are:

1. Nearly 200 patients have been referred to a home-based blood pressure monitoring service from 19 practices across Peterborough and Wisbech.

2. Nearly 1,600 diabetic and respiratory patients have received diabetic or COPD health checks (including foot checks, urine samples and Blood Pressure monitoring), with 20% of this cohort being urgently escalated to Podiatry, Cardiology or had their insulin regimes urgently adjusted. Two-foot amputations were avoided as a result of this intervention, across 15 participating practices.

The success of the pilot attracted additional national funding that has enabled us to roll out the service to the Cambs GP Network, ensuring there is equitable service to patients suffering from diabetes and hypertension across the county, eliminating the potential for further health inequalities based on a person's postcode.

C&P also continues to provide services to patients who were considered high users of primary care but have low complexity of health needs working across PCNs, neighbourhood teams and the voluntary sector.

South Peterborough PCN and Integrated Neighborhood are providing Art Therapy to Adults and Children in a confidential, safe space where service users can share, explore, understand, and work through their thoughts, feelings, and experiences. The aims of the group which will serve 12 patients at a time for 12 weeks are:

- To support service users to feel empowered to manage their own emotional health.
- To provide connectivity for group members and reduce loneliness.
- To reduce the demand on primary care.
- To provide onward signposting to other supportive services.

The courses started in May 2021 and continued with 4 cohorts of patients. The courses will finish in November 2022 and be evaluated in December 2022.

3.3 Patient take-up of screening and health checks

Screening of otherwise well patients is an important public heath tool to identify risk in early detection of disease.

3.3.1 Learning Disability Health Checks

Annual Health Checks (AHC) are available for all patients registered with a GP as having a Learning Disability and over the age of 14yrs. The national target for completion of these health checks is 75%.

AHCs are commissioned to be delivered within Primary Care, all practices within our footprint have signed up to this Direct Enhanced Service (DES). The DES includes the completion of a Health Action Plan which is integral to ensuring that where a patient has identified health needs, there is further action to address them, whether that be accessing further health interventions, or healthy lifestyle support for example.

Our year end position for 2021/22 was 62.1% which needs to be improved. To support that improvement, we have implemented the following workstreams:

1. Hosted within the Local Authority, the recruitment of a Band 6 LD Nurse and administrative support to ensure contact with all GP practices across Cambridgeshire & Peterborough to:
   - Validate registers
   - Upskill staff
   - Advise on Reasonable adjustments
   - Promote use of Health Action Plans
   - Be a point of contact for all GP Practices

2. LD Nursing Support from Community Operational Teams so each surgery has a link nurse who is based within the district Social Care Team. These nurses can offer additional support regarding Annual Health Checks.

3. Provide desensitisation and support for patients by providing all LD Nurses across C&P with access to a 'Kit Bag', containing medical equipment used within the Health Checks and can work with individuals to ensure they are de-sensitised prior to their appointment. Referrals via link LD Nurse/ Care Co-ordinator.
4. Recruitment to a fixed term post to support Children and their families, educational settings, and primary care to ensure increased uptake of HCs for children aged 14+ who attend specialist educational settings.

3.3.2 **Other screening programmes:**

NHSE/I and Cambridgeshire and Peterborough ICB recognise that recovery of screening programmes is essential for the early detection of potential health problems and results in better outcomes for patients. This is a key priority for the ICB.

Women, aged 25-49, with a record of cervical screening in the last 3.5 years (denominator includes PCAs) (Female, 25-49 years)

Period	Cambridgeshire & Peterborough	East of England	England
2019/20	68.6%	73.2%	71.5%
2020/21	67.0%	71.8%	69.4%
2021/22	66.3%	70.8%	68.6%

Source: Cervical Screening Interactive Resource

Women, aged 50-64, with a record of cervical screening in the last 5.5 years (denominator includes PCAs) (Female, 50-64 years)

Period	Cambridgeshire & Peterborough	East of England	England
2019/20	76.6%	77.8%	77.6%
2020/21	75.5%	76.4%	76.0%
2021/22	75.2%	76.1%	75.0%

Source: Cervical Screening Interactive Resource

3.3.3 **NHS Health Checks offered to eligible population**

Period	Cambridgeshire	Peterborough	East of England	England
2019/20	13.1%	11.1%	17.5%	17.7%
2020/21	1.4%	3.0%	5.2%	3.1%
2021/22	5.0%	9.2%	10.9%	8.6%

Source: Fingertips

3.3.4 **Physical Health Checks for people with Severe Mental Illness**

Period	Cambridgeshire & Peterborough	East of England	England
2019/20	38.4%	33.0%	35.8%
2020/21	20.3%	24.6%	23.4%
2021/22	39.4%	44.1%	42.8%
Q1 2022/23	52.0%	45.9%	43.5%

Source: NHS England

3.4 GP capacity

3.4.1 Workforce and workload

Workforce as well as workload remains challenging in primary care in C&P, which is a national issue.

We have a headcount of 602 GPs (excludes Registrars) working across our ICS (June 2022), which works out to be 446 Whole Time Equivalents (WTE) or a ratio of 1 GP per 2,304 pts.

If you include the 101 Registrars to the GP workforce that we have across Cambridgeshire and Peterborough, the ratio is 1:1,878, which is the common metric for comparing workload with the National and Regional average. You will see from the table underneath that Cambridgeshire and Peterborough compare favourably within our region with two other systems reporting more GPs per population. However, we are less favourable to the National average of 1 GP per 1,732 pts.

Nationally GPs make up 20% of the workforce employed to deliver Primary Care in General Practice, which is important to note as much of the new investment for expanding the workforce from NHS England is recruiting other Allied Health Professionals (AHP) to deliver direct patient care.

The GP workforce numbers nationally have declined since 2019, but all other areas of workforce (Registrars, Nurses, Allied Health Professionals and Administrators) have increased since 2019.

		GP		Nurses		Direct Patient Care		Admin/Non-Clinical	
	Population	FTE	Pop/FTE	FTE	Pop/FTE	FTE	Pop/FTE	FTE	Pop/FTE
England	61,695,076	35,626	1,732	16,629	3,710	15,395	4,008	72,816	847

		GP		Nurses		Direct Patient Care		Admin/Non-Clinical	
	Population	FTE	Pop/FTE	FTE	Pop/FTE	FTE	Pop/FTE	FTE	Pop/FTE
Bedfordshire, Luton and Milton Keynes	1,081,054	506	2,135	267	4,049	262	4,132	1,143	945
Cambridgeshire and Peterborough	1,027,362	547	1,879	367	2,801	413	2,487	1,195	859
Hertfordshire and West Essex	1,612,800	920	1,753	311	5,183	253	6,384	1,753	920
Mid and South Essex	1,254,011	603	2,081	292	4,289	260	4,820	1,309	958
Norfolk and Waveney Health and Care Partnership	1,075,694	637	1,689	438	2,457	561	1,916	1,674	643
Suffolk and North East Essex	1,048,884	556	1,886	339	3,091	413	2,539	1,308	802
Region Total	**7,099,805**	**3,768**	**1,884**	**2,014**	**3,524**	**2,162**	**3,284**	**8,383**	**847**

3.4.2 Additional Roles Reimbursement Scheme (ARRS)

The NHS Long Term Plan committed to funding Primary Care Networks (PCNs) to recruit a number of clinicians and non-clinicians, known as the Additional Roles Reimbursement Scheme (ARRS) to provide more specialised healthcare in General Practice at scale.

There are 12 roles that can work in General Practice:

- Clinical Pharmacist
- Pharmacy Technician
- Social Prescribing Link Worker

- Health and Wellbeing Coach
- Care Co-ordinator
- Physician Associate
- First Contact Physiotherapists
- Dieticians
- Podiatrists
- Occupational therapists
- Mental Health Practitioner
- Paramedic
- Nursing Associate

The impact of these roles will be to align patients' healthcare needs to the most appropriate healthcare clinician, which in turn will release GPs time to focus on more complex LTCs, disease management and continuity of care.

3.5 Workforce sustainability

3.5.1 Cambridgeshire and Peterborough Training Hub (CPTH)

National and Regional NHSE/I colleagues worked alongside Health Education England (HEE) to complete a procurement exercise to focus on training, recruiting, and retaining workforce across General Practice.

Cambridgeshire and Peterborough Training Hub (CPTH) were successful in their bid and were awarded a contract for three years with an option to extend for a further two years, which commenced in April 2022. The CPTH have been contracted to:

- Provide high quality primary and community care education and training.
- Approve additional learning environments to support Government manifesto commitments.
- Support PCNs and provider partners to undertake effective workforce planning to inform the Integrated Case System (ICS), regional and national workforce plans.
- Ensure that the appropriate educational resources are in place to provide a level of education and training, in a consistent manner, for primary care.

The three-year ambitions and workstreams for CPTH are illustrated below:

Our Ambition

By the end of Year 1 March 2023
- Completed delivery through workstreams to achieve HEE/NHSE contracts
- Completed Staffing /resource review
- Established robust quality assurance process
- Developed and implemented a placement strategy for all roles
- Designed and delivered a supportive transition programme
- Delivered PCN workforce support
- Embedded our PMO working
- Increased our number of educators and supervisors
- Identified sustainable funding models
- Coordinated and delivered education and development opportunities for all roles

By the end Year 2 –March 2024
- Reviewed our workstreams
- Embedded our multi professional placement programme
- Reviewed and continued to improve our quality processes
- Delivered ongoing PCN workforce support
- Developed and deliver a sustainable transition programme, following evaluation of the transition programme.
- Identified additional funding streams
- Increased our training practices, PCN learning environments and trainers.
- Delivered education and development opportunities for all roles

By the end of Year 3 March 2025
- Ongoing delivery of multi professional placements
- Continued to develop and improve quality assurance for all roles and learners
- Increased our training practices, PCN learning environments and trainers.
- Embedded processes for working with PCNs for workforce support
- Embedded transition programme
- Delivered education and development opportunities for all roles
- Ongoing identification of funding opportunities

+ 1 other

Peterborough has the highest proportion of GPs and Nurses over the age of 55 years across the ICS at 29% and 42% respectively. To help mitigate this, our Training Hub are working on increasing the number of trainees to be allocated to Peterborough, by increasing the number of Practices that are accredited to be a Training Practice. Currently 21% of GP Practices are accredited to accommodate Trainees on placement. Peterborough has the highest rate of Practices (across the ICS) that are providing student Nurses with training placements in General Practice.

In addition, we have 17 apprentices employed across our Peterborough practices that are being trained in several different areas from direct health care to dispensing pharmacy prescriptions.

The Training Hub is investing in GP and Nurse Fellowships to consolidate their training and provide Continuing Professional Development (CPD), which helps maintain a heathy, retained, and effective workforce

3.5.2 **Other Workforce Programmes**

GP Retainer Scheme: The ICB remains responsible for the funding of GP retainers, working in partnership with NHSE. We employ the largest number of retained GPs in the Region, investing over £515K to retain GPs who would otherwise have retired.

The National GP Retention Scheme is a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice.

The scheme currently has 34 GPs across C&P and is aimed at doctors who are seriously considering leaving or have left general practice due to personal reasons (caring responsibilities or personal illness), approaching retirement or requiring greater flexibility. The scheme supports both the retained GP and the practice employing them by offering financial support in recognition of the fact that this role is different to a ‘regular’ part-time, salaried GP post, offering greater flexibility and educational support.
Retained GPs may be on the scheme for a maximum of five years with an annual review each year to ensure that the doctor remains in need of the scheme and that the practice is meeting its obligations.
This scheme enables a doctor to remain in clinical practice for a maximum of four clinical sessions (16 hours 40 minutes) per week – 208 sessions per year, which includes protected time for continuing professional development and with educational support.

International GP Recruitment programme (IGPR): The ICB continues to work with the regional team to deliver the International GP Recruitment programme. Cambridgeshire and Peterborough currently host five International GPs (IGPs):
Regionally we are working to secure placements for 7 more IGPs to the UK who have passed their Occupational English Test (OET) exams. Locally we have 1 practice who has registered an interest in hosting an IGPR.

4. REASON FOR THE RECOMMENDATION

4.1 The report is given so the Adults and Health Scrutiny Committee can be updated on specific areas of progress and work within Primary Care Services.

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ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
27 SEPTEMBER 2022	PUBLIC REPORT

Report of:	Debbie McQuade – Service Director Adults and Safeguarding	
Cabinet Member(s) responsible:	Cllr John Howard, Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Donna Glover - Assistant Director: Adult Safeguarding, Quality & Practice Shauna Torrance - Head of Adult Social Care Commissioning	Tel. 01480 372558

CARERS SURVEY AND CARERS STRATEGY

RECOMMENDATIONS	
FROM: Debbie McQuade – Service Director Adults and Safeguarding	**Deadline date: N/A**
It is recommended that Adults and Health Scrutiny Committee: 1. Consider the responses from local carers to the national survey of adult carers. 2. Note and discuss the actions being taken in development of the Carers Strategy and support for carers and how the experience of carers might inform these actions.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Adults and Health Scrutiny Committee following the Scrutiny Committee agenda setting meeting held on 4 August 2022.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to share with the committee the findings of the national survey of adult carers in Peterborough and the actions being undertaken to further develop carers' support in the City, to inform the work of the committee. To obtain views on proposed development plans as outlined in the report.

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?*

Support for carers is itself a key duty of the Council and the findings of the survey and development of the carers strategy can be clearly linked to the following corporate priorities:

- Safeguard vulnerable adults and children
- Keep all our communities safe' cohesive and healthy
- 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 Introduction

4.1.1 Every two years NHS Digital, the analytics function in Department of Health and Social Care, directs Local Authorities to conduct a national survey of adult carers. The previous survey took place in the Autumn of 2018. The survey due in Autumn 2020 was postponed due to Covid and in fact took place Autumn 2021. The results were published nationally in late June 2022.
We sent out 361 Surveys in the autumn of 2021, and received back 163 responses, a response rate of 45%. This was much higher response rate than for the survey undertaken in 2018, which had a response rate of 37%. Part of the reason for the changes throughout the survey was due to the timing of the survey during the pandemic, and the impact this was still having on carers at that time.

4.1.2 A questionnaire template was provided by NHS Digital. The questionnaire is divided into six sections:

1. Section 1: About the person you care for
2. Section 2: About your needs and experiences of support
3. Section 3: The impact of caring and your quality of life
4. Section 4: Information and advice quality
5. Section 5: Arrangement of support and services in the last 12 months
6. Section 6: About yourself

4.2 Context of the survey

4.2.1 The carer’s survey results provide important insights into the lived experience of people who provide unpaid care for others. The analysis presented below sets this out in the context of the shift in responses between the 2018 and 2021 surveys and against responses in the wider Eastern region. The information is valuable but also challenging to interpret for two key reasons.

4.2.2 Firstly, the extraordinary covid situation has prevailed through much of the intervening period between the current and previous surveys and has undoubtably impacted on carers in many and varied ways.

4.2.3 Secondly, we have made a significant change to how we engage with carers since 2018. We have moved away from a one size fits all model of undertaking carers assessments and reviews as a way of understanding what our carers need. This is in acknowledgement that most often a lengthy assessment is not what carers want. As a result, the majority of interactions with carers are now in the form of conversations, often with externally contracted partners, which can lead to a wider variety of tailored outcomes. This could be linking a carer in to support networks in their local community or providing information and advice. Some carers do go on to receive a full assessment, but this number is much reduced and more likely to occur when someone if caring for a working age adult, or older person with more significant care and support needs. While we believe this is a better way of interacting with carers it has impacted on the group contacted for their responses to this survey, with a shift in the sample away from people who are caring for older people and towards people caring for working age adults.

4.3 Key findings

Some key findings from the detailed of the survey set out in this report are listed below, with full analysis provided at Appendix 1:

1. Fewer carers had received a formal carer assessments or carer review as expected in keeping with our deliberate shift towards more nuanced and more timely conversations. **14.8%** of carers had been jointly assessed or reviewed with the person they cared for, down from **36%** in 2018. However, **58.2%** had received a separate carers assessment,

up from **52%,** this is likely to reflect the targeting of assessment to carers who were providing support to people with high level care and support needs who might need more formalised support, especially during the pandemic. **27%** had not had either an assessment or a review within the year, up from **12%**

2. **9.2%** had a mental health problem or illness, (down from **10.3%** in 2018). Nationally there was a growth in carers disclosing a mental health problem or illness climbing from **16.3%** in 2018 to **19.8%** in 2021 so Peterborough differs significantly from the national picture in this respect.

3. Health impacts of being in a caring role had worsened in nearly all areas, particularly in feeling depressed **(50.3%),** disturbed sleep **(73%)**, general feeling of stress **(71.7%),** short tempered and irritable **(42.8%),** physical strain **(39%)** and making an existing condition worse **(32.7%).** A full breakdown of health impacts reported by carers can be found in Appendix 1 page 4.

4. Satisfaction with services received by the cared for person improved overall. Those who were either extremely, very satisfied or quite satisfied rose from **54.6%** to **59.9%.** There was a marked decrease in those that said they had not received any support at all, which was down from **25.7%** to **14%**

5. A higher percentage of respondents had been caring for the person they cared for 20 years or more, **15.6%** in 2018 and **19.9%** in 2021. Nationally the percentage caring for over 20 years, was the largest group of respondents, at **24.5%.** This is likely to reflect a move towards a larger cohort of working age adults being supported by Adult Social Care.

6. There was a significant decrease in how carers reported their sense of having control over how they spent their time, being able to engage in things they enjoyed outside of their caring role and being socially connected. These decreases are very likely to have been connected to wider restrictions in place during the pandemic. However, the impact on carers should not be minimised.

4.4 **Impact of Covid**

4.4.1 Due to the survey being conducted during a time where the pandemic was still having a significant impact on day-to-day life, the survey asked a number of questions specific to carer experience during Covid 19. In Peterborough **23.2%** or carers stated that they did not receive support during the pandemic, this was much lower than the **45.5%** nationally, reflecting the engagement that did take place with this group of carers during the pandemic. However, experience of the support received was mixed.

4.4.2 Higher percentages than nationally were extremely, very or quite satisfied with the support they received than England as whole, however there were also higher percentages who were quite, very or extremely dissatisfied.

4.4.3 In relation to social contact carers in Peterborough were more likely to state that they had some contact but not enough than in England overall. Peterborough carers were overall more worried about their personal safety during the pandemic than carers nationally. However, carers in Peterborough were more likely to have felt consulted in involved in decisions around the person they cared for than elsewhere in the country.

4.4.4 The following small selection of comments provide some insight in terms of the significant impact which the pandemic and the response of health and social care services had on carers:

> “My husband waited 21 months for life-saving surgery at Stoke Mandeville - before the pandemic, it would have been 2 - 4 weeks. The specialist beds were taken for COVID 19 patients. It was utterly terrifying. He is safe now and well, but we still cannot access local hospital care as required. I am exhausted and depressed because I have had to make all the decisions concerning his care. Our GP's have been amazing. He's still got another 6

months to wait for a specialist bed for bowel surgery - 24 months all told. We had a fight to get him vaccinated due to government/NHS cock ups”

“I felt very alone caring for my mother during COVID, it was frightening time as I knew I needed to remain well to care for her, getting food deliveries was hard until one store placed us on priority - the Wansford Surgery was supportive. The manager of Caring Crew knew I was struggling after the duration of caring alone during COVID and repeated broken nights. They kindly arranged one sleep in carer a week. I just sobbed with relief to know the responsibility was for one night, not mine and I could sleep and relax “

“Whilst help and support was needed earlier, we did not feel comfortable in asking what was available to us until we had had both of our vaccines. Support for my husband was sorted very quickly, for which were grateful. My carers assessment took 13 weeks to get a response to, with little support available to me as we pay for care”

4.5 **Links to the national Adult Social Outcomes Framework (ASCOF)**

4.5.1 The national survey of adult carers provides valuable local insight into carers and their experiences, but it also feeds a number of national indicators within the Adult Social Care Outcomes Framework. The table below gives the results for Peterborough, compared to the results for the region overall.

ASCOF carer experience indicator	2016	2018	2022	Change	2022 Region
Carers quality of life (high is good)	7.8	7.4	6.8	↓	7.3
Carers with as much social contact as they would like	33.2%	32.2%	21.3%	↓	28.8%
Overall satisfaction of carers with social services	38.1%	39.8%	40.7%	↑	35.4%
Proportion of carers who report that they have been included or consulted.	71.2%	67.7%	60%	↓	65.4%
Carers who find it easy to find information about services	N/A	63.6%	56.3%	↓	55.6%

4.5.2 Although outcomes for carers worsened in most areas the percentage of carers locally who felt very or extremely satisfied with social services improved.

4.6 **How did carers think we could do better?**

After consulting with the carers partnership board before sending out the survey we added an additional local question asking respondents “If you found it difficult to get the support or services you needed as a carer in the last 12 months, please tell us why and what we can do to make it easier for you)”. Below is a sample of the responses we received to that question.

“My comment is not about me, but about all of those carers who are 'dropped in the deep end' when their loved one is suddenly discharged from hospital and sent home to be looked after by a member of the family acting as a part time or permanent carer. From my experience your lifestyle changes completely - you are 'in the dark' as to what help you can access, and you don't know what questions to ask. You are given certain information before the patient leaves hospital, but the information is not 'taken in' because your attention is focused on your loved one. The same can be said about the City Council who visits you at home. You are bombarded with help and information, but at a vulnerable time, so only 10%

of the information is retained. There needs to be someone who regularly visits the home and talks to the carer about problems and benefits available. The visits could diminish in time as the carer becomes more knowledgeable. “

“I didn't always know about services available to me. Sometimes I've found out about help through the Alzheimers Society and their support workers. I would like it if ASC would check upon me from time to time as it's been particularly hard for me as mum deteriorates.”

“The hardest part was that before support became easy to obtain, my Dad had to reach a crisis point and not be safe in his home anymore. More support to plan earlier would have been helpful. “

“Provide disabled parking amenity/amenities. As a carer I am also severely disabled. I can only walk or shuffle 5 yards at a time”

“There are no day care facilities available at a weekend that we can access for my husband and help to give me a rest. I cannot be the only carer working full time who would find a facility like this invaluable.”

4.7 **How are we working to improve the experience of carers in Peterborough?**

4.71 We recognise the valuable role played by carers and the impact that their role has on their own health and wellbeing, as well as the wellbeing of those they care for. We also recognise the impact of covid, and the changes made in relation to health and social care during the pandemic has further impacted carers wellbeing. We are now working to address both short-term operational response as well as the longer-term strategy for carers and are doing so in a co-produced way with carers support groups and carers themselves.

4.7.2 We have convened a Carer’s Strategic Group with representation from teams across Peterborough City Council and Cambridgeshire County Council as well as Cambridgeshire and Peterborough Foundation Trust (CPFT), chaired by the Assistant Director for Safeguarding, Quality and Practice. The group maintains oversight of all activity relating to carers including taking a view of how well we are supporting carers following changes that were made to our approach as part of the Adults Positive Challenge programme. Current areas of focus for the Strategic Group are:

1. What are carers telling us about whether the way we are supporting them is what they need, and what are we proposing to do differently as a result?
2. How confident can we be that the shift from formal assessments to conversations has resulted in better outcomes for carers?
3. How can we most effectively measure all of the activity we undertake with carers both internally and by externally contracted providers to reassure ourselves that it is having the impact carers tell us they want?

4.7.3 We have undertaken a thematic audit of carers assessment and support planning. The audit included a random sample of 129 cases across PCC and CCC. In summary, the audit concluded that we are good at:

1. Having clear management oversight of activity relating to carers

2. Establishing and recording the extent of the caring role
3. Good recording of information within carers assessments and support plan

There was evidence to show that we need to improve in the following areas:

1. Providing information about how to give feedback and/or make a complaint
2. Ensuring the support plan includes contingency planning in the event of an emergency or deterioration and fluctuations in the carer's ability to continue in their caring role
3. Undertaking supported self-assessment in a meaningful way (i.e. supporting the carer through this)

4.7.4 We have used these results to drive forward improvements in our practice. This includes a regular carers huddle where practitioners come together to discuss challenges they are experiencing with supporting carers and share examples of best practice.

4.7.5 We do not want to rely on the national carers survey to hear the voice of carers in Peterborough and are now working in several ways to respond to the lived experience of carers. In respect of our day-to-day practice, the Principal Social Worker and colleagues are taking forward work to improve how carers can provide us with feedback after each interaction with them, beyond compliments and complaints, so that we can continuously learn from their experience of our support offer. This being done in co-production with people with lived experience.

4.7.6 In wider work we have been working with the Carers Partnership Board and the Carers Experts by Experience Panel to implement the Nice Guidance for supporting adult carers. We have begun by asking the partnership board and experts by experience to identify their three highest priority areas for focus. The three areas identified are:

1. Information and support for carers
2. Identifying carers
3. Psychological and emotional support for carers

4.7.7 On 30 August we commenced an audit of what stakeholders provide under these three areas, this audit will run to end of September. The findings from this audit will then be developed into a co-produced actions list. Once actions are agreed an audit will then be carried out for the remaining 6 elements of the NICE guidance.

4.7.8 In tandem with this work, we are co-producing a carers strategy across health and social care. In 2022 a Carers Experts by Experience panel was brought together to inform and guide the development of a systemwide Carers Strategy. In order to ensure the panel was as representative and inclusive as possible a call was put out through several channels (including the Carers Partnership Board, Think Communities, staff/provider newsletters and social media). A few members of the Panel also attend the Carers Strategy Task and Finish Group where they have already contributed valuable steer and challenge. To date there have been two Experts by Experience Virtual Workshops. The first included a discussion around what is important to carers and how best could the system gather carers views. In that session the Experts proposed some survey question ideas which were then programmed and widely distributed amongst carers, staff and provider networks. The survey closes on the 9th of September and to date we have received 208 responses across Cambridgeshire and Peterborough.

4.7.9 A draft carers strategy is planned to be presented for wider engagement at the Carers Rights Conference in November, with a view to final sign off in March 2023.

5. CONSULTATION

5.1 Prior to the survey going out in Autumn 2021 engagement took place with the Carers Partnership Board to consider additional of local questions.

Wider consultation and engagement with carers has also taken place around the developing carers strategy lead by carer support organisations. A Carers Experts by Experience Panel has been set up.

5.2 The results of the survey will be shared with the carers partnership board in their October 2022 meeting.

Further engagement and co-production work will also be undertaken on the carers strategy between November and final sign off in March 2023.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 This report is for information and for the committee to consider the actions being undertaken in relation to improving the experience of carers and developing the carers strategy.

7. REASON FOR THE RECOMMENDATION

7.1 This report is for information only.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 This report is for information only

9. IMPLICATIONS

Financial Implications

9.1 *None*

Legal Implications

9.2 None

Equalities Implications

9.3 No specific implications, however, carers themselves might have a number of protected characteristics which might impact their experience of health and care services and this should be taken into account within our carers strategy and carers support.

Rural Implications

9.4 No specific implications, however carers living in or supporting people in rural areas may face a different set of challenges to carers in rural areas and this should be taken into account within our carers strategy and carers support.

Carbon Impact Assessment

9.5 No specific implications as this report is for information only.

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

10.1 *Nice Guideline (NG150) Supporting Adult Carers*

[Overview | Supporting adult carers | Guidance | NICE]

11. APPENDICES

11.1 Appendix 1 - Survey of Adult Carers Experience – Peterborough – Published June 2022

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Survey of Adult Carers Experience – Peterborough – Published June 2022

Introduction

Every two years NHS Digital, the analytics function in Department of Health and Social Care, directs Local Authorities to conduct a national survey of adult carers. The previous survey took place in the Autumn of 2018. The survey due in Autumn 2020 was postponed sue to Covid and in fact took place Autumn 2021. The results were published nationally in late June 2022.

We sent out 361 Surveys in the autumn of 2021, and received back 163 responses, a response rate of 45%. This was much higher response rate than for the survey undertaken in 2018, which had a response rate of 37%. Part of the reason for the changes throughout the survey was due to the timing of the survey during the pandemic, and the impact this was still having on carers at that time.

A questionnaire template was provided by NHS Digital. The questionnaire is divided into six sections:

1. Section 1: About the person you care for
2. Section 2: About your needs and experiences of support
3. Section 3: The impact of caring and your quality of life
4. Section 4: Information and advice quality
5. Section 5: Arrangement of support and services in the last 12 months
6. Section 6: About yourself

Executive summary

The carer's survey results provide important insights into the lived experience of people who provide unpaid care for others. The analysis presented below sets this out in the context of the shift in responses between the 2018 and 2021 surveys and against responses in the wider Eastern region. The information is valuable but also challenging to interpret for two key reasons.

Firstly, the extraordinary covid situation has prevailed through much of the intervening period between the current and previous surveys and has undoubtably impacted in carers in many and varied ways.

Secondly, we have made a significant change to how we engage with carers since 2018. We have moved away from a one size fits all model of undertaking carers assessments and reviews as a way of understanding what our carers need. This is in acknowledgement that most often a lengthy assessment is not what carers want. As a result, the majority of interactions with carers are now in the form of conversations, often with externally contracted partners, which can lead to a wider variety of outcomes. This could be linking a carer in to support networks in their local community, or providing information and advice. Some carers do go on to receive a full assessment, but this number is much reduced and more likely to occur when someone if caring for a working age adult. While we believe this is a better way of interacting with carers it has impacted on the group contacted for their responses to this survey, with a large shift in the sample away from people who are caring for older people and towards people caring for working age adults.

Some key findings from the detailed of the survey set out in this report are listed below:

- Fewer carers had received formal assessments as result of our deliberate shift towards more nuanced conversations. **14.8%** of carers had been joint assessed or reviewed with the person they cared for, down from **36%** in 2018. However, **58.2%** had received a separate carers assessment, up from **52%.** **27%** had not had either an assessment or a review within the year, up from **12%**
- **9.2%** had a mental health problem or illness, (down from **10.3%** in 2018). Nationally there was a growth in carers disclosing a mental health problem or illness climbing from **16.3%** in 2018 to **19.8%** in 2021 so Peterborough differs significantly from the national picture in this respect.
- Satisfaction with services received by the cared for person improved overall. Those who were either extremely, very satisfied or quite satisfied rose from **54.6%** to **59.9%.** There was a marked decrease was in those that said they had not received any support at all, which was down from **25.7%** to **14%**
- Health impacts of being in a caring role had worsened in nearly all areas, particularly in the areas of feeling depressed, disturbed sleep, general feeling of stress and making an existing condition worse.
- A higher percentage of respondents had been caring for the person they cared for 20 years or more, **15.6%** in 2018 and **19.9%** in 2021. Nationally the percentage caring for over 20 years, was the largest group of respondents, at **24.5%**. This is likely to reflect a move towards a larger cohort of working age adults being supported by Adult Social Care.
- **23.2%** or carers stated that they did not receive and support during the pandemic, this was much lower than the **45.5%** nationally
- There was a significant decrease in how carers reported their sense of having control over how they spent their time, being able to engage in things they enjoyed outside of their caring role and being socially connected.

Results from the survey will be used to inform the forthcoming refresh of the Carer's Strategy which is being co-produced with people with lived experience and in collaboration with our health colleagues.

Links to the national Adult Social Care Outcomes Framework (ASCOF).

The national survey of adult carers provides valuable local insight into carers and their experiences, but it also feeds a number of national indicators within the Adult Social Care Outcomes Framework. The table below gives the results for Peterborough, compared to the results for the region overall.

ASCOF carer experience indicator	2016	2018	2022	Change	2022 Region
Carers quality of life (high is good)	7.8	7.4	6.8	↓	7.3
Carers with as much social contact as they would like	33.2%	32.2%	21.3%	↓	28.8%
Overall satisfaction of carers with social services	38.1%	39.8%	40.7%	↑	35.4%
Proportion of carers who report that they have been included or consulted.	71.2%	67.7%	60%	↓	65.4%
Carers who find it easy to find information about services	N/A	63.6%	56.3%	↓	55.6%

Prior to the pandemic in the national results for the quality of life indicator was 7.5, the national position for this indicator for 2021 has not yet been published as it is a weighted blend of a number of measures from the survey.

Who were the carers?

Demographics

The demography of the carers known to the Council has always been predominantly female, however the 2021 survey a slightly higher percentage of male carers responding, rising from 33.1% in 2018 to 39.3% in 2021. Nationally the respondents in 2021 were 30% male and 70% female. The biggest groups of carers were aged 55-64 (23.3%) and 75-84 (23%) with next biggest group being those aged 65-74 (20%), these age bands were also the biggest across the country. The carers in the sample were predominantly white British, 79.6%, nationally this was higher at 78.7%, the next largest ethnicity was Asian / Asian British at 6.3%.

Employment

63.8% of carers responding were retired, a decrease from **67.4%** in 2018, and much lower than the 81.9% responding nationally. **21.3%** are employed / self-employed full time or part time, increase on the 17% in 2018. **4.4%** were doing voluntary work, a decrease on 7.2**%** in 2018. **23.1%** were not in paid employment, an increase on 21.4**%** in 2018.

19.7% indicated that they were not in employment because of their caring responsibilities, this was an increase on **17.8%** in 2018 and might well be a reflect of the impact of Covid.

11.2% stated they were in paid employment and felt supported by their employer, (up from 7**%** in the previous survey)

Thinking about combining your paid work and caring responsibilities, which of the following statements best describes your current situation?	2018	2021	England
I am not in paid employment because of my caring responsibilities.	17.8%	19.7%	21.4%
I am not in paid employment for other reasons (e.g. retired)	65.8%	61.8%	54.7%
I am in paid employment and feel supported by my employer	7%	11.2%	11.7%
I am in paid employment but don't feel supported by my employer	2.6%	2.0%	4%
I do not need support from my employer to combine my responsibilities	2.3%	0.7%	3.6%
I am self-employed and able to balance my responsibilities	2.9%	2.0%	2.9%
I am self-employed and unable to balance my responsibilities	1.5%	2.6%	1.7%

Comment from carer

I am self employed BECAUSE I can manage a limited amount of work to balance caring duties - BUT - I can't work enough to support myself/family as I would of if I were able to work more. It's not an either/or, it's an enforced situation not a decision based on choice

Health

Only **33.6%** of carers declared themselves to have no health condition or disability, a decrease from **36.7%** in 2018. **27.6%** of carers stated that they have a long-standing illness (less than **30%** in the 2018 survey). **27.6%** had a physical impairment or disability (more than the **22.7%** in 2018), **21.1%** had sight or hearing loss (slightly up from 20% in 2018), **9.2%** had a mental health problem or illness, (down from **10.3%** in 2018) **1.3%** had a learning disability (lower then **2.7%** in 2018).

Nationally there was a growth in carers disclosing a mental health problem or illness climbing from **16.3%** in 2018 to **19.8%** in 2021, Peterborough is therefore notable for both the lower levels declared the direction of travel, from **10.3%** to **9.2%**. Nationally the proportion declaring

no heath condition or disability was higher than Peterborough at **57.5%** and had only reduced marginally from the **57.6%** in 2018.

Impact of caring on the carers health, the table below illustrates the carers responses to how they felt their caring role had impacted on their health, with responses from 2018 shown as a comparison. Health impacts had worsened in nearly all areas, notable increases were reported in respect of feeling depressed, disturbed sleep, general feeling of stress and making an existing condition worse.

Impact on health	2018	2021	Change
Feeling tired	78.6%	79.2%	↑
Feeling depressed	42.5%	50.3%	↑
Loss of appetite	13.7%	10.7%	↓
Disturbed sleep	65.2%	73%	↑
General feeling of stress	52.4%	71.7%	↑
Physical strain (e.g. back)	31.9%	39%	↑
Short tempered / irritable	39.3%	42.8%	↑
Had to see own GP	25.4%	25.2%	↓
Developed my own health condition	23.6%	23.9%	↑
Made an existing condition worse	18.8%	32.7%	↑
Other	2.3%	1.9%	↓
No, none of these	9.1%	2.5%	↓

Comments from carers

My wife ……. suffering from mild vascular dementia which creates very stressful times. I am taking medication for stress but my mental state is being stretched on occasions. After 14 years as a full time carer and 84 years of age this is stretching my ability to look after my wife, home, garden etc

I have my own problems health wise. I am also visually impaired and find it difficult to cope at times. i also get very tired. I am not sure what help I can get - not just a matter of time out.

Caring arrangements

78.8% of carers lived with the person they were caring for, down slightly from **84.2%** in 2018**.**

A higher percentage of respondents had been caring for the person they cared for 20 years or more, **15.6%** in 2018 and **19.9%** in 2021. Nationally the percentage caring for over 20 years, was the largest group of respondents, at 24.5% In 2018 the largest % of respondents had been caring for between 3 and 5 years at **23.6%**, by 2021 this group had dropped to **14.9%,** with the largest group now being those who have been caring for between 5-10 years at **20.5%**

The majority of respondents, **54.4%**, care for someone for 100 or more hours a week, and this percentage had increased since 2018 **(51.3%).** This was also the most frequent response nationally at **36.4%.** There was a comparatively even split between other caring hour ranges, with the next most common being 35-49 hours per week at **9.5%,** an increase from **3.4%** in 2018.

In relation to the type of care provided, the highest results were for 'other practical help' **(98.8%)** slightly above the **94%** in 2018, and 'keeping an eye on them to see if they are all right' **(93.8 %)** down marginally on **94% in** 2018. Next common were helping with dealing with care services and benefits, and giving medicines, both reported by **90.1%** of respondents in 2021. Helping with paperwork or financial matters at **87.7%** was also common. **80.9%** provided personal care, an increase from **71.6%** in 2018. The % providing physical help was down slightly from **61.2%** in 2018 to **56.8%** in 2021.

Who were they caring for?

In both 2018 and 2021 the largest age groups cared for were aged 75-84, (**34.7%** in 2018 and **31.3%** in 2021) and 85+ **(27.2%** in 2018 and **25.2%** in 2021). There was a growth the % cared for aged 25 –34 (**3.1%** to **5.5%**) and 35-44 (**3.1%-5.5%**)

How old is the person you care for?	2018	2021	England
18-24	3.6%	3.7%	6%
25-34	3.1%	5.5%	6.9%
35-44	3.1%	5.5%	5.7%
45-54	5.8%	4.3%	6.6%
55-64	6.9%	8.0%	8.9%
65-74	15.6%	16.6%	14.3%
75-84	34.7%	31.3%	25.8%
85+	27.2%	25.2%	25.8%

The most common reason for the cared for person requiring support was due to a physical disability. This was the same in 2018, however the percentage has decreased from **57.1%** to **54.4%.** The main growth was in those caring for someone with dementia, which increased from **41.2%** to **46.8%**. The percentage with a learning disability or difficulty, also increased from **12.7%** to **13.9%.** The most notable reduction was in those with a long-standing illness, reducing from **42.7%** to **31%** and problems connected with ageing, reducing from **40.1%** to **33.5%.**

Carers support

14.8% of carers had been joint assessed or reviewed with the person they cared for, down from **36%** in 2018. **58.2%** had received a separate carers assessment, up from **52%**. **27%** had not had either an assessment or a review within the year, up from **12%** and reflecting the move toward lighter touch carer's conversations.

53.9% had received information, advice or signposting to universal services, an increase from **41.6%** in 2018. **68.2%** had received some form of breaks service, either planned in in an emergency, up from **45.7 %** in 2018. **20.4%** reporting having had support from a carers group in the last 12 months, up from **19.4%** in 2018. Those using equipment or housing adaptations was down slightly from 56.3% in 2018 to **54.6%** in 2021, whilst those accessing a Lifeline alarm was up from 39.9% to **43%.**

Support services accessed in the last 12 months	2021
Information, advice or signposting to universal services	53.9%
Emergency breaks service	13.7%
Overnight (24 hour +) breaks service	11.9%
A break service for less that 24 hours / sitting service	42.7%

Personal assistant	14.3%
Home care	29.6%
Day centre	17.4%
Equipment / adaptation to the home	54.6%
Lifeline	43%

Carers experience – Headline results.

Improvements from the Previous Survey were as follows:

Overall satisfaction with services received by the cared for person. - The percentage who were “extremely satisfied” dropped slightly from **10.8%** in 2018 to **8.3%** in 2021. However, the percentage who were “very satisfied” increased notably from **18.7%** in 2018 to **26.8%** in 2021. The percentage who were “quite satisfied” decreased from **25.1%** to **24.8%.** The percentages who were quite dissatisfied (**5.1%**), and very/extremely dissatisfied **(5.1%)** increased. The marked decrease was in those that said they had not received any support at all, which was down from **25.7%** to **14%**

How we compare

Overall how satisfied or dissatisfied are you with the support of services you and the person you care for have received?	National	Peterborough compared to England	Change since 2018
We haven’t received any support from social services in the last 12 months	28.6%	14%	↓
I am extremely satisfied	9.6%	8.3% Worse	↓
I am very satisfied	16.3%	26.8% Better	↑
I am quite satisfied	21.6%	24.8% Better	↓
I am neither satisfied or dissatisfied	12.3%	15.9%	↑
I am quite dissatisfied	5.6%	5.1% Better	↑
I am very dissatisfied	2.7%	1.3% Better	↓
I am extremely dissatisfied	3.3%	3.8% Worse	↑

Comments from carers

I am happy with the care/information provided by Peterborough Social Services and feel fortunate to live in the area.

ASC has been extremely helpful over the last 14 years that I have been a carer for my disabled wife. More recently to provide a replacement carer during the time our regular private carer was in hospital …... Also providing me respite time to take my disabled wife out to her regular gym work and shopping 5 hours/week.

Very happy with the service. Since ******* has been our daughter’s social worker the service outstanding 100%.

Passed from one agency/department to another. Mental Health Team indicated that it was NOT their job to provide help when needed during a crisis and was told to contact hospital A & E or Police.

I love my role as a carer, it gives me great pleasure and fulfilment in providing care to someone. I would like more pads made available to the person I care for and for an easier way to contact the GP. Ambulance services need to be informed and district nurses contact times to be shortened and regular review to take place.

When social services initially visited the help and advice regarding aids to assist with caring were first class ie. grab rails, door alarm, Lifeline etc. However, recently I have been frustrated by meetings being cancelled at the last minute and the constant requests for filling in assessment forms.

The system is not joined up making it confusing and difficult for the carer to navigate. If I had 2 mins to calm down and have some time, it would probably not feel quite so bad, but I don't. It is always up to the carer to keep things on track, pull the right agencies together, keep them communicating etc. etc. so, the carer is always under pressure.

Access to information and advice – A higher percentage of carers had sought information and advice in 2021 that in 2018. In 2018 **42.8%** of carers said they had not tried to find information and advice in 2021 this reduced to only **21.7%.** An increased percentage stated that they found it very easy to find information and advice, up from **7.8%** in 2018 to **8.7%** in 2021. An increased percentage stated that they found information and advice fairly easy to find **28.6%** in 2018 and **35.4%** in 2021. However, a higher percentage found it difficult to find, up from **13.9%** in 2018 to **24.2%** in 2021. There was also an increase in the percentage who found it very difficult to find, up from **6.9%** in 2018 to **9.9%** in 2021.

How we compare

In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits.	**National**	**Peterborough compared to England**	**Change since 2018**
I have not tried to find information or advice in the last 12 months	34.7%	21.% Better	↓
Very easy to find	9.1%	8.7% Worse	↑
Fairly easy to find	28.6%	35.4% Better	↑
Fairly difficult to find	17.8%	24.2% Worse	↑
Very difficult to find	9.7%	9.9% Worse	↑

Helpfulness of information and advice – The percentage stating that information and advice had been very helpful remained the same at **18.1%** for both surveys. The percentage of those finding it quite helpful, rose from **30.3%** in 2018 to **36.3%** in 2021. Those finding it quite unhelpful rose from **6.1%** to **7.5%**, and those finding it very unhelpful also rose from **3.2%** to **4.4%.**

How we compare

In the last 12 months, how helpful has the information and advice you received been?	National	Peterborough compared to England	Change since 2018
I have not tried to find information or advice in the last 12 months	37%	33.8% Better	
Very helpful	17.7%	18.1.% Better	
Quite helpful	35.5%	36.3% Better	
Quite unhelpful	6.8%	7.5% Worse	
Very unhelpful	3%	4.4% Worse	

Comments from carers

DISABILITY /PETERBOROUGH - have also been most helpful providing a grocery delivery service during the pandemic. Also helping me get Attendance Allowance. Also providing a clothes ironing service and advice on travel insurance companies who specialise in insurance for disabled patients.

Nobody has contacted me approx. 2 and 1/2 years when a man rang to ask me if i still needed carers trust. My reply was yes - they are my only lifeline and I told him I was struggling - I have heard nothing else. Carers Trust not delivering the hours arranged. Poor/no communication with any dementia services after diagnosis at the memory clinic.

As a carer I feel I have been very much left on to 'get on with it'. There is no proactive contact to check on to see that everything is OK, especially during these past 12 months. Even after testing for COVID19 there was no communication to ask if we needed support. I have managed to find sources of help and support for myself but anyone older, with no experience or access to the internet would struggle.

Carers feeling consulted with – Questions in relation to carers engagement with care and support planning for the person they supported were more positive. The proportion who had not been aware of any discussions in the last 12 months had decreased from **35.2%** in 2018 to **26.3%** in 2021. However, the proportion of carers who said they were always involved or consulted had decreased slightly from **26.4%** to **24.4%** with the percentage who stated that they were usually involved rising from **17.5%** to **19.9%.** However, the percentage who only sometimes felt involved or consulted had also risen from **17.2%** to **22.4%** and the percentage who never felt involved or consulted had risen from **3.7%** to **7.1%.**

In the last 12 months, do you feel you have been involved or consulted as much as you want to be, in discussions about the support provided to the person you care for?	National	Peterborough compared to England	Change since 2018
There have been no discussions that I am aware of, in the last 12 months	36.1%	26.3% Better	
I always felt involved or consulted	22.6%	24.4% Better	
I usually felt involved or consulted	18.9%	19.9% Better	
I sometimes felt involved or consulted	16.6%	22.4% Worse	
I never felt involved or consulted	5.8%	5.9% Worse	

Difficult to get people to understand how we had become close to breaking point. No one would accept we couldn't provide the level of care needed and just accepted my parents word they could manage. lack of appreciation for our concerns regarding their safety when we weren't available. When we needed emergency support it took 3 days

Additional information - the assembly and assorting of certain groups within the hospital discharge and social services team, effectively erased the audit trail from hospital discharge to assess. When I tried to establish who was responsible for each decision in the above chain I was completely 'fobbed off'. This is my main reason for my sense of utter dissatisfaction.

Areas where results have worsened from the previous survey were as follows:

Being able to spend time doing the things I value or enjoy – The percentage who said they were able to spend their time as they want, doing things they value or enjoy went down from **16.8%** to **10.3%.** More carers said that they could do some of the things they value or enjoy with their time but not enough, up from **68.9%** in 2018 to **71.2%** in 2021. More carers stated that they did not do anything they value or enjoy with their time up from **14.2%** in 2018 to **18.5%** in 2021.

How we compare

Which of these best describes how you spend your time	National	Peterborough compared to England	Change since 2018
I am able to spend time as I want doing the things I value or enjoy	16.2%	10.3% Worse	↓
I do some of the things I value or enjoy with my time but not enough	65.4%	71.2% Worse	↑
I do not do anything I value or enjoy with my time	18.3%	18.5% Worse	↑

Comments from carers

Council made thing harder than usual and clubs were stopped. This meant that I was caring 24hours for my wife. We bought in nursing staff to allow me to go shopping etc. and this gave me a break. it also allowed me to go to hospital/GP visits as my own health has declined during this time. We may have been able to choose another route other than a care home(permanently) if we could at the time of had regular respite care. However, we appreciate that these were unprecedented times.

Telephone access to the representative allocated to us isn't easy. I waited I hour in a queue to leave a simple question that took a week to answer. I run my own business and juggling Mum's needs of appointments is difficult. The time I have is precious and I get stressed by feeling I am letting her down by not being able to spend the time (unnecessarily long) to organise for her e.g. It took me 5 hours of my day just making appointments for her care.

Having control over daily life – The percentage having as much control over their daily life as they wanted reduced from **21.5%** to **16.4%,** with those stating they had some control also reducing from **64.1%** to **61%** and those feeling they had no control rising from **14.4%** to **22.6%**

How we compare

Which of the following statements best describes how much control you have over your daily life?	National	Peterborough compared to England	Change since 2018
I have as much control over my daily life as I want	22.1%	16.4% Worse	↓
I have some control over my daily life but not enough	62.1%	61% Worse	↓
I have no control over my daily life	15.7%	22.6% Worse	↑

Comments from carers

As for the support available for the person I care for, considering his age, options are very limited. He is too old for some activities and too young for others. There are no day centre/activities geared for the 'middle aged' group. This put additional pressure on me as a carer, working full time and responsible for managing the home, finances etc, as well as providing support and activities to retrieve the boredom and keep his mind and body active.

I have been waiting over a year for my husband to get the help to move into a suitable property so he is not stuck in his bedroom and so he can use his wheelchair I bought him because wheelchair services won't give us one until we moved. Can't get any more help from OT till we move

Looking after myself – In respect of getting enough sleep or eating well less carers stated that they felt they looked after themselves, reducing from **55.2%** to **39.4%.** There was an increase in the percentage saying they only sometimes looked after themselves well enough, **28.9%** in 2018 to **37.4%** in 2021 and those that stated they were neglecting themselves **15.9%** in 2018 to **23.2%** in 2021.

How we compare

Thinking about how much time you have to look after yourself – in terms of getting enough sleep or eating well – which statement best describes your present situation?	National	Peterborough compared to England	Change since 2018
I look after myself	49.2%	39.4% Worse	↓
Sometimes I look after myself well enough	31.4%	37.4% Worse	↑
I feel I am neglecting myself	19.5%	23.2% Worse	↑

Personal safety – The percentage of carers with no worries about their personal safety decreased from **79.3%** to **77%.** A larger percentage than previously had some worries about their personal safety **18.7%** in 2018 and **22.4%** in 2021, although there was a decrease in the small percentage who were extremely worried about their personal safety **2%** in 2018 and **0.6%** in 2021.

How we compare

Thinking about your personal safety, which statement best describes your present situation?	National	Peterborough compared to England	Change since 2018
I have no worries about my personal safety	80.5%	77% Worse	↓
I have some worries about my personal safety	17.4%	22.4% Worse	↑
I am extremely worried about my personal safety	2%	0.6% Better	↓

Social contact – A smaller percentage of carers felt they had as much social contact as they wanted with people they liked down from **32.2%** to **21.3%.** There was an increase in the percentage who had some social contact but not enough from **44.9%** up to **53.1%.** There was also an increase in the percentage stating that they had little social contact and felt socially isolated, up from **22.9%** to **25.6%**

How we compare

Thinking about how much social contact you've had with people you like, which statement best describes your social situation?	National	Peterborough compared to England	Change since 2018
I have as much contact as I want with people I like	28%	21.3% Worse	↓
I have some social contact with people but not enough	51.1%	53.1.% Worse	↑
I have little social contact with people and feel socially isolated.	20.9%	25.6% Worse	↑

Comment from carer

My husband has been spinal cord injured for 30 years. His condition has deteriorated so that he receives NHS continuing Healthcare Funding. He receives a 4 hours per day Care Package, supplied by an excellent local agency. As he is not helped by Social Services I have almost no contact/support. COVID 19 has left me more isolated than ever as it has been very hard to meet with friends and impossible to get to church. Please get me on the register so someone knows I exist. Even quarterly contact would be helpful.

Encouragement and support in the caring role - There was a reduction in the percentage of carers stating they had encouragement and support in their role as carer from **33.4%** in 2018 to **28.3%** in 2021. A higher percentage felt they had some encouragement and support but not enough, up from **45.5%** to **53.5%.** Less carers proportionately felt they had no encouragement and support however, down from **21%** to **18.2%**

How we compare

Thinking about encouragement and support in your caring role, which statement best describes your present situation?	National	Peterborough compared to England	Change since 2018
I feel I have encouragement and support.	31.5%	28.3% Worse	↓
I feel I have some encouragement and support but not enough	45.8%	53.5.% Worse	↑
I feel I have no encouragement or support.	22.8%	18.2% Better	↓

Comments from carers

I have to say that employing a private carer for 1 hour in the morning for 6 days and an ASC help in paying for our carer taking my wife out for 5 hours a week is very gratefully appreciated.

My husband went into ***** Care Home in January. I didn't really want him to go into care but he had got so difficult to care for I couldn't cope anymore. He has continuous NHS funding with one-to-one care. The Social Services were very helpful, I got respite care for Patrick whenever I asked. the sitting service was very good.

I think I am very fortunate to have a fantastic neighbour who has helped more than I can say. Furthermore the professional carer I have for three hours on two afternoons each week is also fantastic and a great help.

As we all know there is a vast shortage of labour including carers. Although social services allow me to be supported for some 16 hours per month the carer company (although extremely good) cannot provide cover for all these allowed hours.

It is difficult to know who will fund what. People will not visit due to the pandemic, even after restrictions have been lifted. Too many assessment forms are asked for with no one visiting in person. The services from GP and social services don't seem to be joined up

Caring for others – Carers responding to the 2021 survey were more likely to also having caring responsibilities for someone else, with those stating they didn't have caring responsibilities for anyone else dropping from **70.5%** to **51.4%.** The percentage stating that they cared for someone else and always had time to care for them increased from **14.2%** to **20%.** Those stating they only sometimes had enough time to care for other people rose from **12.2%** to **22.9%.** Those stating they never had time to care for other people nearly doubled from **3.1%** to **5.7%.**

How we compare

Thinking about the other people you have caring responsibilities for, which of the following best describes your current situation.	National	Peterborough compared to England	Change since 2018
I don't have caring responsibilities for anyone else	55.5%	51.4%	↓
I always have enough time to care for them	17.6%	20% Better	↑
I sometimes have enough time to care for them	21.4.8%	22.9% Worse	↑
I never have enough time to care for them	5.5%	5.7% Worse	↑

Financial difficulties – The percentage of carers reporting no financial difficulties caused by their caring role in the last 12 months decreased slightly from **59.8%** in 2018 to **59.2%** in 2021. Those responding that they had faced a financial impact to some extent had increased marginally from **32.4%** to **32.5%**. Those reporting a lot of financial difficulties had also increased slightly from **7.8%** to **8.3%**

How we compare

In the last 12 months, has caring caused you financial difficulties?	National	Peterborough compared to England	Change since 2018
No financial difficulties	57.2%	59.2% Better	↓
Yes, to some extent	34.1%	32.5% Worse	↑
Yes, a lot	8.8%	8.3% Better	↑

Experience of Covid 19

The national survey in 2021 also asked four questions specific to the Covid 19 pandemic.

Satisfaction with the support you received from social services during the pandemic – **23.2%** or carers stated that they did not receive and support during the pandemic this was much lower than the **45.5%** nationally who stated that they had not received any support. **8.4%** were extremely satisfied with the support their received during the pandemic, **12.9%** very satisfied and **24.5%** quite satisfied. **6.5%** were extremely unsatisfied, **4.5%** very dissatisfied and **3.9%** quite dissatisfied.

How we compare

Thinking about your experiences during the pandemic, how satisfied or dissatisfied are you with the support of services you and the person you care for have received?	National	Peterborough compared to England
We didn't receive any support from social services during the pandemic	45.5%	23.2% Better
I am extremely satisfied	7.6%	8.4% Better
I am very satisfied	10.8%	12.9% Better
I am quite satisfied	15.3%	24.5% Better
I am neither satisfied or dissatisfied	11.6%	12.9%
I am quite dissatisfied	3.7%	3.9% Worse
I am very dissatisfied	2.1%	4.5% Worse
I am extremely dissatisfied	3.3%	6.5% Worse

Social contact during the pandemic – Only a small percentage of respondents, **11.5%,** felt they had as much social contact with people as they wanted during the pandemic, this was markedly lower than the **17.8%** nationally. **40.8%** or respondents had felt socially isolated, slightly lower than the national percentage or **41.2%.** The largest percentage, **47.8%,** said that they had some social contact but not enough.

How we compare

Thinking about how much social contact you've had with people during the pandemic, which statement best describes your social situation?	National	Peterborough compared to England
I had as much contact as I want with people I like	17.8%	11.5% Worse
I had some social contact with people but not enough	41%	47.8% Worse
I had little social contact with people and felt socially isolated.	41.2%	40.8% Better

Personal safety during the pandemic – the majority of carers, **66.5%** stated that they had no worries about their personal safety during the pandemic, although this was lower than the **71.5%** nationally. **6.3%** were extremely worried about personal safety, slightly better but similar to the **6.6%** nationally.

Thinking about your personal safety during the pandemic, which statement best describes how you felt?	National	Peterborough compared to England
I had no worries about my personal safety	71.5%	66.5% Worse
I had some worries about my personal safety	21.9%	27.32% Worse
I was extremely worried about my personal safety	6.6%	6.7% Worse

Feeling consulted and involved during the pandemic. 42.2% of carers felt there had been no discussion that they were aware of during the pandemic, lower than the **51.5%** stating this nationally. Where there had been discussions higher percentages had felt involved or consulted.

How we compare

Thinking about your experiences during the pandemic, did you feel you were involved or consulted as much as you want to be, in discussions about the support provided to the person you care for?	National	Peterborough compared to England
There have been no discussions that I am aware of, during the pandemic	51.5%	42.2% Better
I always felt involved or consulted	14.8%	18.2% Better
I usually felt involved or consulted	13.9%	19.5% Better
I sometimes felt involved or consulted	12.5%	11.7% Better
I never felt involved or consulted	7.4%	8.4% Worse

Comments from carers

My husband waited 21 months for life-saving surgery at Stoke Mandeville - before the pandemic, it would have been 2 - 4 weeks. The specialist beds were taken for COVID 19 patients. It was utterly terrifying. He is safe now and well but we still cannot access local hospital care as required. I am exhausted and depressed because I have had to make all the decisions concerning his care. Our GP's have been amazing. He's still got another 6 months to wait for a specialist bed for bowel surgery - 24 months all told. We had a fight to get him vaccinated due to government/NHS cock ups

During the last 2 years because of the COVID I have not had any break from my caring role or any respite break at all, as I was very worried about my daughter catching COVID so I rang SS if I can have my elder daughter, if she could have her for the weekend so I can have a break, but the person I spoke to said she took my details and somebody will contact me. But nobody rang me back.

As my son was classed as extremely vulnerable, I cancelled all respite care to ensure his safety. My mental state suffered severely as my only release was a 45-minute walk with him daily. I was supported by my youngest son who was home from university. It was agreed he could supply a sleep night for me once a week. My son struggles with changes in routine and was very frustrated by our lack of contact with the outside world. I was also supported by friends who did my shopping and prescription pickups. I was frustrated that I was not vaccinated at the same time as my son, as the consequences of me being ill would have been catastrophic and this in turn affected my mental health.

I felt very alone caring for my mother during COVID, it was frightening time as I knew I needed to remain well to care for her. getting food deliveries was hard until one store placed us on priority - the Wansford Surgery was really supportive. The manager of Caring Crew knew I was struggling after the duration of caring, alone during COVID and repeated broken nights. The kindly arranged one sleep in carer a week. I just sobbed with relief to know the responsibility was for one night, not mine and I could sleep and relax

Whilst help and support was needed earlier, we did not feel comfortable in asking what was available to us until we had had both of our vaccines. Support for my husband was sorted very quickly, for which were grateful. My carers assessment took 13 weeks to get a response to, with little support available to me as we pay for care

Local Questions

In addition to the prescribed national questions Local Authorities are able to choose additional questions from a list of approved questions, where they think these may add value. In collaboration with members of the Carer's Partnership Board the following local questions were selected.

Have you found it easy or difficult to get the support or services you need as a carer in the last 12 months? The services may be provided by different organisations, such as a voluntary organisation, a private agency or Social Services

Response	Percentage
I did not need any support or services in the last 12 months	20.1%
Very easy	10.4%
Quite easy	31.8%
Quite difficult	26.0%
Very difficult	11.7%

Q6C If you found it difficult to get the support or services you needed as a carer in the last 12 months, please tell us why and what we can do to make it easier for you)

This was a free text box and a selection of responses have been included:

> My comment is not about me, but about all of those carers who are 'dropped in the deep end' when their loved one is suddenly discharged from hospital and sent home to be looked after by a member of the family acting as a part time or permanent carer. From my experience your lifestyle changes completely - you are 'in the dark' as to what help you can access and you don't know what questions to ask. You are given certain information before the patient leaves hospital, but the information is not 'taken in' because your attention is focused on your loved one. The same can be said about the City Council who visits you at home. You are bombarded with help and information, but at a vulnerable time, so only 10%of the information is retained. There needs to be someone who regularly visits the home and talks to the carer about problems and benefits available. The visits could diminish in time as the carer becomes more knowledgeable.

> I didn't always know about services available to me. Sometimes I've found out about help through the Alzheimers Society and their support workers. I would like it if ASC would check upon me from time to time as it's been particularly hard for me as mum deteriorates.

> The hardest part was that before support became easy to obtain, my Dad had to reach a crisis point and not be safe in his home anymore. More support to plan earlier would have been helpful.

> Provide disabled parking amenity/amenities. As a carer I am also severely disabled. I can only walk or shuffle 5 yards at a time

> There are no day care facilities available at a weekend that we can access for my husband and help to give me a rest. I cannot be the only carer working full time who would find a facility like this invaluable.

How is your health in general?

Response	Percentage
Very Good	6.9%
Good	26.3%
Fair	49.4%
Bad	16.3%
Very Bad	1.3%

What do you use to find information and advice about support, services or benefits?

Response	Percentage
Internet	51%
Family and friends	41.9%
Telephone helpline	14.2%
Leaflets / newsletter	20%
Advice from a voluntary of community group	21.3%
Advice from a professional	20.6%
Other	10.3%
Not applicable	7.7%

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ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
27 SEPTEMBER 2022	PUBLIC REPORT

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

FORWARD PLAN OF EXECUTIVE DECISIONS

RECOMMENDATIONS	
FROM: Senior Democratic Services Officer	**Deadline date:** *N/A*

It is recommended that the Adults and Health Scrutiny Committee:

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 10 October 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: 9 SEPTEMBER 2022

PART 1 – FORWARD PLAN OF KEY DECISIONS

KEY DECISIONS FROM 10 OCTOBER 2022								
KEY DECISION REQUIRED	***DECISION MAKER***	***DATE DECISION EXPECTED***	***RELEVANT SCRUTINY COMMITTEE***	**WARD**	***CONSULTATION***	***CONTACT DETAILS REPORT AUTHORS***	***DIRECTORATE***	***DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES***
None.								

PREVIOUSLY ADVERTISED KEY DECISIONS

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
1.	**The disposal of former playing fields at Angus Court, West Town, Peterborough - KEY/06JAN20/02** Approval to dispose of former playing fields and Angus Court	**Cabinet**	**TBA**	Growth, Resources, And Communities Scrutiny Committee	West	A number of consultation events for residents have been held for the proposed disposal of land at Angus Court and the creation of new facilities at Thorpe Lea Meadows. Consultation and information events were held at West Town Academy took place on 1 November 2018 and 7 March 2019	Felicity Paddick, Manager - Estates and Valuation, Tel: 07801 910971 Email: felicity.paddick@nps.co.uk	Resources	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

	KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
2.	**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.	**Cabinet**	**14 November 2022**	Growth, Resources and 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	People and Communities	To be submitted, Housing Related Support Commissioning Strategy for Cambridgeshire & Peterborough 2020 - 2022. Procurement / Commissioning information.
3.	**Article 4 Direction - KEY/28MAR2022/01 –** To agree to formulate an Article 4 Direction for public consultation that requires property owners in Bretton, Fletton & Woodston, Hargate & Hempstead, Hampton Vale, Park and Central wards, to obtain planning permission when converting single homes or residential properties into HMOs, alongside relevant planning policies to support this.	**Cabinet**	**TBA**	Growth, Resources, And Communities Scrutiny Committee	Bretton, Fletton & Woodston, Hargate & Hempstead, Hampton Vale, Park and Central.	Formal public consultation within relevant wards	Jim Newton, Assistant Director Planning & Building Control (Interim) Email: jim.newton@peterborough.gov.uk	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
4.	**Clare Lodge and agency resource - KEY/28MAR2022/02 -** Relating to the supply of temporary agency requirements at Clare Lodge	**Cabinet**	**TBA**	Children and Education Scrutiny Committee	All Wards	Legal, Procurement, Service area, Clare Lodge, agency providers	Steve McFaden, Business, Strategy & Infrastructure Manager Clare Lodge, 01733 253246	People and Communities	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
5.	**Contract value reconciliation to accommodate transaction charges - Pay360 Capita call-off contract via KCS Framework Agreement – KEY/11APR2022/01 -** Seek authorisation for increased contract value award. The cumulative contract value now exceeds the value originally awarded within a Director's Contract Award Report.	**Councillor Wayne Fitzgerald, Leader of the Council**	**19 September 2022**	Growth, Resources, And Communities Scrutiny Committee	N/A	Relevant internal and external stakeholders	Katherine Hlalat, Head of IT Projects and Programmes, Katherine.Hlalat@cambridgeshire.gov.uk	Customer and Digital Services	Director's Contract Award Report dated 25 August 2021

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
6.	**Recommendation to deliver parkway resurfacing utilising the Peterborough Highway Services Term Service, awarding works directly to Milestone Infrastructure Services – KEY/9MAY2022/01 -** Parkway resurfacing has an approved budget of £500,000 for the next two financial years; 2022/2023 and 2023/2024. A recommendation is being made to award the works directly to Milestone Infrastructure Services utilising the existing Peterborough Highways Services contract. Using this delivery mechanism saves time and money as a full procurement exercise is not required, increases the value of work put through to the contract to contribute to the major schemes rebate and offers confidence in the quality of work being delivered.	**Cabinet**	**TBA**	Growth, Resources and Communities Scrutiny Committee	All Wards	N/A	Amy Petrie, Principal Programme and Project Officer, Tel: 01733 452272	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
7.	**Charging residents and developers for new or replacement household waste bins - KEY/9MAY2022/03 -** For the Cabinet Member to approve the fees and charges for the charging for new / replacement household waste bins	**Councillor Nigel Simons, Cabinet Member for Waste, Street Scene and the Environment**	**August 2022**	Climate Change and Environment Scrutiny Committee	All Wards	Full Council Budget	James Collingridge, Head of Environmental Partnerships, 01733864736, james.collingridge@peterborough.gov.uk	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
8.	**Investment in NHS Health Checks to address the backlog created by the impact of COVID-19 pandemic – KEY/23MAY22/02 -** The NHS Health Checks Programme is a mandatory Local Authority function. Peterborough has very rates of cardiovascular disease and the Programme is a key prevention intervention for identifying and addressing cardiovascular disease risks. The COVID-19 pandemic had a huge impact on the number of NHS Checks completed and there is an urgent need to address the backlog of NHS Health Checks and ensure that risks in the population are reduced. The additional investment is to provide support to GP Practices to deliver the NHS Health Checks. GPs are an integral part of the Programme as their patient data is used to identify those eligible and they play a key role in addressing any identified clinical issues. The proposal is to commission the GP Federation in Peterborough to support the GPs to deliver the Programme. A GP Federation is a group of practices that come together to deliver services. The commission will be in line with the recommendations from procurement and legal services.	**Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health**	**20 August 2022**	Adults and Health Scrutiny Committee	All	GP Federations, Clinical Commissioning Group, Local Medical Committee	Val Thomas Deputy Director of Public Health, Email: val.thomas@cambridgeshire.gov.uk	Public Health	Cover paper

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
9.	**Investment to fund the NHS pay award for staff who work in NHS services commissioned by Public Health – KEY/23MAY22/03 -** Public Health commission services from NHS organisations. Their staff have had a 3% pay award. The Public Health Grant funding uplift for 2022/23 reflects this pay award. Local Authorities are expected to ensure that these NHS pay awards are fully met and included in any contractual arrangements or Section 75 agreements.	**Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health**	**20 August 2022**	Adults and Health Scrutiny Committee	All	NHS commissioned providers.	Val Thomas Deputy Director of Public Health, Email: val.thomas@cambridgeshire.gov.uk	Public Health	Cover paper
10.	**Award of the Council's gas supply contract from 1st April 2023 – KEY/6JUN22/01 -** Approval of contractual arrangements for the Council's supply of gas from the 1st April 2023, following the end of the existing contract on the 31st March 2023. This will run from April 2023 to March 2027 and will be supplied by Total Energies Gas & Power as part of the ESPO framework.	**Cabinet**	**19 September 2022**	Growth, Resources, And Communities Scrutiny Committee	N/a	N/a	Chris Yates, Finance Manager (Business Operations), Tel: 01733 384552, Email: chris.yates@peterborough.gov.uk.	Resources	Contract information/ pricing schedules It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
11.	**To award a contract for the construction of a new temporary surface car park supporting regional pool and the University of Peterborough project - KEY6JUN22/02** The existing Regional Pool car park will become the site of the new University Phase 3 Living Lab (and second teaching building for ARU Peterborough). A new Regional Pool Car Park is therefore proposed and the planning application has already been submitted. This new project will see construction of a new 128-space temporary surface car park, linked footpaths, lighting improvements, service installations and associated landscaping works. Funding has been secured for the project, however a decision is required to approve the award of contract due to the anticipated contract value being higher than £500k	**Cabinet**	**TBA**	Growth, Resources, And Communities Scrutiny Committee	Central	Regional pool staff engaged throughout the provisional design process Statutory consultees engaged as part of the planning process	Kim Davies Project Manager, NPS. Kim.Davies@nps.co.uk.	Resources	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
12.	**Contract Award for Translation and Interpretation Services - KEY/20JUN22/02 -** Capita Translation and Interpretation services provides Peterborough City Council with translation and interpretation services. This Framework agreement contract with Capita expires 7th November 2022 and needs to be renewed.	**Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University**	**19 September 2022**	Children and Education Scrutiny Committee	All Wards	Relevant internal stakeholders	Helen Andrews Commissioning Manager Tel: 07557155633 Email: helen.andrews@cambridgeshire.gov.uk	People and Communities	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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13.	**Extension of Household Support Grant – KEY/18JUL22/01 - T**o approve proposed spend of next round of Household Support Grant funding	**Cabinet**	**30 September 2022**	Adults and Health Scrutiny Committee	All Wards	CMDN	Helen Gregg, Strategic Programmes & Partnership Manager, Tel: 07961 240462, Email: helen.gregg@peterborough.gov.uk	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
14.	**Tenancy Sustainment and Employment Support Grant – KEY/18JUL22/02 -** The Council is going through procurement for a Tenancy Sustainment and Employment Support service until 31 March 2025. This is Rough Sleeper Initiative Funding that we have been successful for.	**Councillor Marco Cereste, Cabinet Member for Climate Change, Planning, Housing and Transport**	**September 2022**	Adults and Health Scrutiny Committee	All wards	There will be a full procurement exercise	Sarah Scase, Housing Needs Operations Manager, 07920 160502, sarah.scase@peterborough.gov.uk	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
15.	**Award of Insurance Contract - KEY/1AUG22/02 -** The existing contract for the Councils insurance arrangements runs from 1 April 2018 - 31 March 2023. (MAR18/CMDN/113). Discussions are now being held with insurance specialists and the Procurement Team to set out the specification requirements so that this contract can go out to tender with award expected in late January 2023 / early February 2023.	**Councillor Andy Coles, Cabinet Member for Finance and Corporate Governance**	**1 April 2023**	Growth, Resources, And Communities Scrutiny Committee	All Wards	Consultation internal (Procurement), external (insurance broker advisors).	Steve Crabtree. Chief Internal Auditor. Tel: 01733 384557. Email: steve.crabtree@peterborough.gov.uk	Resources	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).
16.	**Debt write-offs in excess of £10,000 - KEY/1AUG22/03 -** Approval of debt write-offs in excess of £10,000 if applicable for Non-Domestic Rates, Council Tax, Housing Benefit overpayments and Sundry Debtor accounts.	**Councillor Andy Coles, Cabinet Member for Finance and Corporate Governance**	**12 September 2022**	Growth, Resources, And Communities Scrutiny Committee	N/A	None	Chris Yates, Finance Manager - Business Operations, Tel:01733 384552, Email chris.yates@peterborough.gov.uk	Resources	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

	KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
17.	**Academy Conversion of a maintained school – KEY/15AUG22/01** - Delegation of Authority to negotiate and agree details of the Academy Conversion	**Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University**	**September 2022**	Children and Education Scrutiny Committee	East	The target conversion date has been tentatively set by the DfE and school as 1 Sep 22. However, a DfE Kick off meeting has yet to take place.	Clare Buckingham, Strategic Education Place Planning Manager Add: (Cambridgeshire County Council and Peterborough City Council), ALC2607 New Shire Hall, Emery Crescent, Enterprise Campus, Alconbury Weald, Huntington PE28 4YE Tel: 01223 699779	People and Communities	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 4, Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority
18.	**Towns Fund Business Case for The Vine Project – KEY/29AUG22/01** Assurance for Towns Fund Business Case Summaries for submission to DLUHC to apply for government funding for the Vine project. The total grant application for the project is over £12m from government.	**Cabinet**	**17 October 2022**	Growth, Resources and Communities Scrutiny Committee	Central	Towns fund board consulted and approved the programme of submissions. ,	Karen lockwood, programme manager, 07825 902794. Karen.Lockwood @peterborough.Gov.Uk	Resources	Cabinet report to be submitted for consideration September 2022

	KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
19.	**Direct Payment Support Service – KEY/12SEP22/01 -** Approval is sought to re-tender this contract for 3 years with an option to extend for two 12-month periods (3+1+1) at a total contract value of £627,460. It is further requested that delegated authority to award be granted to the Executive Director, People & Communities, Cambridgeshire and Peterborough.	**Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health**	**October 2022**	Adults and Health Scrutiny Committee	All Wards	Direct payment service users engaged through satisfaction survey, soft market test to evaluation interest in the provider market, marker engagement event to inform service providers about the service and Council's vision, operational head of service, Direct Payment Monitoring Officers, Finance Managers, adult and childrens' commissioners reviewed service specification and social care practitioners shared their views on the professional support from the service.	Leneva Nwachukwu, Commissioner, 01954 286002, leneva.nwachukwu@cambridgeshire.gov.uk	Public Health	Cabinet Member's Decision Notice, Joint Commissioning Board report v7 dated 26th July 2022 (meeting held 27th July). Appendix 4 should be exempt from public circulation as it includes specific characteristics of real-life service users which may make them identifiable to members of the public, if known, this may cause these individuals embarrassment and cause people in need of the support service to be reluctant to seek help, if they believe data about their circumstances are being publicised.
20.	**Adult Social Care Reform – KEY/12SEP22/02 -** Decision to move forward with Adult Social Care Reform Requirements	**Cabinet**	**17 October 2022**	Adults and Health Scrutiny Committee	All Wards	N/A	Oliver Hayward	Public Health	Adult Social Care Report
21.	**Cambridgeshire County Council's Pseudo Dynamic Purchasing System (Dps) For Individual Service Fund (Isf) Services - KEY/12SEP22/03** Authorise Peterborough City Council to utilise Cambridgeshire County Council's Pseudo Dynamic Purchasing Services (DPS) Agreement for the Provision of Individual Service Funds (ISF) Services to purchase ISF Services up to the value of £6,000,000 (six million pounds). Authorise the Executive Director, People & Communities to enter into the required call off contracts following the competitive process, as required under the DPS, with the successful provider who has been selected to deliver the Services.	**Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health**	**October 2022**	Adults and Health Scrutiny Committee	All Wards	N/A	SHAIRBANO SHAUKAT, COMMISSIONING OFFICER, TEL 07739 320000, shairbano.shaukat@peterborough.gov.uk	Public Health	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

	KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
22.	**Renewal of ongoing Microsoft Software agreements – KEY/12SEP22/04** Award of contract for the ongoing supply of Microsoft software due by 15/10/2022 to allow for all relevant standstill periods and checking to be done before a PO is required for the renewal	**Councillor Wayne Fitzgerald, Leader of the Council**	**19 September 2022**	Growth, Resources and Communities Scrutiny Committee	All Wards	N/A	Kevin Halls, IT Finance and Contracts Manager – kevin.halls@cambridgeshire.gov.uk	Customer and Digital	Previous CMDN's
23.	**Extension of contract for care and support services in Extra Care schemes – KEY/12SEP22/05** To authorize an extension for one year 10 months to the existing contract at a total cost of £3,191,900.	**Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health**	**September 2022**	Adults and Health Scrutiny Committee	Eye, Thorney & Newborough, Paston and Walton and East	Preparations to tender the services had commenced and consultation questions had been completed by people living in the schemes and family members.	Lynne O'Brien Commissioning Manager 0777 667 9591 lynne.o'brien@cambridgeshire.gov.uk	People and Communities	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
24.	**Re-tendering of the Care & Repair Framework Agreement (4 LOTS) Jan 2023 to Dec 2025 with optional 2 yearly extensions to Dec 2027. Procurement of Dynamic Purchasing System for Large Scale Adaptations and Repairs Assistance for the same period – KEY/26SEPT22/01** - A re-tender of the existing Care & Repair Framework Agreement currently in Year 4 of a 3 year plus 1 plus 1 Agreement. The framework of Contractors deliver mandatory Disabled Facility Grants and Repairs Grants. Procurement of a separate DPS for large scale adaptations funded through mandatory Disable Facility Grants.	**Councillor Marco Cereste, Cabinet Member for Climate Change, Planning, Housing and Transport**	**1 January 2023**	Adults and Health Scrutiny Committee	All Wards	Soft Market Testing, Engagement Events and contract published via Pro Contract	Sharon Malia - Housing Programmes Manager 07920 160632 sharon.malia@peterborough.gov.uk	People and Communities	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE

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

PREVIOUSLY ADVERTISED DECISIONS TO BE TAKEN IN PRIVATE									
KEY DECISION REQUIRED		***DECISION MAKER***	***DATE DECISION EXPECTED***	***RELEVANT SCRUTINY COMMITTEE***	***WARD***	***CONSULTATION***	***CONTACT DETAILS / REPORT AUTHORS***	***DIRECTORATE***	***DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES***
1.	**Disposal of land at A1/A605 – KEY/1AUG22/01 -** Newlands development have proposed a development within HDC. However, to enable a larger development, the developer requires an area of CRA land, within PCC ownership, to be enhanced and enable planning permission. The land is therefore a ransom strip and a figure has been negotiated with the developer.	**Cabinet**	**17 October 2022**	Growth, Resources, And Communities Scrutiny Committee	Orton Waterville	Consultation has been carried out with the Interim Head of Property, external valuers	Christine Addison Interim Head of Property	Resources	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).

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

DECISION REQUIRED	*DECISION MAKER*	*DATE DECISION EXPECTED*	*RELEVANT SCRUTINY COMMITTEE*	*WARD*	*CONSULTATION*	*CONTACT DETAILS / REPORT AUTHORS*	*DIRECTORATE*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES*
None.								

PREVIOUSLY ADVERTISED NON-KEY DECISIONS

	DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
1.	**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.	**Councillor Cereste, Cabinet Member for Climate Change, Planning, Housing and Transport**	**August 2022**	Growth, Resources, And Communities Scrutiny Committee	Park Ward	Relevant internal and external stakeholders. A forum has been set up by the Combined Authority involving representatives from finance, legal, property and social care.	Felicity Paddick, Manager - Estates and Valuation, Tel: 07801 910971 Email: felicity.paddick@nps.co.uk	Resources	The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).
2.	**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** 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.	**Councillor Howard, Cabinet Member for Adult Social Care, Health & Public Health**	**August 2022**	Children and Education Scrutiny Committee	All Wards	Relevant internal and external stakeholders	Amy Hall, Children's Public Health Commissioning Manager, Tel:07583040529	Public Health	CMDN to authorise delegation of HCP commissioning functions from PCC to CCC - https://democracy.peterborough.gov.uk/mgIssueHistoryHome.aspx?IId=22331&PlanId=395&RPID=0
3.	**Approval of the Peterborough Sufficiency Strategy** Every top tier local authority is required to publish a sufficiency strategy. This must set out how we seek to avoid children coming into care through the provision of family support services, and identify steps that we are taking to ensure that we have sufficient placements for children in care in our area, so that as many children and young people in care can live locally, provided that this is in their best interests.	**Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University**	**August 2022**	Children and Education Scrutiny Committee	All Wards	There has been widespread consultation including with children and young people in care.	Nicola Curley: Director of Children's Service, Email: nicola.curley@peterborough.gov.uk	People and Communities	Scrutiny Report
4.	**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.	**Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University**	**August 2022**	Children and Education Scrutiny Committee	Werrington	Public meeting held on 20 September 2021 at Ken Stimpson School. Prior to this, a detailed background information document was circulated to interested parties.	Jonathan Lewis, Service Director, Education Email:jonathan.lewis@peterborough.gov.uk	Education	Cabinet Member Decision Notice, Background Information Document 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	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
5.	**Approval to enter into a Section 75 Partnership Agreement with Cambridgeshire and Peterborough NHS Foundation Trust** This agreement will ensure the provision of CPFT mental health specialist working with mental health practitioners who are part of multiagency Family Safeguarding teams working as part of children's social care safeguarding teams.	**Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University**	**August 2022**	Children and Education Scrutiny Committee	All Wards	Relevant internal and external stakeholders	Helen Andrews, Children's Commissioning Manager helen.andrews@cambridgeshire.gov.uk	People and Communities	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
6.	**Approve the Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2022-2025 –** to discuss and agree the Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2022-2025, for final approval by the Health and Wellbeing Board.	**Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health**	**September 2022**	Adults and Health Scrutiny Committee	Dogsthorpe	Chair and vice chair of adults and health committee, Director of Public Health, Mental health boards	Joe Davies Email:joseph.davies@cambridgeshire.gov.uk	Public Health	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
7.	**PCC/CCC Delegation Agreement for jointly procured Floating Support service -** Approval of Delegation Arrangements to allow CCC to implement and manage this contract on behalf of PCC	**Councillor Howard, Cabinet Member for Adult Social Care, Health & Public Health**	**August 2022**	Adults and Health Scrutiny Committee	All Wards	Feedback sought from existing customers, staff and external partners/stakeholders prior to commencing re-procurement	Lisa Sparks, Senior Commissioner (ASC Commissioning), 07900163590, lisa.sparks@cambridgeshire.gov.uk	Public Health	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
8.	**Enhanced falls prevention service section 75 -** Delegation to Cambridgeshire County Council to enter into a section 75 agreement with Cambridgeshire and Peterborough NHS Foundation Trust for an enhanced falls prevention service	**Councillor Howard, Cabinet Member for Adult Social Care, Health & Public Health**	**August 2022**	Adults and Health Scrutiny Committee	All wards	N/A	Emily Smith, Consultant in Public Health, emilyr.smith@cambridgeshire.gov.uk	Public Health	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	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
9.	**Approval and Endorsement of a new countywide Infant Feeding Strategy -** Decision sought to approve and endorse a countywide Infant Feeding Strategy developed collaboratively between Public Health and the Cambridgeshire & Peterborough Clinical Commissioning Group (CCG). This decision includes approval of overall strategy and underpinned action plans required to implement this.	**Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the the University**	**September 2022**	Children and Education Scrutiny Committee	All Wards	Maternity Voices Partnerships, who are made up of service user representatives and key stakeholders spanning maternity, health visiting and the third sector have coproduced the strategy alongside Local Authority and CCG colleagues.	Amy Hall, Children's Public Health Commissioning Manager, amy.hall@peterborough.gov.uk, 07583040529	Public Health	Paper and Strategy to be submitted closer to the Cabinet meeting
10	**Dynamic Purchasing System - Temporary Accommodation & Private Rented Sector Scheme** To implement a Dynamic Purchasing System in order to procure accommodation for homelessness households who approach Peterborough City Council for assistance. We look to be more responsive and flexible with the accommodation we provide, and to ensure we provide value for money through a more competitive system.	**Councillor Marco Cereste, Cabinet Member for Climate Change, Planning, Housing and Transport**	**August 2022**	Growth, Resources, And Communities Scrutiny Committee	All Wards	Housing Needs are currently undertaking a soft market test and engagement with providers.	Caroline Rowan, Housing Manager, 01733 864095, caroline.rowan@peterborough.gov.uk	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published
11	**Uplift in payments for delivery of public health services in primary care -** Stop smoking and Long-Acting reversible contraception services are delivered in primary care. This CMDN seeks approval for an uplift in the price paid for each unit delivered.	**Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health**	**31 August 2022**	**Adults And Health Scrutiny Committee**	**All Wards**	**Consultation has been undertaken with the local medical committee which represents GPs.**	**Val Thomas Deputy Director of Public Health, 07884 183373 val.Thomas@cambridgeshire.gov.uk**	**Public Health**	**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	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
12.	**Approval of Delegation Agreement for Floating Support Service** - Requesting approval to delegate authority to CCC to enable the to deliver a new jointly commissioned Floating Support service behalf of PCC.	**Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health**	**November 2022**	Adults and Health Scrutiny Committee	*All Wards*	Feedback gathered from existing customers, service staff and external stakeholders/partners.	Lisa Sparks - Senior Commin?ssioner - lisa.sparks@cambridgeshire.gov.uk - 07900163590	*Public Health*	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
13.	**Approval to award a grant for a Mental Health Supported Living service.** - Approval to award a grant for revenue funding Eastlands Mental Health Supported Living Services, for a period of 1 year period, from April 2023.	**Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health**	**January 2023**	*Adults And Health Scrutiny Committee*	*All Wards*	Consultation not required as seeking no change to existing service	Lisa Sparks - Senior Commin?ssioner - lisa.sparks@cambridgeshire.gov.uk - 07900163590	*Public Health*	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*	*DIRECTORATE*	*DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES*
None.								

FORWARD PLAN

PART 1 – KEY DECISIONS

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

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

DIRECTORATE RESPONSIBILITIES

RESOURCES DEPARTMENT **Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY**
Financial Services
Internal Audit, Insurance and Investigations
Peterborough Serco Strategic Partnership (Business Support, Corporate Procurement, Business Transformation and Strategic Improvement, Customer Services, Shared Transactional Services)
Corporate Property
Registration and Bereavement Services

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)
Information Governance, (Freedom of Information and Data Protection)

HUMAN RESOURCES **- Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY**
(Business Relations, HR Policy and Rewards, Training and Development, Occupational Health and Workforce Development)

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)
(Markets and Street Trading, City Centre Management including Events, Regulatory Services, Parking Services, Vivacity Contract, CCTV and Out of Hours Calls)

PUBLIC HEALTH DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY
Health Protection, Health Improvements, Healthcare Public Health.

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ADULTS AND HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2022/2023

Updated: 16 SEPTEMBER 2022

Meeting Date	Item	Indicative Timings	Comments
Meeting date: 5 July 2022 **Joint Scrutiny Meeting**	**Medium Term Financial Strategy** **Contact Officer: Cecilie Booth**		
Meeting Date: 18 July 2022 Draft report deadline: 29 June Final report deadline: 6 July	**Appointment of Co-opted Member 2022/2023** **Contact Officer: Paulina Ford**		
	Health and Wellbeing Overarching Strategic Approach **Contact Officer: Jyoti Atri**		
	Elective Waits and Recovery **Contact Officer: Kate Hopcraft, Director of Planned Care NHS Cambridgeshire and Peterborough and Janine Nethercliffe, Deputy Medical Director for North West Anglia NHS Foundation Trust**		
	Review of 2021/22 and Draft Work Programme 2022/23 **Contact Officer: Paulina Ford**		
	Forward Plan of Executive Decisions **Contact Officer: Paulina Ford**		

Meeting date: 13 September 2022 **POSTPONED** **Joint Scrutiny Meeting**	**Medium Term Financial Strategy** **Contact Officer: Cecilie Booth**		
Meeting date: 27 September 2022 Draft report deadline: 8 September Final report deadline: 15 September	**Annual Director of Public Health Report** **Contact Officer: Jyoti Atri**		
	Annual Primary Care Update **Contact Officer: Jane Coulson**		
	Carers Survey and Carers Strategy **Contact Officer: Debbie McQuade**		
	Forward Plan of Executive Decisions		
	Work Programme 2022/2023		
Meeting date: 11 October 2022 **Joint Scrutiny Meeting**	**Medium Term Financial Strategy** **Contact Officer: Cecilie Booth**		
Meeting date: 8 November 2022 Draft report deadline: 20 October Final report deadline: 27 October	**East of England Ambulance Service NHS Trust (EEAST) Report on progress on CQC Inspection Target and Overview of Performance in the Peterborough Area – potential annual update**		

	Contact Officer: Chris Lewis, East of England Ambulance Service NHS Trust		
	System Wide Winter Plans **Contact Officer: Jane Coulson (for now)**		
	Social Care Reforms **Contact Officer: Debbie McQuade**		
	Monitoring Recommendations Report		
	Forward Plan of Executive Decisions		
	Work Programme 2022/2023		
Meeting date: 3 January 2023 Draft report deadline: 13 December Final report deadline: 20 December	**Portfolio Progress Report for Cabinet Member for Adult Social Care, Health and Public Health** **Contact Officer: Debbie McQuade**		
	Safeguarding Adults Board Annual Report **Contact Officer: Joanne Proctor**		
	Access to Mental Health Services and Early Help – waiting times for assessment and treatment **Contact Officer: Marek Zamborsky**		
	Monitoring Recommendation Report		

	Forward Plan of Executive Decisions		
	Work Programme 2022/2023		
Meeting date: 23 January 2023 **Joint Scrutiny Meeting**	**Medium Term Financial Strategy** **Contact Officer: Cecilie Booth**		
Meeting date: 14 March 2023 Draft report deadline: 23 February Final report deadline: 2 March	**Adult Social Care Annual Complaints Report** **Contact Officer: Belinda Evans**		
	Mental Health Section 75 **Contact Officer: Debbie McQuade**		
	Healthy Weight Strategy **Contact Officer: Val Thomas**		
	Food environment within Hospitals, Hospital Food Trust Standards **Contact Officer: Taff Gidi**		
	Monitoring Recommendation Report		
	Forward Plan of Executive Decisions		
	Work Programme 2022/2023		

Pending: Update on Social Care Work Force – Debbie McQuade