

ADULTS AND HEALTH SCRUTINY COMMITTEE

TUESDAY 8 NOVEMBER 2022

7.00 PM

Bourges/Viersen Room - Town Hall

Contact: Ramin Shams, Senior Democratic Services Officer at:

Ramin.Shams@peterborough.gov.uk or 01733 452509

AGENDA

Page No

1. Apologies for Absence

2. Declaration of Interest and Whipping Declarations

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

3. Minutes of the Adults and Health Scrutiny Committee Meeting held on 27 September 2022 **3 - 8**

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. Appointment of Co-opted Members 2022-2023 **9 - 12**

6. East of England Ambulance Service NHS Trust - Overview and Performance Report **13 - 24**

7. System Wide Winter Plans **25 - 56**

8. Adults Social Care Reforms - Update and Overview **57 - 76**

9. Forward Plan of Executive Decisions **77 - 96**

11. Date of Next Meeting

- Joint Meeting of the Scrutiny Committees – Tuesday 29 November 2022
- Adults and Health Scrutiny Committee Meeting – Tuesday 03 January 2023

Emergency Evacuation Procedure – Outside Normal Office Hours

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Committee Members:

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

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

Non-Statutory Co-opted Members

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

Further information about this meeting can be obtained from on telephone 01733 452509 or by email – Ramin.Shams@peterborough.gov.uk

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING
HELD AT 7.00 PM, ON
Tuesday, 27 September 2022
BOURGES/VIERSEN ROOM, TOWN HALL, PETERBOROUGH**

Committee Members Present: S Barkham (Chair), Ansar Ali (Vice-Chair), N Bi, G Elsey, S Farooq, C Burbage, C Harper, B Rush, B Tyler, M Sabir, Co-opted Member Parish Councillor Neil Boyce

Officers Present: Jyoti Atri, Director of Public Health
Debbie McQuade, Assistant Director Adults and Safeguarding
Emmeline Watkins, Deputy Director of Health Peterborough
Jan Thomas, Chief Executive Officer of NHS Cambridgeshire and Peterborough
Dr Fiona Head, ICS Chief Medical Officer/ Medical Director
Donna Glover, Assistant Director Adult Safeguarding, Quality & Practice
Tara Mackey Commissioner VCS, Carers, Prevention and Early Intervention
Paulina Ford, Senior Democratic Services Officer
Ramin Shams, Senior Democratic Services Officer

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

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Shabina Qayyum and Co-opted Member Parish Councillor June Bull.

Councillor Mohammed Sabir was in attendance as a substitute for Councillor Shabina Qayyum, and Co-opted Member Parish Councillor Neil Boyce was in attendance as a substitute for Co-opted Member June Bull.

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 Monday 18 July 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. **ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT**

The Director of Public Health and the Deputy Director of Health introduced the report. The report provided the Committee with an opportunity to discuss the Annual Director of Public Health report on approaches to health inequalities focused on Cambridgeshire and Peterborough. She explained that the report focused on economic equality, including housing, education and employment, which impacted health inequalities.

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

- The Director of Public Health advised Members that the report focused on evidence-led approaches to address health inequalities. She explained that the universal approaches could be far more effective at reducing inequalities than targeted approaches.
- In regard to the historical health inequalities in Peterborough, Members queried why progress had not been made and whether the Public Health Director's approach was different to her predecessor. The Director of Public Health advised Members that her approach was to advocate for universal approaches and to identify individuals who were in higher need and who could benefit from further intervention, rather than to target deprived areas, as this would be more cost effective and would ensure that the individuals who need support most, would benefit
- Members were advised that children's weight was routinely measured during the reception year and year six to track progress. A similar approach needed developing for adults through primary care to measure their weight and height regularly to track progress over time. There needed to be a systematic approach to identify and track them over time at an individual level, which would form part of the HWB strategy.
- Member queried if free school meals indicated a deprived area. The Deputy Health Director advised Members that this was a proxy measure and the universal identification of need would be far better in identifying people in need. The example of carbon monoxide testing all pregnant women for smoking in pregnancy was given as an example.
- Members queried the financial incentive offered to pregnant women to give up smoking and whether this was targeted by area and if the quit would be shortlived.. The Public Health Director advised that the financial incentive was offered to any pregnant women who smoked regardless of where they lived. She explained that it would be cost-effective even if the pregnant women temporarily stopped smoking during the pregnancy, and Usually the quit is sustained.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to note and considered the information contained within the report relating to the annual report of the Director of Public Health and to receive updates

6. PRIMARY CARE SERVICES UPDATE

The report was introduced by the Chief Executive Officer of NHS Cambridgeshire and Peterborough, accompanied by Integrated Care System (ICS) Chief Medical Officer/Medical Director. The report provided the Committee with an update on Primary Care Services, a detailed response to specific questions and a request for information from the Primary Care Team. She explained that the Primary Care Services provided the same capacity as pre-Covid19 and targeted specific areas where people had issues, such as working with the learning disabilities population and long-term conditions and working closely with the practice surgeries. She explained that it was sometimes difficult to get hold of your GP, but work was happening to enhance these services. GP practices had different models to operate in other areas depending on their population needs.

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

- Member raised concern over the lack of face-to-face appointments for GP surgeries. The ICS Chief Medical Officer advised Members that she would continue to work with GPs providing primary care services to offer face-to-face appointments. However, it was challenging for GPs, and some GP Doctors were getting older. She explained that new roles had been brought in within the GP surgeries to cover the pressure on the service; these roles included nurse practitioners, who deal with the most common queries. However, she added that people needed the right advice from the right person, and this probably would not be a GP; it could be your physiotherapist or paramedic.
- In regards to how far people travel to access primary care services, she advised Members that part of the problem was the workforce issue, and according to the survey the service did, people preferred to have consistency over the distance. Some people also preferred to access services virtually.
- Members raised concerns over the number of calls patients had to make to get a GP appointment and asked if the system was efficient. Members were advised that the NHS had invested in the initial access for patients, and some of the new technology set-up allowed for monitoring call drop-out data, which could be used to improve the system and put intervention in place.
- In relation to customer satisfaction, Members asked if some GP surgeries had a high level of satisfaction compared to others and if it could be replicated in other surgeries. The ICS Chief Medical Officer advised Members that some GP surgeries had different models, and every area had their population and geography. A successful model for one area, such as in North Ward, could not be successful in Bretton Ward. She explained that GP surgeries based their work model on their population's needs. Furthermore, people got frustrated when they could not get through their GP surgery, but there could be an alternative to a telephone. At the moment, people turned up to 111, but there could be a plan B for accessing these services using a different method of communication.
- In regards to staffing at the GP surgeries, Members queried the challenges of recruiting and retaining staff. Members were advised that those trained locally would be more likely to stay locally, which had advantages, and practices should be accredited to train, pushing standards up. Further work needed to be done to ease the stress and pressure of the staff to show that there was a more positive way which could also help retain staff and possibly could avoid some of the early

retirements. Members acknowledged the GP surgeries' hard work to provide primary care services.

- Members asked whether it was the GP surgeries that designed their work model or if it was based on the customers' feedback and preference. Members were advised that both the GP surgery and the area population developed their work model. She explained that stress tests were carried out in response to customer feedback and complaints to improve the system.
- In regard to the customer services at the surgery reception, Members queried the level of training the receptionists received. The ICS Chief Medical Officer advised Members that it was the responsibility of the partner organisations to assess the level of training needed for their staff. The staff at the core front of a GP surgery could have different backgrounds, and their training could vary practice by practice.
- Members queried the new partnership emerging between GP surgeries post-Octagon partnerships. The Chief Executive Officer of NHS for Cambridgeshire and Peterborough advised Members that GPs would align themselves with other key partners in their local area to assess if their partner's work model would work for their population based on their population needs. The ICS Chief Medical Officer advised that 86.3% of the appointments were within two weeks of patients booking them, which was above the national average. She explained that it was not just to book a face-to-face appointment for patients but to book the appropriate assessment.
- Members were advised that the GPs' work was based on a Performance List, which was over and above the General Medical Council (GMC) register. The procedure for the license to practice also involved quite a rigorous process, including regular feedback from colleagues at the surgery and from the patients to identify any concerns. If there were some serious concerns, the Performance List would identify them.
- In response to Members concerns over the number of telephone calls and staff shortages in answering phone calls at the GP surgeries. Members were advised that GPs were classed as small businesses, and further work was needed to ensure they were coping with the demand and had the resources for extra recruitment. She further explained that extended hours in the evenings and weekends for the appointments had allowed taking some of the pressure off and had created further options for people to book an appointment outside regular hours.
- In regards to the waiting time for patients over the phone to get an appointment with their GP surgery and whether a central customer service centre would be helpful, the ICS Chief Medical Centre advised Members that during the Covid19 pandemic, when the surgeries launched their e-referrals, there was a significant amount of queries submitted during the out of office hours, which weren't generally dealt with it. It also put pressure to respond to these queries, which increased their workload. She explained that a similar conversation had taken place over a central phone system, including out-of-office hours.

AGREED ACTIONS

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

7. CARERS SURVEY AND CARERS STRATEGY

The report was introduced by the Assistant Director of Adult and Safeguarding, Quality and Practice accompanied by Commissioner VCS, Carers, Prevention and Early Intervention. The report outlined the findings of the national survey of adult carers in Peterborough and the actions being undertaken to further develop carer support in the City. The carers' survey took place every two years, but because of the Covid19 pandemic, the survey was postponed and took place in autumn 2021, and results were published in June 2022.

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

- Members queried about the family members who became carers during the Covid19 pandemic and asked what supports were available to these carers. The Assistant Director for Adult and Safeguarding advised Members that two campaigns were completed to raise awareness, including using social media algorithms to find hidden carers. This was a priority for the service and would also be incorporated into the new strategy and the associated action plans.
- Members asked whether the survey figures had been broken down by ethnicity and whether specific communities lacked carers' support because of the language barriers. Members were advised that the current provider was doing a substantial amount of work to link and reach out to those hidden carers. The two campaigns that had been launched would also target those minority groups.
- Regarding caring for family members, she explained some of the narratives that were feedback in the survey were quite compelling, as communication was highlighted as an issue which needed to be addressed.
- Members queried the support available to young carers. The Assistant Director for Adult and Safeguarding advised Members that Centre 33 in Peterborough specialised in supporting young carers, and currently, they were actively engaged with 185 young carers in the area. In addition, Centre 33 did a range of other activities involving young carers.

AGREED ACTIONS

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

1. Noted the responses from local carers to the national survey of adult carers.
2. Noted the actions taken in developing the Carers Strategy and support for carers.

8. 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.

Members asked for further information regarding the Social Care Reforms item. The Senior Democratic Services Officer confirmed that a request for a briefing note would be put forward to the Assistant Director Commission and Commercial OPS.

AGREED ACTIONS

The Adults and Health Scrutiny Committee **RESOLVED** to note the report.

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

The Senior Democratic Services Officer presented the report. Members considered the Work Programme for the municipal year 2022/23 to determine the Committee's priorities.

AGREED ACTIONS

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

10. DATE OF NEXT MEETING

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

CHAIR

7.00 – 09:00 pm

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
8 NOVEMBER 2022	PUBLIC REPORT

Report of:	Fiona McMillan, Director of Law and Governance	
Cabinet Member(s) responsible:	Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Ramin Shams, Senior Democratic Services Officer	Tel. 01733 452509

APPOINTMENT OF CO-OPTED MEMBERS 2022/2023

RECOMMENDATIONS	
FROM: Director of Law and Governance	Deadline date: N/A
<p>It is recommended that the Adults and Health Scrutiny Committee:</p> <ol style="list-style-type: none"> 1. Appoint Christine De Wilde to the Committee as an Independent Co-opted Member with no voting rights for the municipal year 2022/2023. Appointment to be reviewed annually at the beginning of the next municipal year. 2. Appoint Sandie Burns MBE to the Committee as an Independent Co-opted Member with no-voting rights for the municipal year 2022/2023. Appointment to be reviewed annually at the beginning of the next municipal year. 	

1. ORIGIN OF REPORT

1.1 The report is presented to the Committee on behalf of the Director of Law and Governance.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to request that the Committee appoint Chris De Wilde and Sandie Burns MBE as a Non-Voting Co-opted Members for the municipal year 2022/2023 to the Adults and Health Scrutiny Committee in accordance with Part 3, Section 4 – Overview and Scrutiny Functions:

Paragraph 4.3 The Scrutiny Committees shall be entitled to co-opt, as non-voting members, up to four external representatives or otherwise invite participation from non-members where this is relevant to their work.

And Part 4, Section 8 – Overview and Scrutiny Procedure Rules: Paragraph 3 - CO-OPTED MEMBERS:

3.1 As well as any statutory co-opted members, Scrutiny Committees can co-opt up to four non-voting members on to the Committee.

3.2 There must be at least one non-voting position reserved for a Parish Councillor from a rural area with one substitute member. The Parish Council Liaison Committee will decide these.

3.3 A Scrutiny Committee can co-opt a further three members at its discretion. One of these can be a second parish council member identified by the Parish Council Liaison Committee.

2.2 This report is for the Adults and Health Scrutiny Committee to consider under its Terms of Reference No. 4.3 of Part 3, Section 4 – Overview and Scrutiny Functions – Co-optees.

3. **TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. **BACKGROUND AND KEY ISSUES**

4.1 At the committee's annual work programme session held on 16 June 2022, Members discussed the co-opted membership of the committee and requested that expressions of interest be sought from persons with knowledge and expertise in the following areas: Public Health, Adult Social Care and Safeguarding Adults.

4.2 Each scrutiny committee has the ability to co-opt up to four non-voting co-opted members one of which will be a Parish Councillor representing the rural area to ensure voice of the rural communities are reflected. Parish Councillor June Bull was appointed as the Co-opted Member with no-voting rights to represent the rural area for the municipal year 2022/2023 on 18 July 2022.

4.2.1 Further two expressions of interest were received and having considered both expressions of interest, with relevant backgrounds, and noting that the committee's terms of reference allowed for four Co-opted members to be appointed, the Committee agreed that the following nominations be put forward as co-opted members for the 2022/2023 municipal year.

4.2.2 **Independent Co-opted Members**

4.2.3 **Chris De Wilde – Peterborough Council for Voluntary Service**

Chris has closely worked with the Peterborough City Hospital and Peterborough Social Care Services. She has 18 years of experience in the third sector, 15 of these years were within and managing the PCVS Direct Payment Support Service. In her current role, she analyses the finances of Direct Payment recipients to ensure that the spending is within the care plan and cost effective. Part of her responsibility involves supporting Direct Payment Service to ensure service users be able to have control of their care packages. This often involves negotiating with Social Care on the agreed rates for the care, she therefore brings a well-rounded and balanced view to the Committee.

4.2.4 **Sandie Burns MBE – Disability Peterborough**

Sandie is the CEO of Disability Peterborough and has worked for over 30 years with adults who have long term health conditions and disabilities. She was recognised for her work with disabled people and awarded MBE in the Queens Jubilee Birthday honours list. She is a strong advocate for equality, social justice and social inclusion. She is a member of the Disability Rights UK Our Voices Panel, in which she meets CEOs of Disabled Peoples organisations from around the country to review policies that affect disabled people and share their expertise. She is also a Member of the Regional Stakeholder Network organised by the Office of Disability Issues. She has expressed a keen interest to join the Committee as a co-opted non-voting member.

Having reviewed the expression of interests received from Chris De Wilde and Sandie Burns MBE the Committee agreed to put Chris De Wilde and Sandie Burns MBE forward as a Co-opted Non- voting Member for this municipal year.

It is therefore proposed that the Committee approve the appointment of Chris De Wilde and Sandie Burns MBE as a Co-opted Member of the Committee for this municipal year.

5. NEXT STEPS

- 5.1 If the Committee agree to appoint the above nominations as co-opted members of the Adults and Health Scrutiny Committee from 8 November 2022, they will be able to attend and take part in all meetings of the Committee and any Task and Finish Groups that the Committee agree that they may be assigned to with no voting rights.

6. CONSULTATION

- 6.1 None.

7. ANTICIPATED OUTCOMES OR IMPACT

- 7.1 The inclusion of Co-opted Members will allow the Committee a wider, more diverse input to discussion, drawing on the relevant expertise of the additional members.

8. REASON FOR THE RECOMMENDATION

- 8.1 The recommendations are made to assist the Scrutiny Committee in fulfilling the terms of reference as set out in the constitution Part 3, Section 4 – Overview and Scrutiny Functions:

4.3 The Scrutiny Committees shall be entitled to co-opt, as non-voting members, up to four external representatives or otherwise invite participation from non-members where this is relevant to their work

9. ALTERNATIVE OPTIONS CONSIDERED

- 9.1 N/A

10. IMPLICATIONS

10.1 Financial Implications

Co-opted Members will receive a special responsibility allowance of £250 per annum as stated in the Members' Allowances Scheme.

10.2 Legal Implications

Due process has been followed with regards to the appointment of the Co-opted Members.

10.3 Equalities Implications

Members are keen to ensure that the Committee membership is as inclusive as possible and provides relevant expertise in accordance with the terms of reference for this committee.

10.4 Rural Implications

None.

10.5 Other Implications

None.

11. BACKGROUND DOCUMENTS

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

None

12. APPENDICES

None.



Adults and Health Scrutiny Committee	AGENDA ITEM No. 6
8 NOVEMBER 2022	PUBLIC REPORT

Report of:	East of England Ambulance Service NHS Trust	
EEAST	Chris Lewis	Tel. 07892 763011

UPDATE ON PERFORMANCE

RECOMMENDATIONS
1. It is recommended that the committee note the contents of this report.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee at their request.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide the Committee with information regarding the performance of the East of England Ambulance Service NHS Trust (EEAST) in The Peterborough and Cambridgeshire area.

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.

4. BACKGROUND AND KEY ISSUES

See appendix 1 below:

5. CONSULTATION

None.

6. ANTICIPATED OUTCOMES OR IMPACT



6.1 N/A

7. REASON FOR THE RECOMMENDATION

7.1 The Committee is asked to note the report.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 None.

9. IMPLICATIONS

Financial Implications

9.1 None.

Legal Implications

9.2 None.

Equalities Implications

9.3 None.

Rural Implications

9.4 *None.*

10. BACKGROUND DOCUMENTS

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

11. APPENDICES

11.1 Report of East of England Ambulance Service NHS Trust Overview and Performance





PETERBOROUGH HEALTH OVERSIGHT AND SCRUTINY COMMITTEE
8 NOVEMBER 2022
REPORT OF EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST
OVERVIEW AND PERFORMANCE





Purpose of report

1. The purpose of this report is to provide the Committee with information regarding the performance of the East of England Ambulance Service NHS Trust (EEAST) in The Peterborough and Cambridgeshire area.

Summary

2. After recovering briefly from the peak of demand in July response times are increasing for C1 in Peterborough as we head into late autumn/winter.
3. Delays are caused by an increase in complex pressures both in the number of patients we are seeing, and within the healthcare system.

Background

Improving patient care – Response times

4. Peterborough is part of the Cambridgeshire and Peterborough Integrated Care Board (ICB) for EEAST.

It is important to note that the ambulance services, and the wider health system within the areas in which they operate, are expected to work towards achieving the national response time standards on average across their areas as a whole. There is no formal requirement for them to achieve them in each and every locality.

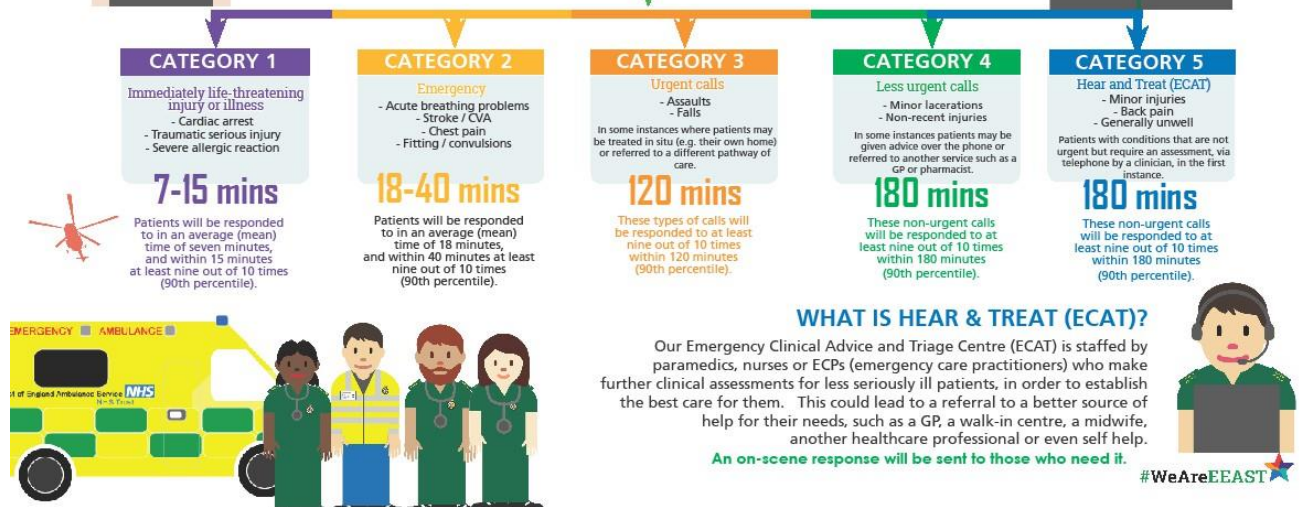


What happens when you call 999?

When you dial 999, the first person you speak to is the Operator who will ask you which service you need. If you ask for an ambulance, you will be put through to your local ambulance service.

An emergency call handler will then take the call and will ask you questions so that help can be arranged. The first thing they will ask you is if the patient is breathing and awake. They will then ask what telephone number you are calling from, the address of where the emergency is and the reason for the call. As these details are being taken, the information appears on screens in front of our dispatchers, who will assign the response to that call. Answering these questions will NOT delay help being arranged.

At the end of the telephone assessment, the call is given a category based on the information given by the caller. The call handler may stay on the line, offering further practical help and advice where necessary.



Although dropping briefly in August from the unseasonal peak demand experienced across the NHS during the summer, response times are increasing as we go into autumn/winter.

Throughout the Covid-19 pandemic, and particularly during periods of lockdown, there was reduced access to healthcare services. Fewer people were calling ambulances and fewer patients were being admitted to hospital for elective care. We experienced lower call volumes and fewer delays at hospitals.

Patients are now calling us again, but later than they might otherwise. So, our patients are sicker and have more complex care needs. This is true of both physical and mental health.

In September, Cambridgeshire and Peterborough generated 14,000+ contacts resulting in more than 8,000 face-to-face attendances.

For our most serious and urgent category of patients (known as C1), response times increased from 9.58 minutes in August to 10.19 minutes in September.

The second most serious category known as C2 which includes chest pains and strokes increased by nearly 2 minutes from 47 minutes in August to 49 minutes in September. There is more to do to achieve the national target set for this category of between 18 and 40 minutes.

Response times are being driven up by complex system-wide pressures including increases in both the number and severity of patients – in September 79% of the patients we attended were in our most urgent C1 and C2 categories. We have also been challenged by the impact of handover delays at hospital A&E departments.

5. We have been working within our own systems and with NHS colleagues to maximise resources available to patients and to improve response times. Since April this year, the service has been able to provide around 1,000 more ambulance hours each week, which equates to around 5 additional ambulances across the sector.
6. We have recruited 23 new clinicians over the course of this year to support the number of ambulances on the road.
7. The Trust has been operating REAP 4 (Resource Escalation Action Plan 4) since late summer 2021. The national REAP framework is designed to maintain effective and safe operational and clinical response for patients. REAP 4 is the highest escalation alert for ambulance trusts and is currently the status of nearly all ambulance Trusts in England.

Hospital handovers

8. The national standards for ambulance turnaround times at hospitals are as follows (to be achieved at every hospital):
 - (a) 15 minutes - The time from ambulance arrival on the hospital site to the clinical handover of the patient. The hospital is responsible for this part.
 - (b) 15 minutes - The time from clinical handover of the patient to the ambulance leaving the site. The ambulance service is responsible for this part.
9. The latest figures on hospital handover delays are for September. The average arrival to handover delay at Peterborough City Hospital for July-September peaked at 1 hour 16 minutes in July but, following work with NHS partners, has dropped to just under 48 minutes in September.
10. Delays in patient handovers at hospital is not a problem that is within EEAST to resolve and is impacted and influenced by many different parts of the health & social care system. The impacts are felt by 999 callers and patients waiting in the back of ambulances, but we cannot resolve the issue without the support of the wider ICS

partners. EEAST has been working locally with primary care, CPFT, NWAFT, & social care teams to identify and reduce root causes for the delays.

11. During July - September 2022, 90% of our arrival to handover at Peterborough Hospital has been greater than 15 minutes (National target is 15 minutes).
12. This equates to more than 1,346 lost ambulance hours - equivalent to more than 112 ambulances on 12-hour shifts being available to respond to patients within the community.
13. We continue to work with partners across the system to try to minimise the turnaround times at hospitals. This includes Hospital Ambulance Liaison Officers (HALO) at many of our acute trusts to facilitate handovers and supporting patients to receive care in the most appropriate setting for them without being taken to hospital unnecessarily.
14. EEAST are supported across the ICS by a new initiative that supports crews to call a dedicated number to discuss whether their patient requires treatment at hospital, of whether they can be safely treated in their own homes by wider system partnership teams. This is called 'Call before you convey' where the dedicated number is staffed by senior clinicians from system partners (GP's, ED consultants, Advanced Nurse Practitioners). This has been previously trialled and has demonstrated a reduction in the number of patients unnecessarily taken to hospital by ambulance.
15. Peterborough City Hospital has 3 ambulance service-staffed HALO positions. These are now a permanent employee position within the EEAST structure. The HALO role is an important part of the patient care EEAST is able to provide but they are also a key building block in terms of winter resilience, identifying, escalating, and minimising patient handover delays and improving patient safety.

Preparing for Winter

16. EEAST, along with the rest of the NHS, are anticipating further activity this winter. As the Covid-19 pandemic continues, we work with regional colleagues to prepare for the increase in patients. As we plan for increased demand across the winter months, we are:
 - Recruiting extra people to work within our Ambulance Operation Centres to take 999 calls or support the dispatch of emergency ambulances
 - Increasing overtime levels for existing and experienced staff
 - Wherever appropriate, not sending ambulances to non-urgent patients and directing them to more appropriate services. Currently we manage around 10% of our patients through Hear and Treat where self-care advice is given over the phone
 - Maximising the use of private ambulance services who work with us



- Using social media and our other channels to encourage people to use other services where they can, such as 111 and 111 online, pharmacies and their GPs
- Working with system partners on admission avoidance or conveyance reduction schemes

17. EEAST are supported across the ICS by a new initiative that supports crews to call a dedicated number to discuss whether their patient requires treatment at hospital, of whether they can be safely treated in their own homes by wider system partnership teams. This is called 'Call before you convey' where the dedicated number is staffed by senior clinicians from system partners (GP's, ED consultants, Advanced Nurse Practitioners).

This has been previously trialled and has demonstrated a reduction in the number of patients unnecessarily taken to hospital by ambulance. Alongside this initiative the GP Network across North Cambridgeshire is being extended for longer hours and 7 days per week to provide crews with access to GP's to support their decision-making and safe discharge of patients that do not need to go to hospital.

Support for Mental Health patients

18. The Trust currently has two Mental Health Advanced Practitioners that are available during working hours to support crews. The Trust and the wider NHS system have taken a number of steps to improve emergency response to patients with mental health needs. These range from systems and processes within the Trust to enable better planning of services, to training for staff.

- Analysis of the dispatch system to measure mental health calls and responses gathering evidence for service changes and improvements. An outcome of this is joint funding of a mental health response car to be staffed by an EEAST paramedic and a Cambridgeshire & Peterborough NHS Foundation Trust mental health nurse to provide specialist mental and physical health support to patients across the ICS in their own home. The response car has been live since June and will be extended throughout the remainder of the financial year.
- Co-production of a mental health patient feedback survey with patients with lived experience of using the 999 service during a mental health crisis. As a result, the Trust's mental health team are rolling out crew and call handler engagement sessions with experts-by-experience to share learning about what it is useful to say and do when a mental health crisis is ongoing.
- Ongoing engagement with patients, carers and those delivering specialist services to support learning from lived experience. Learning material from these sessions is co-produced and shared with crews and patient experience teams.
- Training delivered by Mental Health Advanced Practitioners to crews and control room staff including written information prompt guides for crews to use in assessing mental state. Training on appropriate legislation is also given (Mental Capacity and Mental Health Acts).



CQC inspection

19. EEAST is making good progress on moving out of special measures.

The CQC visited Trust properties at the beginning of May and carried out interviews with employees. The CQC's latest inspection report on the 'well-led' domain was released in July and there will be a further update in a future report to this committee on the outcome of this inspection, once the results are provided.

The headline outcomes from the latest CQC inspection published in July:

- An overall improved position as we have moved from *inadequate* to *requires improvement* for the Well-Led category
- Responsive and Caring categories have reduced one rating to *requires improvement* and *good* respectively
- Our overall rating of *requires improvement* has not changed.

Culture change

20. In the last year, we have taken a range of significant actions to address the deep-rooted cultural issues within our Trust, including:

- Strengthening our disciplinary processes
- Significant progress in resolving historic formal complaints from staff
- Encouraging people to speak up with a 900% increase in people coming forward due to our 'Speak Up, Speak Out' (Freedom to Speak Up) campaign
- Significant work with local teams to help address culture change issues
- More than half of staff have currently undertaken comprehensive new values and behaviours training

This work has resulted in:

- 5% reduction in bullying and harassment from managers
- 76% reduction of staff currently experiencing sexual harassment.
- 41% reduction in staff who have experienced sexual harassment in the past

Community First Responders

21. Peterborough has a Community First Responder (CFR) Group but with only four active members, it needs more volunteers.

22. We have updated the terms and conditions for CFRs, removing signing-up fees and introducing expense payments to help cover travel and other costs. We hope that this will help encourage more people to consider joining.

23. If members of this committee know of anyone interested in becoming a Community First Responder please point them towards our website, where anyone can sign-up



to volunteer and undertake the necessary training. The website address:
<https://www.eastamb.nhs.uk/join-the-team/community-first-responders>

Conclusion

24. On performance, the picture remains complex as many of the challenges we face are at the system-level nationally and not being faced by EEAST alone.
25. Hospital handover delays are one such system-issue and we have resourced this with HALO officers to work closely with the new integrated Care Systems and colleagues in acute hospitals to identify and resolve these issues collaboratively.
26. To get the latest information about EEAST, including an update from the Chief Executive, please subscribe to our newsletter for stakeholders: InTouch EEAST
www.eastamb.nhs.uk/intoucheeast.htm

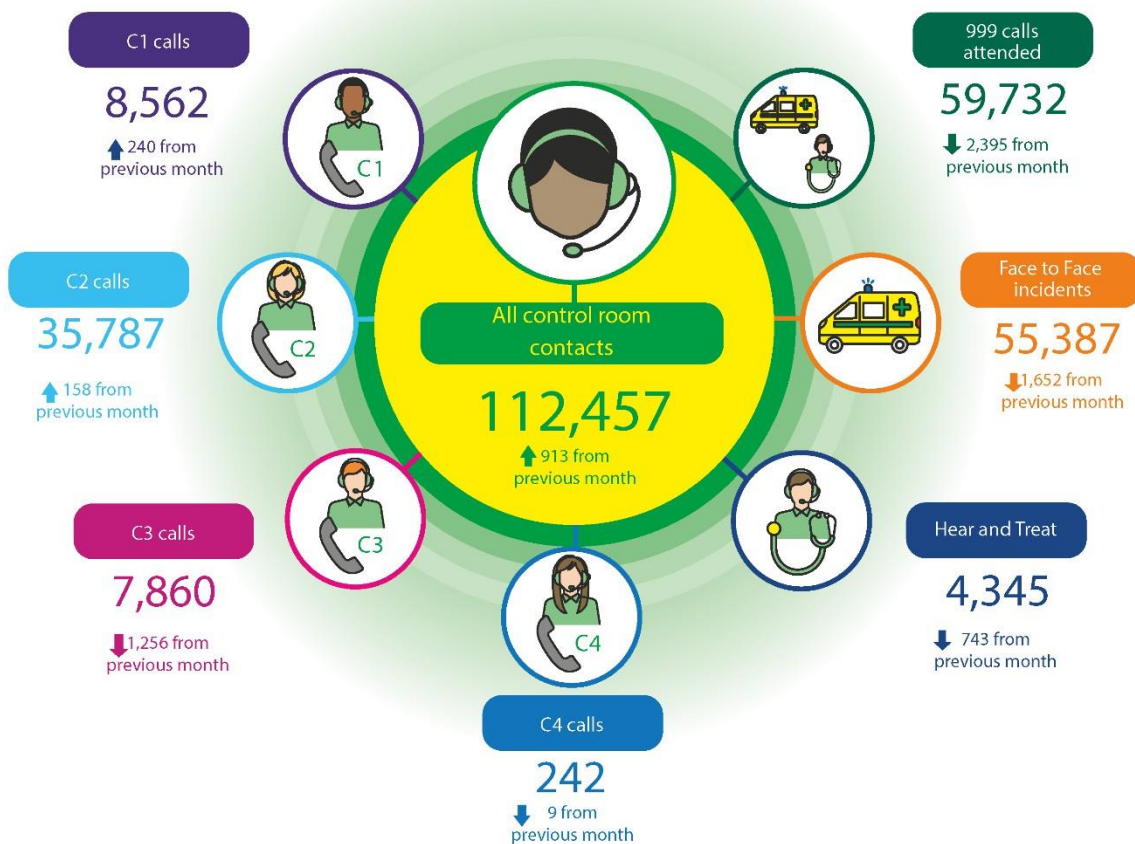


Region-wide performance for EEAST

Monthly
Performance Dashboard



October 2022 Data for 1st - 30th Sept 2022



KEY:

- All control room contacts:** Total number of contacts to our three control rooms (AOCs) in Bedford, Chelmsford and Norwich.
- C1 calls:** Total number of incidents requiring an immediate response to a potentially life-threatening illness or injury.
- C2 calls:** Total number of incidents classed as an emergency for a potentially serious condition.
- C3 calls:** Total number of incidents classed as urgent where some patients may be treated in their own home.
- C4 calls:** Total number of incidents classed as less urgent where some patients may receive advice over the phone or be referred to another service such as a GP or pharmacist
- 999 calls attended:** Total number of 999 calls that received a response from a clinician either by phone or face to face.
- Face to Face incidents:** Total number of incidents that received a face to face ambulance response.
- Hear and Treat:** Total number of incidents managed by emergency clinical advice and triage (ECAT) clinicians not requiring an ambulance response face to face.

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
8 November 2022	PUBLIC REPORT

Report of:	Cambridgeshire and Peterborough Integrated Care Board	
Contact Officer(s):	Stacie Coburn, Director of Performance and Assurance, Cambridgeshire and Peterborough Integrated Care Board	

SYSTEM SURGE PLAN – WINTER 2022/23

RECOMMENDATIONS
It is recommended that the Adults and Health Scrutiny Committee note the priorities included in our system surge plan to cover the 2022/23 winter period, developed in response to some of the key challenges we anticipate our local population, and our system will face over the coming months.

1. ORIGIN OF REPORT

- 1.1 This report is submitted to the Adults and Health Scrutiny Committee following their request on 3rd October 2022 for a report on system wide winter planning.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to provide an update on the development of Cambridgeshire and Peterborough's Integrated Care System (ICS) winter surge plan for 22/23.
- 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

3.1 Introduction

As part of ensuring Cambridgeshire and Peterborough (C&P) system's preparedness for winter, the Integrated Care Board (ICB) has led the development of the winter surge plan with all system partner organisations. NHS England (NHSE) has also published a set of clear expectations on surge planning alongside the confirmation of additional winter funds to support schemes that enable the system to respond to expected increases in demand for health and social care services.

The surge plan outlines the provision for services during the winter period informed by national, regional, and local qualitative and quantitative evidence. In addition, multiple strategic, operational, and clinical system discussions have taken place to agree a finite set of key priorities where it is felt action and investment will result in maximum impact for our patients during what we anticipate will be very challenging months.

This report provides an overview of current performance and risks, the process for developing our surge plan and high-level priority areas, backed by additional investment over the winter season to support successful delivery.

3.2 **Current challenges**

Nationally and locally urgent and emergency care services continue to be under significant pressure. Activity is back in line with or in some cases exceeding pre COVID levels and factors including waiting list backlogs, loss of productivity and efficiency and overall workforce availability are contributing to a growing capacity and demand gap. We know that these challenges are resulting, in some instances, in poor quality care and experiences for our local population.

The ICS set out its commitment to improving performance as part of its 22/23 operational plan, through improvements in productivity and efficiency, service improvements and transformation schemes. Year to date, the ICS has delivered some improvements in overall activity and capacity which are beginning to impact on our waiting lists and improve access across urgent and emergency care services, however, this increase in activity has not yet fully translated into a material improvement in outcome performance.

In areas of underperformance, there are detailed improvement and recovery trajectories in place, including:

- Urgent and Emergency Care (including ambulance handover delays)
- Elective and outpatient recovery
- Cancer recovery
- Diagnostics improvement

Alongside our current performance position, we have considered the following strategic risks in developing our surge plans for this coming winter period:

- Deterioration in people's health due to the cost-of-living crisis, resulting in a requirement for both social and medical intervention
- Increasing demand for mental health services, already high post COVID with the potential to worsen due to the economic context
- Increase in respiratory infections across the general population, including COVID-19 surges and influenza
- Challenges across our workforce, specifically within primary care and the care sector which already has significant vacancy rates. The lack of alignment between variation in health and care pay and conditions and the below inflation pay offer for health could also potentially lead to strike action from the autumn
- As we see the impact of inflation and cost of living, viability of providing care services will become more difficult, potentially resulting in a reduction of available capacity to support safe discharge from hospitals.

3.3 **Winter surge plan: Development process**

Recognising that this winter is likely to be particularly challenging we have sought to target multi agency action on those areas where evidence shows the greatest patient need, and /or where we are likely to have the highest impact on quality of care and system performance.

Since July, representatives from the following organisations and groups have been involved in setting the process for how we developed winter planning, shaping, and submitting bids for winter funding, approval of the collective winter plan schemes and the ongoing oversight of performance:

- Local Authorities
- Patient representatives
- Healthwatch

- Voluntary, community and social enterprise organisations
- NHS organisations (acute, community, mental health and ambulance)

Our surge plan is complimentary to existing ICS unplanned care improvement plans and will accelerate delivery of some of the identified changes required within our urgent and emergency care services to achieve our overarching improvement objectives:

1. Reduction in average length of stay by 0.5 days by 31 March 2023
2. Minors and type 3 performance consistently exceeding 92% by 31 October 2022 and 95% by March 2023
3. Less than 2% of patients exceeding 12 hours in an emergency department by 31 December 2022
4. Admitted patient mean wait time ,6 hours by 31 March 2023
5. Zero ambulance handover delays >60 minutes by 31 Dec 2022

In addition, national guidance on winter surge planning was published on 12th August 22 by NHS England. This set out eight strategic aims and more than 60 actions to be addressed within local plans. Alongside the national guidance, ICS' were also asked to submit bids for additional funding, with the criteria for funding focused on creating additional physical bed capacity and where measurable, bed equivalent capacity. Areas such as primary care, 111 and 999 and broader flow requirements (across health and care) have not received specific additional funding allocations.

3.4 Winter surge plan: Areas of focus

The C&P surge plan has been structured around six main areas, namely:

1. Preventative Care
2. Primary care and first contact services (i.e., community pharmacy).
3. Urgent community services, including delivery of the new system wide coordination of and single point of access for urgent response services.
4. In hospital flow, targeting increases in physical bed capacity to reduce current acute bed deficit.
5. Outflow and discharge support to optimise discharge from hospitals when patients no longer require acute care.
6. Recovery of elective activity.

There are also a small number of key enablers that underpin successful delivery across all the priority areas, which are:

- Workforce (support and development of current staff, and recruitment).
- Communications
- Management of operational risk and escalation

A draft of our winter plan is provided as an appendix for Adults and Health Scrutiny Committee. The final version of the winter plan will be considered and approved by the Integrated Care Board in November though it will remain a live document as we seek to respond to and proactively manage emerging risks and challenges through this period.

A key component of our plan are the additional capacity schemes. The ICB and system partners worked through several proposals for winter capacity, applying a clear set of criteria to maximise value for money and ensure probity in the use of public funds. The criteria for assessment included:

- Schemes must demonstrate additionality (beyond business as usual) and tangible impact in the given timescales against our local priorities and rooted in evidence of need.
- There must be a clear exit strategy in place including any pre agreed system support to avoid placing unexpected risk or financial liabilities in any system partner at the end of the winter period (end of financial year 2022/23).

- Risk share arrangements must be in place for the system in anticipation of any potential clawback to non-delivery of agreed outcomes.

All winter schemes put forward underwent a rigorous multi agency scrutiny process including clinical oversight and assurance, patient perception and prioritisation. Schemes have been ground into thematic areas and approved, as outlined in the table below. Delivery of these schemes are led by various partners, including Local Authorities, Voluntary and Community sector organisations and general practice.

Area of Need	Expected impact - Bed/bed equivalents	Other impact
Discharge support schemes	78	<ul style="list-style-type: none"> - Additional 27 domiciliary care cars - Additional support for dementia patients to discharge to Nursing Care - Additional bed capacity in community for patients that require further bedded support - Personalised discharge budgets - Support for self funders
Urgent Community Response schemes	-	<ul style="list-style-type: none"> - Primary care led response service in community responding to appropriate patients at home with 84% rate of patients remaining home with care and support - Clinical support for ambulance crews with 60% of calls from crews to clinicians for advice resulting on a non-conveyance to hospital
Additional acute capacity	140	<ul style="list-style-type: none"> - 200 extra bed days per month delivered through increased patient throughput and reduced LoS in frailty unit - Additional cubicle capacity for assessment in ED reducing waits to be seen
Proactive Primary Care & High intensity users	-	<ul style="list-style-type: none"> - Targeted and supportive primary care led proactive planning for patients with multiple comorbidities at high risk of multiple hospital [avoidable] attendances
Elective Recovery – review of patient waiting lists	--	<ul style="list-style-type: none"> - Review and risk stratification of patients in outpatient waiting lists to ensure those at highest clinical risk are prioritised
TOTAL	218	

Operational delivery of the schemes will be regularly monitored via the C&P ICS Unplanned Care Board which has wide partner representation, with assurance, risks and items for escalation escalated to the ICB Board. If individual schemes under-perform or under-spend then consideration will be given to redistribution of funding to alternative schemes that have already been developed with partners.

4. IMPLICATIONS

Financial Implications

- 4.1 Whist additional funding is delivering additional capacity as detailed above to support management of increases in demand due to winter surge, system partners will need to ensure

appropriate exit strategies are in place before the end of March 2023 to avoid placing unnecessary financial risk in any system organisation. The exit strategy might include finding sustainable funding mechanisms to make winter schemes business as usual, in cases where evidence shows schemes are delivering clear improvement in patient care and system performance.

4.2 **Equalities Implications**

The C&P winter surge plan is the result of concerted system action to address the needs of our population including those factors that drive health inequalities – from differences in experiences and quality of healthcare through to the wider determinants of health.

5. **APPENDICES**

5.1 *Draft Cambridgeshire and Peterborough ICS Winter Plan*

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DRAFT

**Cambridgeshire and Peterborough Integrated Care System
(ICS)**

Demand Surge Plan

Winter 2022 / 23

Table of Contents

Page Number	Description
3	Introduction
5	Current demand and Winter Focus
7	Priority Areas:
7	1. Health and Wellness
9	2. First Contact and Primary Care
11	3. Urgent Community Services
13	4. In hospital Flow
15	5. Outflow and Discharge Support
17	6. Elective Recovery
18	Workforce
19	Communications
20	System Resilience and Escalation
23	Patient Outcomes and Performance
25	Governance

Introduction

This year has continued to present us with unrelenting challenges from the direct and indirect impact of the pandemic, along with a range of other factors, resulting in high levels of pressure and escalation across our services. Winter is always a difficult time for organisations working to deliver our health and social care services to meet the needs of our population, and we are expecting this winter to be particularly demanding in the face of ongoing pandemic impacts plus the impact of other current socio-economic factors like the cost-of-living increase.

The balance between maintaining planned care services and managing ongoing pressures in urgent and emergency care is an additional challenge making planning more complex. This means system partners will be constantly rebalancing and re-prioritising to use resources to treat the sickest and most urgent patients first. More than ever, demand for health and care services require organisations to work collaboratively to remove barriers and deliver safe and effective care.

This plan sets out the priority areas for winter 2022-23 for the Cambridgeshire and Peterborough Integrated Care System (ICS). Our focus is on keeping people safe and well, and we will deliver this through:

- ✓ Preventative initiatives
- ✓ Action to deliver services quickly and close to home where possible
- ✓ When hospital treatment is required, ensuring patients are seen by the appropriate discipline as early as possible in their acute care journey
- ✓ Ensuring the delivery of safe care in community and minimising time spent in hospital thus supporting people to return home at the earliest available opportunity
- ✓ And working to achieve a balance between the delivery of elective and non-elective care to reduce backlogs and waiting lists.

We also recognise the ongoing pressure and challenges our staff face, and we want to enhance their ability to face the winter period efficiently, effectively, and safely with confidence and full system support.

National guidance on winter surge planning was published on 12th August 22. The guidance set out eight strategic aims and more than 60 actions to be addressed within local plans. A read across of the national aims against our local plans is shown on the table below:

National / regional winter objectives	C&P Surge plan	C&P Unplanned care improvement plan	Other Local Work	Comments
Prepare for variants of COVID-19 and respiratory challenges	✓	✓		Vaccination programme underway. Alternative pathways out of hospital in development / implementation plus LoS actions inc. VW
Increase capacity outside of acute trusts	✓	✓		Short and long term actions underway to increase productivity / efficiency in existing capacity outside of hospital and establish expanded models of care
Increase resilience in NHS 111 and 999 services	✓	✓	✓	Work at system and individual provider level – focus on embedding system wide actions to enable effective use of resource i.e. call before convey, MDT workforce with input from system partners
Target Category 2 response times and ambulance handover delays	✓	✓	✓	Rapid release already in place at NWAFT and for CUH in August. Focussed activity on reducing handover delays – NWAFT involvement in national programme as well as system commitment to enabling actions
Reduce crowding in A&E departments and target longest waits in ED	✓	✓	✓	Focussed work on appropriate conveyance, alternative services and improving waits through process and flow improvements at both system and provider level
Reduce hospital occupancy	✓	✓		Additional capacity planned as part of C&D bids alongside extensive programmes of LoS improvement in individual providers
Ensure timely discharge	✓	✓	✓	100 day discharge challenge and transfer of care hub implementation plus additional investment in discharge support to increase overall capacity
Provide better support for people at home	✓	✓	✓	Support to neighbourhood teams and PCNs to enhance prevention and proactive activities with HIUs, Virtual wards activity, enhanced discharge support services utilising PHBs

Alongside the national guidance, ICS' were also asked to submit bids for additional non recurrent funding. The criteria for funding was focused on creating additional physical bed capacity and where measurable, bed equivalent capacity. For Cambridgeshire and Peterborough, the total additional bed capacity we need to achieve by 31st March is an average of 218 additional beds per day available across the system. To achieve this, a comprehensive investment package has been agreed targeting schemes that can deploy in the next few months to make a real tangible difference in the short and medium term. The overview of investment can be found in Page 14 of this plan. Specific schemes supported by these monies are also highlighted in each priority area for completeness.

The Size of the Challenge: Demand for Services

Demand for services has exceeded pre pandemic levels. Although there are variations between local sites, on average we have seen a 3.5% increase in non-elective activity compared to 2019/2020 levels year to date. Activity for 111 has also increased by 30% year on year and primary care activity is back to pre-pandemic levels, accompanied by a clear change in population behaviour who are increasingly demonstrating a desire to be seen face to face at times driven by misconceptions about availability of alternative services to hospital emergency departments.

Data also shows a higher than average increase in the over 75's in the South, whilst some areas in the North of the patch are experiencing significant growth in paediatric ED attendances (Hinchingsbrooke hospital has seen a 20% year on year growth on paediatric attends).

In addition, the system faces significant performance challenges in length of stay and bed occupancy. Emergency length of stay has increased 0.96 days (or 17.5%) in 2021/22 compared to 2019/20. This translates into a shortfall of 224 acute beds that are required to support the same level of activity. Patients with a long length of stay over 21 days were at 19% in June this year (2022) versus 8% in 2019/20. Unsurprisingly, our bed occupancy rate of 94% (as a % of G&A beds occupied) is in the worst performing quartile nationally (SAPIT data – Q4 21/22).

Previous capacity and demand modelling demonstrated significant gaps in our available community capacity, particularly in home support services (care and therapy). A generous investment package was agreed earlier in the year to increase the capacity and efficiency of intermediate care services which provide care and therapy support for patients going home after a hospital stay discharged under what locally is referred to a discharge Pathway 1 (home with support). It is also recognised however that winter periods tend to put additional pressure on acute and community services and, paired to our average rate of bed occupancy, there is a risk of inappropriate patient placement contributing further to extended length of stay in acutes.

Our Focus During Winter

This plan sets out different critical aspects of preparedness to give the Cambridgeshire and Peterborough system the best opportunity to manage the risks that are likely to impact on demand for services during the winter months. But these are only one part of a much wider work programme of performance improvement and service transformation as illustrated below:

Anticipated Seasonal Demands (winter plan):



Health & Wellness:	First Contact Primary Care	Urgent Community Services	In hospital flow	6. Outflow & Discharge Support	7. Elective Recovery
<ul style="list-style-type: none"> Vaccination programme (flu, covid 19) Support individuals at highest risk Response to new covid 19 outbreaks 	<ul style="list-style-type: none"> Community pharmacy Primary Care High intensity service users 	<ul style="list-style-type: none"> Falls MH joint response cars Alternatives to ED to include support for ambulance crews Support for Care Homes 	<ul style="list-style-type: none"> Improved Flow through hospital Additional bed capacity 	<ul style="list-style-type: none"> Prescribing Transport Out of Hospital capacity VCS support 	<ul style="list-style-type: none"> Outpatients Cancer

Medium to Long Term Service Transformation:



- Embed primary care / PCN led urgent community response in each locality including a comprehensive community falls service
- Delivery of new UTC standards
- Build Integrated Neighbourhood Teams
- Embed share care record
- Pathway redesign in elective care (selected specialities with greatest opportunities / scope)
- Reach a 'one public estate' approach and think creatively about the use of all system estates / capacity

Performance Improvement Plans:



- Urgent Community Response: single integrated urgent care response service that supports people to remain in their home
- Ambulance Handovers: reduce ambulance handover delays and improve responsiveness of ambulance services to calls
- Minors / T3: improve type 1 minors and type 3 UTC/MIU access performance
- Length of Stay: reduce overall length of stay within in patient settings
- Home First: support transfer of care for patients to receive the right care, in the right place, at the right time – returning home wherever possible
- Virtual wards: deliver the national planning requirement for acute virtual ward beds

Enabler: Organisational, community, and service user engagement and communication



Enabler: Management of operational and clinical risk & effective system escalation



Enabler: Staff recruitment, development, support & retention strategies

Whilst in the short term our focus will often be on patient safety, clinical risk, and ensuring the quality of services delivered during the difficult winter months, it is paramount that momentum is not lost in the delivery of our performance improvement plans and service transformation goals so that in the medium and long term we can make the delivery of patient centred and effective care a sustainable reality.

Priority Areas

1. Health and Wellness

Area of Impact	Actions	Start Date	System Lead
Vaccination	✓ Continue system working and community engagement to improve confidence and promote vaccination uptake, supported by appropriate access.	Ongoing	ICS
	✓ Exploring potential for “Vaccination & Screening hubs” utilising existing NHS estate or Mass Vaccination Centres.	October 22	
	✓ Deliver the autumn vaccination [booster] campaign responding to outbreaks / surge and prioritising the groups recommended by the Joint Committee on Vaccination and Immunisation (JCVI).	Ongoing	
	✓ Continue to provide or support vaccination of newly immunosuppressed patients, pregnant women, and healthcare workers yet to complete a primary course and first booster.	Ongoing	CUHFT / NWAFT
	✓ Deliver the NHS influenza vaccination programme focusing on the groups identified by the JCVI and encourage vaccination of staff by all providers.	October 22 (onwards)	ICS
Support for people at highest risk	✓ Heating and health project: working with communities and voluntary sector organisations to provide targeted support to individuals and families during the cost of living crisis. Establishing “warm spaces” or “warm hubs” in local communities.	October 22	District Councils
	✓ Identification of patients at highest risk through winter and offer proactive personalised care including vaccinations, self-management, care coordination and follow up after ED attend or admission. Delivery through PCNs. <i>(Capacity and demand winter funding scheme)</i>	November 22	North and South ICPs

New Covid 19 variants & other respiratory challenges	✓ Full implementation of UKHSA Infection Prevention and Control (IPC) guidance and develop strategies to minimise the impact of “void” beds to maximise capacity.	October 22	ICB
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2. First Contact and Primary Care

Area of Impact	Actions	Start Date	System Lead
Prescribing and Community Pharmacy	✓ Ensure that high risk drugs are monitored in primary care to prevent avoidable hospital admissions through Eclipse Live.	Ongoing	ICB
	✓ Increase use of the GP Community Pharmacy Consultation Service (GP CPCS) to refer lower acuity conditions to community pharmacy.	Ongoing	
	✓ Pharmacy staff employed within Primary Care Networks (over 100 staff) to ease pressure on general practice.	November 22	
	✓ Response to possible variants of C19 and respiratory viruses. Community pharmacies involved in C19 vaccination programme (estimated 31 pharmacies across C&P).	Ongoing	
	✓ Increase the uptake of the Repeat Dispensing Service to reduce calls to 111 for repeat medicines.	Ongoing	
	✓ Ensure that we make best use of anticipatory prescribing to support our EOL patients and reduce the pressure on staff and/or admissions (including scoping family administration of EOL medicines).	Ongoing	
Primary Care	✓ Find local solutions to digital transformation including cloud-based solutions and record storage to free up clinical time and space.	October 22	ICB
	✓ Deliver surge capacity for primary care to include social prescribers, care coordinator, and health and wellbeing coaches	October 22	ICB
	✓ Development and implementation of plans to deliver the national asthma bundle focusing on the GP practices with high referral rates into hospital with support from paediatric asthma practitioners	October 22	ICB

	✓ Continue to delivery the sats monitoring project working with primary care and focusing on high-risk individuals that would benefit from support (ie pregnant women with covid 19)	Ongoing	ICB
High Intensity Users	✓ Additional joint mental health emergency response vehicle 7 days a week staffed by a registered mental health professional and Police officers which responds to those having a mental health crisis to manage people safely in the community. <i>(Capacity and demand winter funding scheme)</i>	October 22	ICB
	✓ Undertake structured medication reviews with high intensity users to mitigate any deterioration through the winter and ensure optimal adherence to medicines.	Ongoing	ICB

3. Urgent community services, right service first time

Area of Impact	Actions	Start Date	System Lead
Urgent Community Response	✓ Delivery of a 24 hr 7 days a week comprehensive falls pick up service to avoid hospital conveyance and admission. <i>(Capacity and demand winter funding scheme)</i>	November 22	ICB
	✓ Delivery of a robust PCN led Urgent Community Response service in each locality including a cross county care coordination function. <i>(Capacity and demand winter funding scheme)</i>	October 22	North and South ICBs
	✓ Pilot of JET response to long lie falls patients pulled from the ambulance stack	September 22	CPFT
	✓ Joint CPFT/EEAST MH car service to provide mental health support to crews on scene. Service also facilitates and supports education and training of ambulance crews.	Ongoing	CPFT / EEAST
	✓ Exploring rapid response teams in community that prevent avoidable hospital admissions for children and young people with long term conditions	November 22	ICB
	✓ Exploring options to establish an Acute Respiratory Infection (ARI) hub to support same day assessment	November 22	ICB
Alternatives to ED	✓ Review of new draft UTC standards and strategic direction for MIUs / UTCs also ensuring consistency of service offer across MIUs.	March 23	ICB
	✓ Pilot review of Category 3 & 4 ambulance calls by 111 Clinical Advice Service (CAS)	November 22	HUC
	✓ Rapid access for ambulance crews to ED, GP or ANP to support with clinical support and guidance (call before convey). <i>(Capacity and demand winter funding scheme)</i>	October 22	ICS / TBC
	✓ Review of data and existing pathways to understand why children and young people are being admitted to A&E and what can be put in place within the community and primary care infrastructure to reduce flow through ED and reduce length of stay for admissions	November 22	ICB

41

Support for Care Homes	✓ Installation of falls lifting equipment in 22 care homes across C&P in phase 1 (up to March 2023) followed by roll out to all 176 care homes in phase 2 (April 2023 onwards)	November 22	ICB
	✓ Continue to work with primary care and care homes to improve MDT input into care homes and target support to high referring homes	October 22	ICB / PCNs

4. In hospital flow

Area of Impact	Actions	Start Date	System Lead
Medicines Management	✓ Undertake structured medication reviews to improve adherence and hence deterioration of conditions that may impact on hospitals (and GPs). Priority areas – i.e. care home patients	Ongoing	ICB
	✓ Develop appropriate medicines management pathways for our virtual wards to reduce length of stay	Ongoing	
Improved flow through the Emergency Department	✓ Rapid release initiative rolled out to CUHFT	November 22	EEAST
	✓ Ensure there is a corridor cohorting policy in place at HH	October 22	NWAFT
Acute Bed Capacity	✓ Delivery of 45 additional escalation beds at NWAFT. <i>(Capacity and demand winter funding scheme)</i>	November 22	NWAFT
	✓ Conversion of non-clinical space at PCH. <i>(Capacity and demand winter funding scheme)</i>	November 22	
	✓ Delivery of modular ward capacity at PCH site. <i>(Capacity and demand winter funding scheme)</i>	March 23	
	✓ Repurpose escalation ward into a frailty unit to increase patient throughput. <i>(Capacity and demand winter funding scheme)</i>	October 22	CUHFT
	✓ Deliver additional triage cubicle space in ED. <i>(Capacity and demand winter funding scheme)</i>	October 22	
	✓ Identify unwarranted variations in acute LoS and any opportunities for pathway redesign to reduce these and improve LoS.	November 22	ICS
	✓ Standardise frailty pathways across North and South and relaunch frailty services linking to wider new services and initiatives outside of hospital	November 22	ICB / Acutes

43

	✓ Continue to monitor P0 dischargers at weekends to maintain flow 7 days a week	Ongoing	ICS
	✓ Support early identification of children with Continuing Care needs, implementing targeted care package reviews and enabling flexible delivery to reduce admission and facilitate earliest discharge from hospital	Ongoing	ICB / Acutes

5. Out flow and discharge support

Area of Impact	Actions	Start Date	System Lead
Out of hospital capacity to support discharges	✓ Additional discharge car capacity (27 cars) across C&P during the peak winter months to support discharges whilst prioritising home first. <i>(Capacity and demand winter funding scheme)</i>	October 22	Local Authority
	✓ 1:1 support for complex dementia patients that require nursing home placement and are often delayed and declined by most nursing homes due to their complexity and staffing needed to safely manage their care. <i>(Capacity and demand winter funding scheme)</i>	October 22	
	✓ Phased expansion of virtual ward capacity to deliver a minimum of 300 acute virtual beds.	December 22	North ICP
	✓ Additional bed capacity at Ashlyn Grange care home (42 beds) to support discharges. <i>(Capacity and demand winter funding scheme)</i>	October 22	NWAFT
	✓ Repurpose some of the IPR bed capacity currently underutilised into D2A beds (16 beds).	November 22	CPFT
	✓ Delivery of Pathway 1 (Intermediate Care) efficiencies through recruitment of integrated care workers, reduction of reliance on independent sector car capacity, and improvement of flow through the pathway.	Ongoing	CPFT
	✓ Delivery of Transfer of Care Hub for discharges to include single point of access/virtual room, single PTL and trusted assessor model.	November 22	South ICP
	✓ Delivery of small, one-off Personal Health Budgets to facilitate early discharges	September 22	ICB
Patient Transport	✓ 5 additional PTS vehicles commissioned over winter to support patient discharges.	September 22	ICB

45

Prescribing	✓ Increase uptake of the Discharge Medicines Service to prevent hospital re-admissions.	Ongoing	
Voluntary Sector / Direct Patient Support	✓ Delivery of personal health budgets to support discharges by providing a one-off opportunity to purchase goods or services not provided through existing commissioned services (set up at £500 limit per patient).	October 22	ICB
	✓ Dedicated support for self-funders in acutes to help them navigate the independent sector market and find suitable providers thus reducing the wait time for discharge in acutes. (<i>Capacity and demand winter funding scheme</i>)	November 22	Local Authority

6. Elective Recovery

Area of Impact	Actions	Start Date	System Lead
Outpatients	✓ Continue review of wider solutions across the system to protect elective activity including mutual aid and exploring opportunities with independent sector and community services.	Ongoing	ICS
	✓ Deliver transformation programmes to maximise outpatient capacity, implement HVLC, and move to day cases where appropriate which will support during winter.	Ongoing	ICS
	✓ System deep dive into key specialties and specific plans drawn out and delivered to improve performance	October 22	ICS
Cancer 62-day backlog	✓ Ongoing work with independent sector and system partners to look at further ways to ring fence cancer capacity	Ongoing	ICS
	✓ Enact guidelines for faecal immunochemical testing in the lower GI pathway for patients on endoscopy waiting list working with primary care and acutes	October 22	ICS
	✓ Deliver best practice timed pathway for prostate cancer including the use of mpMRI	November 22	ICS
	✓ Pilot delivery of telederm in suspected skin cancer pathway	November 22	ICS
Escalation	✓ Inclusion of data on elective cancellations into Shrewd as part of the key triggers considered daily under operations & system escalation	October 22	ICB
	✓ Establish clear processes and triggers for escalation to regional director when appropriate thresholds are reached	October 22	ICB

Enablers

✓ Workforce

At a time of increased demand for services our health and social care workforce has been put under considerable strain and as a result we continue to experience challenges with recruiting and retaining to key roles across the system. This places further strain on services. The impact has also been felt on the independent sector, both care home and domiciliary care provider markets, adding further pressure and limiting our collective ability to provide care packages for people with complex care needs to leave hospital.

Pressure has been rising during recent months and the priorities for this winter are a mixture of those intended to mitigate against the current and forecast pressures felt across health and social care systems over winter; and others that will have medium- or longer-term value, achieving more sustainable services for the future. This will provide a foundation on which to further develop recovery plans into the coming year and beyond.

Our key actions to increase our workforce resilience are set out below:

Winter Workforce Preparedness

Leadership	Recruitment	Retention	Health & Well Being
<ul style="list-style-type: none"> • Ensure visible senior champion for health and well being working with system leadership to encourage and support employee-led improvements and local initiatives around workforce • Maintain clear focus on talent management and create internal opportunities (ie Local Mary Seacole Programme, Woman's Development Programme) • Embed continuous improvement approaches into ICS workforce strategies to keep priorities and actions under constant review 	<ul style="list-style-type: none"> • Continue to develop ongoing international recruitment • Extend accomodation offer to include care home workers • Extend pastoral care to HCAs to improve retention • Enhance resilience through identifying and scaling high impact roles for volunteers • Recruitment of A&C staff to support clinicals thus releasing clinical time 	<ul style="list-style-type: none"> • Engage the market to provide secure affordable housing • Develop and implement staff sharing arrangements and maximise collaborative banks • Ensure shift rostering patterns take account of best practice on safe working and caring and provide flexibility to take account of constraints and other responsibilities staff may have • Continue to work with HEI's on retention plans of students within the ICS 	<ul style="list-style-type: none"> • Supporting staff to stay safe from flu, covid 19, and respiratory illness through vaccination take up • Ensuring staff have access to appropriate PPE • Develop and promote staff MH hubs in line with national guidance • Ensure all staff have access to health and wellbeing conversations and encourage them to access support to address any needs and concerns

49

✓ Communications

ICS communications teams help local people and communities access vital information about their health and care services; from where to get a winter vaccination to which service is the most appropriate for a given issue. The teams also protects the reputation of the ICS and ICB through reactive and proactive communications.

We have designed a number of proactive, targeted campaigns during winter to connect to specific audiences, encouraging them to take particular actions to better protect their own health and wellbeing; and to ensure that people use the right service at the right time. These campaigns are data-driven, with clear evaluation mechanisms in place to consider their impact.

We will also promote significant winter projects throughout the colder months, to make local people aware of new services and initiatives that are part of the winter plan. This will help ensure that new initiatives are utilised effectively and will boost the public's confidence in local health and care services. We will also share news of these new initiatives and projects with stakeholders, including politicians, media and senior leaders within the ICS, so that they are aware of new approaches being taken to manage winter pressures.

This is a dynamic and ongoing process, coordinated by the ICB communications team with input from all system partners. Operational teams are encouraged to sustain engagement with communication teams throughout the winter to continue the promotion of projects that could help to support winter pressures and/or that we want local people to be aware of and engage with, via cpicb.comms@nhs.net.

✓ **System Resilience and Escalation**

The Cambridgeshire and Peterborough ICS has completed a review of our system escalation framework resulting in a new protocol that will focus efforts on the daily proactive management of operational risks, thus driving system actions in response to such risks. A small number of key operational triggers and performance thresholds will be monitored daily by the new System Operational Centre (SOC) to determine the level of risk based on:

- ✓ Clinical risk to patients whether in an acute or community setting.
- ✓ Poor flow through pathways.
- ✓ Low bed capacity; and
- ✓ High workforce absence rates.

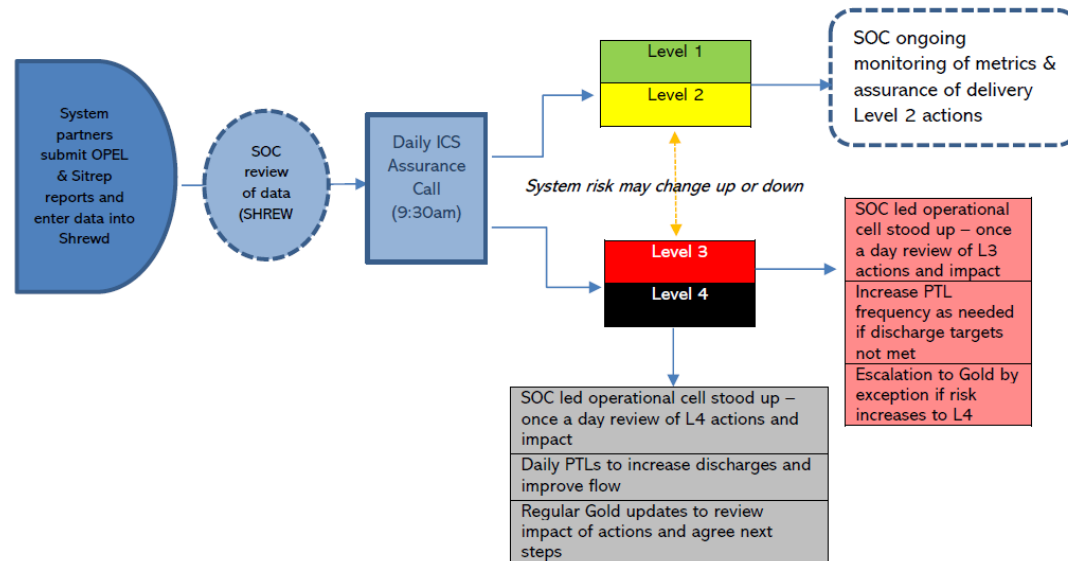
The SOC will be led by the ICB and operate 7 days per week from 8am to 8pm Monday through Friday, and 8am to 6pm Saturday and Sunday. It will include a single point of access for all escalations and appropriate queries/asks, an operational resilience lead, and an EPRR manager of the day bringing together all aspects of operations, escalation, and emergency planning. The SOC will take responsibility for overseeing the daily management of system pressures and flow at tactical level, working in a collaborative way across system partners as part of the Integrated Care System.

The system command structure will still be split between the Strategic (Gold) and the Tactical (Silver) levels of escalation as set out in the table below:

Strategic	<p>The Strategic (Gold) Command will:</p> <ul style="list-style-type: none"> ➤ Facilitate redeployment of staff and services between system partners ➤ Liaise and report to regulatory bodies during periods of escalation ➤ Ensure decisions and commitments made in relation to response to incidents are honoured ➤ Support in decision making regarding an appropriate balance of priority between management of incidents and continuity of services ➤ Seek to support and resolve escalations brought by Tactical Command
Tactical	<p>The Tactical (Silver) Command will:</p> <ul style="list-style-type: none"> ➤ Take decisions relating to changes in practice, guidance or clinical pathways to be adopted in times of heightened escalation or incident ➤ Work with system partners regarding escalation level declaration ➤ Make decisions to organisations to support decision making ➤ Take tactical decisions e.g. when plans should be activated and stood down ➤ Take decisions in relation to any escalation to Strategic Command ➤ Support and resolve escalations brought by individual organisations ➤ Consider actions to be taken to prevent further escalation

At all levels of escalation, a daily system assurance call at Tactical level will take place every morning at 9:30 am. The purpose of the calls is to review system data, highlight immediate operational pressures and risks, and agree actions including any systems asks of support not already included in the action plan assigned to the appropriate escalation level.

The daily rhythm for tactical and strategic management will depend on the level of escalation for the system at any given point, but will generally follow the following process:



52

This new approach to system escalation seeks to ensure that essential urgent and emergency health care needs are met effectively when services become overloaded, restricted, or non-operational. For a full copy of the C&P Surge and Escalation Framework please contact cpicb.uecreturns@nhs.net.

Monitoring Impact: Patient Outcomes and Performance

The ICS holds shared accountability for delivering improved outcomes through the schemes set up in this plan. To do this effectively and support the system to keep oversight against delivery, all the schemes set out in this plan will be closely monitored on a monthly basis to ascertain whether the anticipated impact on patient care and system performance improvements are being realised, and if not, agree corrective action as appropriate.

It is also recognised that beyond monitoring delivery of individual schemes, successful delivery should translate into the achievement of a small number of key performance indicators, which form the basis of our Urgent and Emergency Care dashboard and will be monitored daily (or weekly for those indicators where daily data is not available). The dashboard is set out below:

Daily Data								Daily Performance			Daily Trends			
Metric	12/10/2022	13/10/2022	14/10/2022	15/10/2022	16/10/2022	17/10/2022	18/10/2022	Target	Latest Day Performance	Weekly Performance	Day on Day	Same Day Prev Wk	Wk on Wk	28 Day Trend
111 Calls Abandonment (NATIONAL METRIC)	C&P ICS	0.8%	1.3%	2.1%	11.3%	11.3%	10.0%	12.1%	5.0%	●	●	✓ 2.1%	✗ 7.2%	✓ 2.3%
Cat 2 Mean Response Time (NATIONAL METRIC)	E EAST Average	36.87	38.97	61.49	34.32	43.17	56.92	34.88	18	●	●	✗ -22.04	✗ -5.28	✓ -86.16
Ambulance Handover Delays >60min	C&P ICS	28	19	26	13	38	60	29	0	●	●	✓ -31	✓ -17	✓ -129
Ambulance Handover Delays >60min % of Total Conveyances	C&P ICS	15.6%	9.8%	13.9%	6.8%	25.7%	33.9%	15.5%	0%	●	●	✓ -18.4%	✓ -9.6%	✓ -10.6%
Minors/T3 4hr Performance	NWAFT P	76.8%	61.6%	66.7%	82.8%	64.1%	49.7%	64.4%	95.0%	●	●	✓ 14.7%	✗ -22.1%	✓ -0.5%
	NWAFT H	78.7%	98.2%	100.0%	100.0%	98.2%	95.6%	100.0%	95.0%	●	●	✗ 4.4%	✓ 23.1%	✓ 18.8%
% of Patients Exceeding 12hr in Dept.	C&P ICS	15.8%	13.0%	13.0%	13.9%	7.4%	11.8%	19.4%	2.0%	●	●	↑ 7.7%	↓ -0.3%	✗ -1.6%
Average ED Journey Time (minutes)	C&P ICS	888.4	855.8	713.7	798.4	791.3	756.5	628.9				✓ -127.6	✓ -199.9	✓ -165.2
Adult G&A Occupancy (NATIONAL METRIC)	C&P ICS	96.4%	97.0%	96.9%	97.0%	97.7%	97.8%	98.2%	94.0%	●	●	↓ 0.4%	↓ 1.7%	↓ 0.0%
Beds Occupied by Patients with no CTR (NATIONAL METRIC)	C&P ICS	294	233	163	150	172	162	167				↓ 5	✓ -46	✗ 69
Average LoS (non-elective)	C&P ICS	6.2	5.5	6.4	5.8	6.6	6.0	4.5				✓ -1.45	✗ 0.77	✓ -2.90
Weekly Data								Weekly Performance			Weekly Trends			
Metric	04/09/2022	11/09/2022	18/09/2022	25/09/2022	02/10/2022	09/10/2022	16/10/2022	Target	Latest Day Performance	Weekly Performance	Wk on Wk	Month on Month (4 Weeks)	28 Week Trend	
Handover Minutes Lost (NATIONAL METRIC)	C&P ICS	19755	13838	17387	19599	29587	39230	32064			✓ -7166	✗ 52150		
Weekly Average LoS (non-elective)	C&P ICS	6.7	6.8	6.0	6.3	6.1	6.5	5.9			✓ -0.58	✓ -0.69		
Weekly Average LoS (elective)	C&P ICS	6.6	6.8	6.0	6.3	6.1	6.5	5.9			✓ -0.66	✓ -0.67		

UEC dashboard (data as of 18th October 2022)

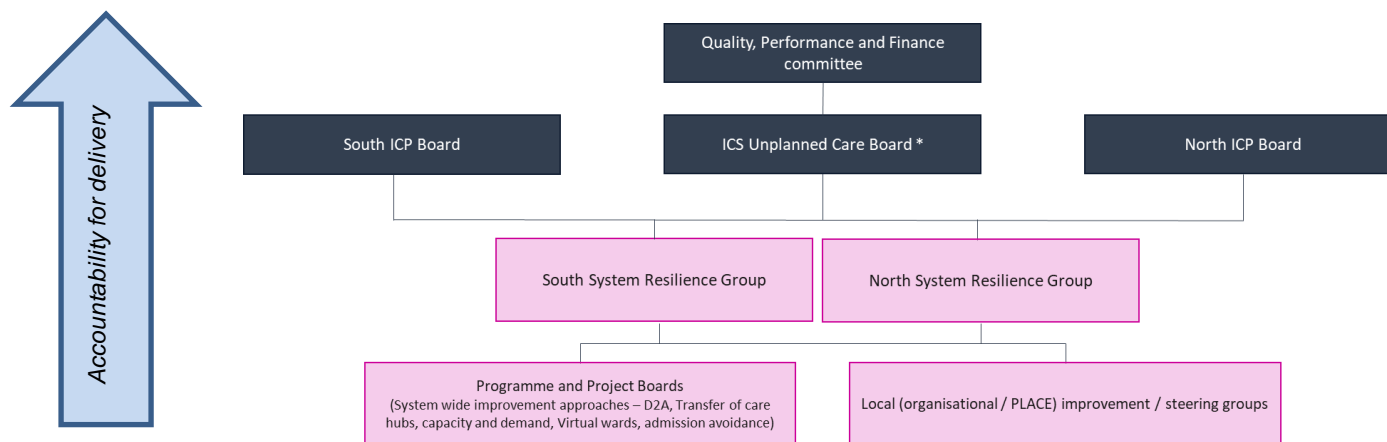
Governance

Delivery of all winter initiatives and relevant performance metrics will be overseen by the ICS Unplanned Care Board whose responsibilities include:

- Whole system planning for the delivery of services across urgent and emergency care pathways, and assessment of overall priorities and resourcing for unplanned care service improvement and transformation.
- Managing overall system performance, including assurance and recovery plans as required to address areas of concern.
- Keeping oversight of whole system operational management and escalation processes, including seasonal and bank holiday plans.

All schemes in this plan are targeted to support those most in need. For some projects the scope covers the full Cambridgeshire and Peterborough geography, but others will be targeting specific localities based on evidence of need and opportunities to improve outcomes for our local communities. As such, different elements of delivery are likely to be closely monitored at place via the North and South System Resilience Groups respectively as appropriate.

Information flows and accountability will thus work across different geographical levels as set out below:



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ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
8 NOVEMBER 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):	Tina Hornsby Caroline Townsend	Tel. 07976 832188

ADULT SOCIAL CARE REFORMS: UPDATE AND OVERVIEW

RECOMMENDATIONS	
FROM: Debbie McQuade – Service Director Adults and Safeguarding Will Patten – Director of Commissioning	Deadline date: N/A
<p>It is recommended that Adults and Health Scrutiny Committee:</p> <ol style="list-style-type: none"> 1. Notes the overview and context provided in relation to the Adult Social Care Reforms 2. Notes the operational and financial implications to the Council 	

1. ORIGIN OF REPORT

- 1.1 This report is submitted to Adults and Health Scrutiny Committee following discussion at the Adults and Health Group Representative meeting held on 03 October 2022.

2. PURPOSE AND REASON FOR REPORT

2.1

The recent Health and Care Act and subsequent Care (People at the Heart of Care) and Integration (Joining up care for people, places and populations) white papers have set out a number of significant changes to the duties of Local Authorities in relation to adult social care. The purpose of this report is to provide an overview on the implications to the Council of these changes and process and next steps for implementation.

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

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

Adult social care reforms will have a significant impact on the way that we deliver adults services to vulnerable adults and older people and can be clearly linked to the following corporate priorities:

- Safeguard vulnerable adults and children
- 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
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4. BACKGROUND AND KEY ISSUES

4.1 The Government recently published [‘Build Back Better: Our Plan for Health and Social Care’](#) and [‘People at the Heart of Care: Social Care Reform’](#), which outlines significant legislative changes to Adult Social Care, which come into effect from October 2023. Whilst the key changes associated with the introduction of a cap on care costs, changes to financial means testing and the Fair Cost of Care will bring significant new financial burdens to the Council; the reforms bring wider changes including; Care Quality Commission (CQC) Assurance, Carers support, new models for housing and care and a focus on digitalisation and technology. The key areas covered by the reforms are:

- Charging for care and how much people pay for care
- How much Local Authorities pay for social care – Fair Cost of Care
- CQC Assurance of the quality of Local Authority adult social care functions
- Information and advice
- Carers
- New models for housing and care
- Innovation and technology
- Integration with health, and links to Integrated Care Systems

4.2 A further significant change in legislation is the Liberty Protection Safeguards, for those who lack mental capacity, which is being managed separately to the wider reforms covered within this paper.

These changes whilst extremely challenging to deliver, both in terms of complexity and cost, do sit well with the wider priorities of the Council.

For some of these changes we have received more detailed information, whilst for others we are still awaiting further guidance. An overview of what we know currently is provided below.

Charging for care and how much people pay for care – Cap on Care Costs

4.3

Last year the Government announced that it will introduce an £86,000 cap on the amount anyone in England will need to pay for personal care over their lifetime, this is referred to as the “Cap on Care Costs”. The reforms also increase the capital threshold for Council funding support from £23,250 to £100,000, with the lower threshold before which capital is counted against client contributions increasing from £14,250 to £20,000.

4.4 The Department of Health and Social Care (DHSC) published the updated operational guidance on implementing the cap on care costs, alongside the government response to the consultation on this draft guidance. This guidance seeks to support all local authorities in their preparations for implementing our reforms from October 2023.

4.5 This more generous means-testing threshold limit means that more people will be eligible for Council funding support towards the cost of care earlier and reduces the amount that people will have to pay for their care each week. Anyone with assets under £20,000 will not have to pay anything for their care from their capital assets.

4.6 The amount of income that a person subject to the means test must be left with in applying the means-test – the ‘social care allowance’ – rose in line with CPI inflation at 3% in April 2022.

4.7 For the “Cap on Care Costs”, where the local authority is meeting a person’s needs, that is, where the local authority arranges the person’s care or provides financial support, they will meter based on what they are charged by the local authority to contribute towards their care costs, excluding any local authority support. Where the person fully funds and arranges their own care, they will meter based on what the cost would be to the local authority, if it were to meet their eligible care and support needs. This ensures the new system does not unfairly advantage those who can afford to pay more for their care and want to do so to reach the cap quicker.

4.8 To make charging more equitable between those who receive home care with those living in a residential care setting, under the capped system, after reaching the cap, everyone in residential care will remain responsible for meeting their daily living costs (DLCs), such as rent, food and utility bills. The component of a person’s care package attributable to DLCs will not count towards the cap on care costs. DLCs will be set as a national, notional amount, the equivalent to £200 per week in financial year 2021-2022 prices.

4.9 We are currently working through the detail of the guidance to fully understand the impact for the Council, however given the number of people currently estimated to be self-funding their care in Peterborough the likely impact in terms of social care resources to carry out assessments and reviews, financial assessment officer resources to carry out financial assessments and funding required to cover the costs of care packages for the those newly eligible for Council funding will be substantial. In addition to this the work required to support the metering of care costs towards the £86,000 will also be significant, and it is as yet unclear what the digital offer will be from our care record system suppliers.

How much we pay for care – Fair Cost of Care

4.10 The Government recognises that council fee rates are in many cases unsustainably low at present, and it plans to support moves towards a Fair Cost of Care (FCC) with new injections of central Government money, starting in financial year 2022/23.

On 24 March 2022 the Government published new [Operational Guidance for the introduction of its Fair Cost of Care \(FCC\) policy](#). The paper sets out conditions which Councils need to meet in order to access future funding to support the requirements to pay a fair cost for provision of social care.

4.11 By 14 October 2022 Local Authorities must have undertaken and submitted to the Department of Health and Social Care the following requirements:

- 1. Complete two cost of exercises for care home delivery services to those aged 65 and over, and domiciliary care for all adults over the age of 18** – In April 2022, Laing Buisson a leading specialist in this field was commissioned in line with procurement regulations and procedures to undertake the exercise in conjunction

with key Council teams. A final report was produced for review by the Council on the 7th October 2022.

- 4.12 2. **Develop a draft market sustainability** plan utilising DHSC templates and using the costs of care exercise as a key input to identify risks in the local market, with consideration given to the further commencement of Section 18(3) of the Care Act 2014 and key principles for how the Council intends to bridge the gap in funding identified. Please note, a final sustainability plan is required to be submitted in February 2023.
- 4.13 3. **Produced a financial statement** detailing how funding allocated for 2022 to 2023 is being spent in line with the fund’s purpose
- 4.14 On 7 July the DHSC confirmed that Section 18(3) of the Care Act, which was not enacted for residents of care homes at the same time as the rest of the Act in 2015, will apply to all new care home residents from October 2023 and to any existing care home residents by October 2025. When Section 18(3) comes into full effect for care homes, it will mean that privately paying care home residents will be able to ask their upper-tier council to arrange care for them, at the usual council rate.
- 4.15 To date, the Fair Cost of Care Review has gathered a mixed response from local providers. With provisional key themes and findings outlined within the table below. Please note, the process is ongoing, so rates have not been included at this stage as they are very much subject to change but as expected a significant gap is likely to be reported:

Care Homes	Homecare
We asked a total of 25 care homes to return the cost of care template submission. Of these, there were 6 submissions that were subsequently validated representing 34% of the market. However, this included 4 Cambridgeshire based homes where PCC place a number of people.	We asked a total of 27 providers to return the cost of care template submission. Of these, there were 8 submissions that were subsequently validated, representing 38% of the market.
The sample was unrepresentative with costs being submitted showing as over and above the rates expected when looking at comparable regional benchmarking information.	Submissions were received from large and medium organisations with smaller organisations remaining under represented.
<p>The response rate was not as high as anticipated, despite attempts to engage with providers through a variety of communication channels, including intensive, direct telephone contact with providers to encourage participation and completion of the toolkit. Challenges for providers included:</p> <ul style="list-style-type: none"> • Company policies not allowing participation • Unease over the level of detail and confidentiality of data requested 	

<ul style="list-style-type: none"> • Lack of time to complete the tool • Lack of interest, including the perceived lack of meaningful results from comparable exercises in the past 	
Staffing costs are the main driver of costs within care homes	The biggest cost identified in the breakdowns submitted was carer basic pay per hour.

4.16 Guidance issued by DHSC and accompanying webinars have sought to emphasise that Councils retain responsibility for determining fee rates within their local areas and this does not need to align with the Fair Cost of Care outcome. It does, however, require a clear rationale which utilises robust evidence and sound judgement.

4.17 The Council supports the views of leading specialists like Laing Buisson who have questioned whether the full implementation of Section 18(3) of The Care Act 2014 is the right policy at the right time. The implementation of such wholesale changes to funding models comes at a time when the care market is particularly fragile in the aftermath of the COVID-19 pandemic, with significant regional blackspots. It also agrees with the assertion that a potential timetable for implementation in January 2023 is ambitious, given the multiple stakeholders and dimensions of the proposed reforms. Given this, the timetable should be reconsidered, and robust pilots be given more time to embed and understand the outcomes.

4.18 Other challenges and further work to inform these developments include:

- DHSC predicts an 80% take-up in registration for the care costs cap, but it has made no detailed forecasts for the take-up by the public of section 18(3). Research should be undertaken into the behavioural side of the policy implementation and the pathway for residents, both existing and prospective.
- The FCC must be agreed by each local authority working with local care provider associations, or where such associations do not exist, with groups of providers. Guidance for such exercises has not been disseminated. DHSC should revisit previous evidence of the difficulties of agreeing such fair cost of care.
- Despite the increasingly collaborative relationship between local authorities and NHS bodies, particularly the advent of Integrated Care Systems, it appears NHS-funded residents (those with both a health and care need) will not be included in the 18(3) provisions. Clarity on the direction of travel would be welcome.
- Although DHSC has confirmed it will encourage top ups where appropriate, it should further research the way top ups currently work and the way in which they may now assume particular importance to providers which require higher fee rates than offered by FCC
- DHSC should release details of infrastructure and technology to allow for current assessment capacity to be significantly extended to cope with the demand for such assessments which will be triggered by section 18(3).

- DHSC should engage with the investor community to explain its vision for section 18(3) and to canvass views from investors, lenders and other financial stakeholders, so as to avoid a potential ‘cliff edge’ adverse reaction in the coming months

Introduction of CQC Assurance for Adult Social Care Local Authority duties

The Health and Care Act sets out the following in relation to external oversight of Local Authorities delivery of adult social care statutory duties:

- Introduces a duty for the Care Quality Commission (CQC) to independently review and assess Local Authority performance in delivering their adult social care duties under Part 1 of the Care Act 2014.
- Puts in place new legal powers for the Secretary of State for Health and Social Care to intervene in local authorities to secure improvement where there are significant failings in the discharge of their adult social care functions.
- Sets out plans to establish an adult social care data framework by autumn 2022 and to improve the availability of data nationally, regionally and locally.

4.19 In response to this the Care Quality Commission (CQC) is currently consulting on its plans for an assurance framework for local authority social care, which aligns to assurance of Integrated Care Systems and the regulation of health and social care providers.

4.20 The consultation outline plans to focus the assurance on the following four overarching themes:

- **Working with people** – assessing needs, supporting people to live healthier lives, prevention, wellbeing, information and advice.
- **Providing support** – markets (including commissioning), integration and partnership working.
- **Ensuring safety** – safeguarding, safe systems and continuity of care
- **Leadership** – governance, learning, improvement, innovation.

4.21 With choice, control and personalisation threaded throughout, alongside TLAP’s Making It Real “I” and “We” statements.

4.22 The latest communication from DHSC, the 22 September 2022 letter setting out the statutory reporting requirements for the year, noted that CQC assurance is anticipated to start in 2023/24. The first assurance letter for the Council is likely to have a judgement but not be made public. Mostly assurance will be via the submission of data and evidence to a portal, with inspection visits being made where there are particular areas of concern. However, even without inspection visits the level of work to complete a self-

- 4.23 assessment and online submissions and refreshing of evidence is likely to be a substantial commitment for Councils.
- 4.24 There will also be a refresh of the Adult Social Care Outcomes Framework and DHSC are proposing to deliver this ASCOF refresh in two phases. Later in the autumn, the first phase of the refresh will be launched, replacing some metrics produced from historical annual data returns with metrics from the newly mandated “client level data return” which will be submitted quarterly from 1 April 2023 and removing metrics that no longer effectively measure Care Act outcomes. Full details of the changes will be announced later in the autumn, following further stakeholder engagement on the proposals. DHSC will continue to engage with stakeholders to develop metrics for the proposed second phase of the ASCOF refresh, which will fully utilise new data streams coming online over the next few years, such as updates to the national user and carer surveys.
- 4.25 To prepare for CQC Assurance and ensure we know our story the regional ADASS branch is organising some LGA run mock inspection visits, Peterborough had a mock inspection visit jointly with Cambridgeshire from 21-23 September.
- 4.26 The mock inspection although lasting only 3 days was intensive, with 120 documents being shared, and thirty-four meetings with over 100 people, a mix of staff, partners and service users. The peers were required to review and feedback to us on three of the CQC assurance domains:
- Well led
 - Safe
 - Responsive
- 4.27 Initial feedback was provided on the final day of the review with a full report expected within 4 weeks. There were a number of strengths reflected in all three areas, alongside some areas for consideration, including financial challenges, improving use of data and intelligence, embedding equality, diversity and inclusion, market shaping and workforce, hospital discharge pathways and employment for people with learning disabilities and mental health needs.

Information and Advice

- 4.28 The DHSC want to make it easier for people to make decisions about the care they or people they support need to live the life they want to, and to understand what their rights are and what support is available to them. To enable this they will seek to ensure high-quality information and advice is available and accessible to everyone who may need it, so people are empowered to make informed decisions about the care and support they may need, now and in the future.

- 4.29 This means making sure that people understand the support available to them in their area to maintain their health and wellbeing and achieve the outcomes that matter most to them.

We also need to make sure that people receiving care and support, particularly those who may face challenges with finding employment, are supported to obtain work.

To support this ambition, over the next three years DHSC will:

- Invest at least £5m to pilot and evaluate new ways to help make it **easier for people to navigate** their local adult social care system.
- Identify effective ways for local authorities to **support people with autism and learning difficulties into employment**, with the launch of the Local Supported Employment scheme.

- 4.30 Further information has yet to be published however, this is likely to link to elements of the integration white paper around promoting the role of care navigators and link workers. The Council is in a good position to engage with this work once the detail becomes known as we already have good links to primary care social prescribing. However, we know there is much more work needed to make our offer acceptable to everyone, and particularly hard to reach groups. We also know that we need to get better at supporting people with learning disabilities or autism into employment.
- 4.31

Carers

- 4.32 **The white paper** also sets out the ambition to improve the experiences of the millions of people across the country who play an important role in caring for their friends and family, recognising that for some this can be a significant commitment.
- 4.33 Pledging to improve information, advice and support services for people with caring responsibilities, recognising the important role they play and empowering them to achieve the life goals that matter to them.

Over the next three years the DHSC will:

- Invest up to £25m to work with the sector to kickstart a change in the services **provided to support unpaid carers**, and their availability across the country.
- Provide for a duty for Integrated Care Boards to **involve unpaid carers when commissioning care** services.
- Introduce a Carer's Leave entitlement of 5 days of unpaid leave per year for eligible employees.

- 4.34 **New models of housing and care**

4.35 The White Paper sets out the long-term vision to transform social care to ensure that everyone in England is able to access the right care, in the right place, at the right time. The place people live in, the technology they use, and the care they receive are all important to help people to live the life they choose.

The reforms aim to ensure the care and support people receive is personalised, helps maintain and build their independence, and allows them to have more choice and control over the things that matter, enabling them to live healthier, happier and more fulfilling lives.

The pledge is to ensure everyone who draws on care and support has a choice of housing options that work for them, which help them to live well in their own home or in their community. Our ambition is to give more people the choice to live independently in their own homes for longer. To increase the supply of supported housing for people whose care and support needs mean they need a home that is specifically designed to support

4.36 independent, healthy living.

To achieve this ambition, over the next three years DHSC will:

- Support local authorities to **provide more supported housing** for those who need it to help them live as independently as possible, with at least £300m of new investment.
- **Increase the supply of specialised housing** for older people and people with a physical disability, learning disability, autism or mental ill-health with £210m investment in the Care and Support Specialised Housing (CASSH) Fund.
- Launch a **new practical support service** to make minor repairs and changes to people's homes to help people remain independent and safe at home.

Innovation and technology

4.37 The white paper also sets out proposals for funding to support digitalisation for adult social care. With the aim of making the most of technology to support people to live independently and ensure care professionals have the right digitised information at their fingertips to provide safe, outstanding quality care. This work has commenced with a bid from the ICB to DHSC to draw down capital funding to passport to care providers as a 25% contribution to the cost of implementing an electronic case record system, should they sign up to do so in this financial year.

4.38 The white paper also states an ambition to develop new and innovative ways of providing care and support to people at scale, increasing the choice of care available to individuals.

To achieve this vision over the next three years, the following is proposed:

- **Accelerate the digitisation of social care** with a £150m fund. This will improve broadband connectivity, cyber security and the digital skills of the social care workforce to help drive uptake of digital social care records and other technologies that improve the quality, safety and personalisation of care.
- Support local authorities to launch innovative **new ways of delivering care in the community**, improving the choice of care available to individuals through a new £30m Innovative Models of Care Programme.

Integration with health

4.39

The White Paper [Health and social care integration: joining up care for people, places and populations - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/health-and-social-care-integration-joining-up-care-for-people-places-and-populations) was published in January 2022, setting out the following key intentions

- A new requirement for shared place-based outcomes across health and local government.
- Proposal to strengthen provision of health and social care within the community
- Expectation that a single person will hold the lead accountability for delivering shared outcomes across health and social care.
- Sets out proposals for progressing key enablers of integration (workforce, digital and data, financial pooling and alignment)
- Reinforces the role of CQC and regulation in supporting integration at place level.

4.40

The visions within the white paper are linked to the following “Think Local Act Personal” I statement. “Everyone should be able to say: ‘I can plan my care with people who work together, to understand me and my carer(s), who allow me control and bring together services to achieve the outcomes important to me.’”

4.41

Shared outcomes will be implemented from April 2023, and delivery of these will be overviewed by the regulatory framework being introduced for Integrated Care Systems. Integrated Care Systems themselves went live in 2022. These shared outcomes will need to be designed by partners across the system and with citizens and be grounded in an understanding of the needs of the local population.

4.42

To support pooling of budgets there is currently a proposed review of section 75 of the NHS Act 2006, to simplify the current regulations.

4.43

There is a reaffirmed commitment to personal health budgets and personal budgets as means to personalising integration for individual people’s care and support.

4.44

There is a focus on implementation of the shared care record across health and social care, including social care providers, and continued commitment of sharing health and social care data to support population health

- 4.45 management across Integrated Care Systems. There is a target for each Integrated Care System to have a population health platform to support planning and proactive population health management by 2025. There is also a target to achieve 80% adoption of digital social care records among CQC-registered social care providers by March 2024.
- 4.46 The paper also promotes the introduction and expansion of technology to support self-management of health and social care, including patient access to their health and care record, and expansion of digital technology in people's homes. There is a target for March 2024 for 20% of care homes to have acoustic monitoring solutions in place to prevent falls.

The paper also sets out plans to improve capacity and skills within the health and social care workforce which includes:

- To improve digital and data skills within the health and social care workforce, from strategic planning through to direct care delivery roles.
- Allow for deployment of staff across health and social care sectors, including more flexibility on delegated tasks, with a national framework for delegation of healthcare interventions.
- Introduction of an Integrated Skills Passport to enable and health and care staff to transfer their skills and knowledge between the NHS, public health and social care.
- Increasing learning opportunities available to social care staff to include health undergraduate degree apprenticeships.
- Exploring opportunities for joint health and social care roles in both regulated and unregulated settings

4.47 **Financial Implications of the Reforms**

The financial implications of the reforms will be significant. Both in terms of the ongoing costs as result of the changes, alongside the one-off costs associated with the implementation phases.

- 4.48 The County Council Network (CCN) recently commissioned Newton Europe to undertake a piece of work to understand the impacts of the charging reforms for people receiving care, providers and local authorities and to analyse the operational and financial impacts of these proposals on local authorities ([Preparing for Reform](#)), including:

- The change in the cost of support funded by the local authority via:
 - The implementation of the cap on care costs
 - The new system of means testing
 - The establishment of a 'fair cost of care'
- The change in demand for local authority assessment and support and the operational capacity implications associated with this.

4.49 The analysis highlights that over a 10-year period there will be a £10bn gap in national funding, when compared to the Governments Impact Assessment (£29bn-£32bn vs £19bn)

4.50 It further highlights that by 2031-32 social care will need 50% of the health and social care levy to implement the proposed changes (£5.6 -£6.2bn per annum) to implement proposed changes and the operational impact of the changes will result in 200,000 more assessments per annum nationally. This equates to a 39% increase in social workers and 25% increase in financial assessors.

For Peterborough, the report outlines the potential cost of the Reforms to the Council of being in the region of £5.6m-£5.8m in 2023/24, rising significantly in subsequent years, as can be seen from the upper and lower scenario tables below (and in Appendix 1).

4.51 *Extended Means Test and Cap on Care Costs Analysis*

The impact of this reform element alone will be significant for Council with an estimated cost of £0.5m-£0.7mm in 2023/24, rising to £5.8m-£7.3m by 2031/32.

4.52 The below table shows that for Peterborough:

- Proportion of people receiving full local authority support to increase from 53%-74%
- It is forecast that 2% of older people will hit the care cost cap.

Peterborough	Percentage of the Over 65 Care Population in each group				
	System	Assets less than £14,250	Assets £14,250 to £23,250	Assets £23,250 to £100k	Assets over £100k
Financial Impacts	Current System	Fully LA funded for their care (except contributions from income) 53%	Partially LA funded for their care under means test (plus contributions from income) 21% 70% LA Funded on average	Entirely Self funded for their care 26%	
	Reform System	Fully LA funded for their care (except contributions from income) 74%	Partially LA funded for their care under means test (plus contributions from income) 21%	64% LA Funded on average	Entirely Self funded for their care, unless they reach the cap 2% Have Reached Cap

4.53 *Fair Cost of Care*

4.54 In March 2022 Laing Buisson published [analysis](#) suggesting a significant shortfall between the ring-fenced funding for Fair Cost of Care, and the true cost to Council’s and Providers of care. They suggest costs between 2 and 4.5 times higher than the government funding allocation of £375 million.

4.55 For Peterborough, early estimates are that the impact of the Fair Cost of Care will be c. £5m in 2023/24.

- 4.56 If properly funded, these reforms provide an opportunity to support provider viability, by enabling providers to fully reward and retain their staff. However, without this, and with any further financial pressure placed on providers, there is a risk that capacity will reduce, and the necessary level of care and support will simply not be available in the market.
- 4.57 We have commissioned Laing and Buisson to undertake our local Fair Cost of Care work across Cambridgeshire and Peterborough, which is due to be completed ahead of submitting local market sustainability plans for DHSC by October 2022.

Operational Costs and Workforce Requirements

In terms of additional operational capacity, for Peterborough it is estimated that the reforms will create an additional 120 care act assessments and 110 financial assessments per annum. To support this additional demand, Peterborough will need to recruit:

- 7 additional social workers
- 1 additional financial assessors

Care Act Assessments	Estimated Additional Care Act Assessments Per Year	Additional Social Workers Required to Meet Reform Demand*
Peterborough	120	7
East of England	14,200	684
England Total	105,500	4,304

Financial Assessments	Estimated Additional Financial Assessments Per Year	Additional Financial Assessment Officers required to meet Reform Demand
Peterborough	110	1
East of England	12,700	97
England Total	92,800	705

- 4.58 The cost of the operational and workforce requirements alone would represent an additional cost of c. £0.4m in 2023/24, rising to a cumulative cost of £3m by 2031/32.

Transformational Capacity

- 4.59 As well as the ongoing costs of the reform changes as already outlined, the actual implementation and embedding of the changes require resource capacity to undertake this. We recognise there is a priority to undertake the immediate transformation implementation and commence full scoping, whilst we develop a full understanding of the ongoing impact and the level of new burdens funding that will be made available from Government to support this.
- 4.60 ASC Reforms is a significant challenge for us in terms of the scale of transformation we are statutorily required to deliver and the timelines to

have the changes implemented by October 2023. The one-off transformation cost is c. £2m over a 3-year period to support this.

4.61 **Funding the Reforms**

4.62 Alongside the Reforms announcement, the Government also announced £36bn of investment in the health and care system over the next three years to tackle the Covid backlogs, adult social care reform, and to bring the health and social care system together on a long-term sustainable footing, with 9% of this funding due to be spent on adult social care.

The plan to raise this funding was through the introduction of a 1.25% increase in National Insurance Contributions (NICs) via the Health and Social Care Levy. Over the next 3 years, social care should receive £3.6bn of this funding to implement the social care reforms set out in the White Papers. However, with the recent Government decision to reverse the Levy, it is not yet clear how the Reforms will be funded.

4.63 As outlined previously the early estimated costs to the Council are estimated to be in the region of £5.6m-£5.8m in 2023/24, rising significantly in subsequent years. Whilst new burden funding is expected for some of this, the allocations are not yet known and there is concern that it will not be sufficient to meet the cost of the full financial impact to the Council.

4.64 There are 4 anticipated sources of funding for Adult Social Care reform from government:

- Market sustainability and fair cost of care funding;
- Implementation funding; and
- Funding to support implementation of the care cap, revised means test limits and extended rights under s18(3) allowing self-funders to request the Council to arrange their care at Council rates.

These first 3 streams are to receive £3.6bn of funding across the country. A further £1.7bn is to be spent on Systems Reform.

4.65 *2022/23 Market sustainability and fair cost of care funding*

For 2022-23, the Council has been allocated £0.5m to support implementation of the Fair Cost of Care work, with a condition that 75% of the funding be paid directly to providers to support a move towards paying the Fair Cost of Care, in line with the outcomes of our local Fair Cost of Care Review.

In addition, the Council has been allocated £100k of implementation funding to support implementation of the social care reforms in 2022/23. It is not yet clear what level of implementation funding will be available and if this will be in this financial year or next at this stage.

Funding for 2023/24 onwards

Further funding for the fair cost of care will be available in 2023-34 and beyond but DHSC are awaiting the outcomes of the fair cost of care work before proposing how this funding for future years should be allocated.

The DHSC recently published a [consultation on the distribution of funding for adult social care reform for 2023 to 2024](#) with closing dates for responses set as the 23rd September 2022. The consultation covers funding in relation to:

- Distributing funding for needs and financial assessments
- Extension to the means test
- The cap on care costs

Whilst a number of options are being consulted on in terms of the funding formulas to be used, what we know so far in terms of potential funding for the Council in 2023/24 is outlined below, alongside a comparison with the estimated cost implications to the Council.

	Potential Range of Funding – consultation	CCN estimated financial impact to the Council
Funding for extension to the means test – over 65s	£1.053m	£0.5m-£0.7m
Funding for extension to the means test – under 65s	£0.504m - £0.569m	Not included in report
Funding for additional assessments	£0.714m-£0.767m	£0.4m

In relation to the cap on care costs, DHSC are not expecting that many people will reach the cap on care costs in year 1. Because of this they have not yet developed a formula for how funding should be distributed. Instead, they propose to use the same basis as for the means test for under 65s. They then anticipate the need for a further consultation for the distribution of funding in 2024-25.

We are not likely to know our full allocations until the budget in October and/or the Local Government finance settlement in December 2022.

[CCN has recently called on the Government](#) to provide more funding for adult social care, in light of the cost-of-living crisis. New analysis, undertaken by CCN outlines that Councils in England are set to face £3.7bn

in additional costs in 2023, compared to 2021 to keep care services as they are presently due to rising inflation, wage increases and demands. Whilst new burdens funding is expected to support the implementation of the reforms as outlined in this report, this funding is not to address existing pressures that social care face around rising costs of delivering care.

What happens next

Integrated Care Systems were established on 1 July 2022, with the formal creation of Integrated Care Boards and the North Integrated partnership, covering Peterborough, Fenland and Huntingdonshire.

A social care programme has been established within the Council to oversee deliver of the reforms and to track progress against the timelines. A review of the initial implementation resource requirements has been undertaken highlighting the need for one off resource investment of c. £2m over a period of 3 years. This investment is in addition to the ongoing costs as a result of the changes which equate to in the region of £5.6m-£5.8m in 2023/24. Whilst new burdens funding from Government is expected, we do not yet know the allocation that the Council will receive and how big a gap in funding we may be presented with.

Completion of fair cost of care exercise with Laing Buisson will produce informed costs for fair cost of care.

Work to progress the cap on care costs is the next big priority work area, which will also incur both workforce resource and care package costs.

5. CONSULTATION

5.1

The Department of Health and Social Care and the Care Quality Commission have both consulted with the public and a range of stakeholders on the reform proposals.

5.2

Further consultations will be carried out for individual aspects of Care Reform as more detail emerges and we begin to plan in our responses.

6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 This report provides an overview of the Adult Social Care Reforms and progress to implement the changes. Through this report, Members will gain awareness of:
- the key changes that the Reforms will introduce for Adult Social Care
 - the operational and financial implications of the changes
 - the process and next steps for the Council in implementing the reforms

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

None

Carbon Impact Assessment

9.5 This report is for information only and contains no decisions, therefore there is no carbon impact.

10. BACKGROUND DOCUMENTS

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

- 10.1
1. Health and Social Care Integration: joining up care for people, places and populations
 2. Build Back Better: Our Plan for Health and Social Care
 3. People at the Heart of Care: adult social care reform white paper
 4. Impact Assessment of the Implementation of Section 18(3) of the Care Act 2014 and Fair Cost of Care
 5. Operational Guidance for the introduction of its Fair Cost of Care (FCC) policy
 6. Preparing for Reform
 7. Adult Social Care Charging Reform: distribution of funding 2023 to 2024

8. County Councils Network: Councils call on Prime Minister to deliver on her promise to provide more funding for social care

1. <https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>
2. <https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care>
3. <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>
4. <https://www.countycouncilsnetwork.org.uk/new-analysis-warns-government-has-seriously-underestimated-the-costs-of-adult-social-care-charging-reforms/>
5. <https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023-guidance>
6. <https://www.countycouncilsnetwork.org.uk/new-analysis-reveals-the-regional-impact-on-local-councils-of-the-governments-flagship-adult-care-reforms/>
7. <https://www.gov.uk/government/consultations/adult-social-care-charging-reform-distribution-of-funding-2023-to-2024>
8. <https://www.countycouncilsnetwork.org.uk/councils-call-on-prime-minister-to-deliver-on-her-promise-to-provide-more-funding-for-social-care/>

11. APPENDICES

11.1

Appendix 1 - Early Estimate of cost of care cap on care and fair cost of care for Peterborough

Appendix 1

This programme's upper scenario for the total financial impact of charging reforms on Peterborough City Council for older adults only:

Peterborough Upper Scenario	23-24	24-25	25-26	26-27	27-28	28-29	29-30	30-31	31-32	Cumulative Total (Discounted to 2020 at 3.5% per year)
Older Adults (65+) Means Test & Cap	£0.7m	£2.0m	£3.5m	£5.3m	£6.4m	£6.7m	£6.9m	£7.1m	£7.3m	£34.5m
Operational Spend	£0.4m	£0.4m	£0.4m	£0.4m	£0.4m	£0.4m	£0.5m	£0.5m	£0.5m	£3.0m
FCC Spend (Residential / Nursing only) per LangBuisson analysis*	£4.7m	£4.9m	£5.0m	£5.2m	£5.3m	£5.5m	£5.7m	£5.8m	£6.0m	£37.4m
Total	£5.8m	£7.3m	£9.0m	£10.9m	£12.2m	£12.6m	£13.0m	£13.4m	£13.8m	£74.9m

The programme's lower scenario for the total financial impact of charging reforms on Peterborough City Council for older adults only:

Peterborough Lower Scenario	23-24	24-25	25-26	26-27	27-28	28-29	29-30	30-31	31-32	Cumulative Total (Discounted to 2020 at 3.5% per year)
Older Adults (65+) Means Test & Cap	£0.5m	£1.5m	£2.6m	£4.0m	£5.0m	£5.2m	£5.4m	£5.6m	£5.8m	£26.7m
Operational Spend	£0.4m	£0.4m	£0.4m	£0.4m	£0.4m	£0.4m	£0.5m	£0.5m	£0.5m	£3.0m
FCC Spend (Residential / Nursing only) per LangBuisson analysis*	£4.7m	£4.9m	£5.0m	£5.2m	£5.3m	£5.5m	£5.7m	£5.8m	£6.0m	£37.4m
Total	£5.6m	£6.7m	£8.1m	£9.6m	£10.7m	£11.2m	£11.5m	£11.9m	£12.3m	£67.1m

Adults and Health Scrutiny Committee	AGENDA ITEM No. 9
8 NOVEMBER 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):	Ramin Shams, Senior Democratic Services Officer	Tel. 01733 452509

FORWARD PLAN OF EXECUTIVE DECISIONS

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

1. ORIGIN OF REPORT

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

2. PURPOSE AND REASON FOR REPORT

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

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

The Scrutiny Committees will:

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

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

3. TIMESCALES

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

9.1 Financial Implications

N/A

9.2 Legal Implications

N/A

10. BACKGROUND DOCUMENTS

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

None

11. APPENDICES

11.1 Appendix 1 – Forward Plan of Executive Decisions

PETERBOROUGH CITY COUNCIL'S FORWARD PLAN OF EXECUTIVE DECISIONS

PUBLISHED: 21 OCTOBER 2022

PART 1 – FORWARD PLAN OF KEY DECISIONS

KEY DECISIONS FROM 21 NOVEMBER 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
<p>Charging residents and developers for replacement bins – KEY/21NOV22/01 Currently all replacement household bins are replaced for free, if implemented, if you loose your bin or damage it you will be required to pay for a replacement.</p>	<p>Councillor Nigel Simons, Cabinet Member For Waste Street Scene And The Environment</p>	<p>November 2022</p>	<p>Climate Change and Environment Scrutiny Committee</p>	<p>All Wards</p>	<p>Via the budget setting last financial year and FSWG</p>	<p>James Collingridge, Assistant Director of Operations, 01733 864736, james.collingridge@peterborough.gov.uk</p>	<p>Place and Economy</p>	<p>A CMDN.</p>
<p>Refugee Resettlement Befriender Contract Award – KEY/21NOV22/02 To award a contract to provide services and support to resettled refugee families under the United Kingdom Resettlement Scheme and the Afghan Relocation and Assistance Programme.</p>	<p>Councillor Steve Allen, Deputy Leader and Cabinet Member for Communication, Culture and Communities</p>	<p>31 January 2023</p>	<p>Growth, Resources and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Soft market testing with potential suppliers has taken place</p>	<p>Ian Phillips Head of Communities and Partnerships Integration Email: ian.phillips@peterborough.gov.uk</p>	<p>People Services</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

PREVIOUSLY ADVERTISED KEY DECISIONS

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
<p>1. 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.</p>	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	Sean Evans, Head of Service Housing Needs, Email: sean.evans@peterborough.gov.uk	People Services	To be submitted, Housing Related Support Commissioning Strategy for Cambridgeshire & Peterborough 2020 - 2022. Procurement / Commissioning information.
<p>2. 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.</p>	Cabinet	October 2022	Growth, Resources, And Communities Scrutiny Committee	Bretton, Fletton & Woodston, Hargate & Hempstead, Hampton Vale, Park, North 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.
<p>3. Clare Lodge and agency resource - KEY/28MAR2022/02 - Relating to the supply of temporary agency requirements at Clare Lodge</p>	Cabinet	October 2022	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 Services	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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<p>4. 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.</p>	<p>Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health</p>	<p>October 2022</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>GP Federations, Clinical Commissioning Group, Local Medical Committee</p>	<p>Val Thomas Deputy Director of Public Health, Email: val.thomas@cambridgeshire.gov.uk</p>	<p>Public Health</p>	<p>Cover paper</p>
<p>5. 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.</p>	<p>Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health</p>	<p>October 2022</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>NHS commissioned providers.</p>	<p>Val Thomas Deputy Director of Public Health, Email: val.thomas@cambridgeshire.gov.uk</p>	<p>Public Health</p>	<p>Cover paper</p>
<p>6. 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.</p>	<p>Councillor Marco Cereste, Cabinet Member for Climate Change, Planning, Housing and Transport</p>	<p>December 2022</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All wards</p>	<p>There will be a full procurement exercise</p>	<p>Sarah Scase, Housing Needs Operations Manager, 07920 160502, sarah.scase@petborough.gov.uk</p>	<p>Place and Economy</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>7. 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.</p>	<p>Councillor Andy Coles, Cabinet Member for Finance and Corporate Governance</p>	<p>1 April 2023</p>	<p>Growth, Resources, And Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Consultation internal (Procurement), external (insurance broker advisors).</p>	<p>Steve Crabtree. Chief Internal Auditor. Tel: 01733 384557. Email: steve.crabtree@peterborough.gov.uk</p>	<p>Corporate Services</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>
<p>8. 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.</p>	<p>Councillor Andy Coles, Cabinet Member for Finance and Corporate Governance</p>	<p>October 2022</p>	<p>Growth, Resources, And Communities Scrutiny Committee</p>	<p>N/A</p>	<p>None</p>	<p>Chris Yates, Finance Manager - Business Operations, Tel:01733 384552, Email chris.yates@peterborough.gov.uk</p>	<p>Corporate Services</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>9. 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.</p>	Cabinet	9 January 2023	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	Corporate Services	Cabinet report to be submitted for consideration September 2022
<p>10. 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.</p>	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.
<p>11. 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</p>	Councillor Wayne Fitzgerald, Leader of the Council	October 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
<p>12. 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.</p>	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 Services	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. Approval of the award of contract for Milestone Infrastructure for the Detailed Design of the River Nene Pedestrian Bridge – KEY/24OCT22/01 - Approval of the award of contract for Milestone Infrastructure for the Detailed Design of the River Nene Pedestrian Bridge. This is a Towns Fund project and the Bridge will provide a walking and cycling route between the Embankment and Fletton Quays and also support the ambition of opening up the waterfront for regeneration.	Councillor Marco Cereste, Climate Change, Planning, Housing and Transport	24 October 2022	Growth, Resources, And Communities Scrutiny Committee	Central, Fletton & Standground	Engagement with ward councillors and a public consultation will take place	Karen Lockwood, Tel: 07825 902794, Email: karen.lockwood@peterborough.gov.uk	Corporate Services	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
14. Fees and Charges – KEY/24OCT22/02 - Comprehensive review of fees and charges and proposes inflationary increases wherever possible for the 2022/23 and 2023/24 financial years.	Cabinet	14 November 2022	Growth, Resources, And Communities Scrutiny Committee	All Wards	Finance and from respective service - report will go to CLT, CPF, Joint Scrutiny and then Cabinet	Cecilie Booth, Director of Resources and S151 Officer, Tel: 07970325557, Email: Cecilie.Booth@peterborough.gov.uk	Corporate Services	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
15. Uplift in payments for delivery of public health services in primary care – KEY/25OCT22/01 - Stop smoking, NHS Health Checks 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	October 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
16. Extension of contract for care and support services in Extra Care schemes – KEY/7NOV22/01 To authorize an extension for one year 10 months to the existing contract at a total cost of £3,480,253	Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health	November 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 Services	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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<p>17. Approval for contract to be awarded to Milestone to deliver construction of two active travel schemes which will form part of A1260 Junction 3 improvement project. - KEY/7NOV22/02</p> <p>The Council is currently in the process of completing the business case and design of the A1260 Junction 3 improvement scheme, however it is recognised that to further enhance the main highway works and improve active travel options in the scheme area additional improvements are required for walking and cycling. Therefore, it is being proposed to deliver improvements along Malborne Way and Shrewsbury Avenue prior to the main highway construction works beginning later in 2023. The work is estimated to cost £519k and will be funded by the Cambridgeshire and Peterborough Combined Authority.</p>	Cabinet	14 November 2022	Climate Change and Environment Scrutiny Committee	Orton Longueville and Hargate & Hempsted	Consultation was undertaken with members of the public and relevant stakeholders to inform the detailed design and business case.	Lewis Banks, Transport & Environment Manager, Tel: 01733 317465, Email: lewis.banks@peterborough.gov.uk	Place and Economy	Currently the relevant documents for this decision are not available. The minutes of the CPCA Board meeting scheduled for 19 October 2022 will serve as conformation of the additional grant funding award. The minutes and any supporting documents will be provided once they are made available.
<p>18. Approval for contract to be awarded to Milestone to deliver construction of active travel schemes and for payment of C4 utility costs for Fengate Eastern Industries Access improvement scheme. - KEY/7NOV22/03</p> <p>The Council is currently in the process of completing the business case for Fengate Eastern Industries Access improvement scheme, however it is recognised that to accelerate progress funding has been requested to deliver active travel improvements on Newark Road and Oxney Road for an estimated cost of £550,424 and also for making advance payment for C4 utility costs up to value of £315k (which is a requirement) to enable construction works to commence without delay for the main highway works later this and next financial year. All of the costs stated will be funded by the Cambridgeshire and Peterborough Combined Authority.</p>	Cabinet	14 November 2022	Climate Change and Environment Scrutiny Committee	East	Consultation was undertaken with members of the public and relevant stakeholders to inform the detailed design and business case.	Lewis Banks, Transport & Environment Manager, Tel: 01733 317465, Email: lewis.banks@peterborough.gov.uk	Place and Economy	Currently the relevant documents for this decision are not available. The minutes of the CPCA Board meeting scheduled for 19 October 2022 will serve as conformation of the additional grant funding award. The minutes and any supporting documents will be provided once they are made available.
<p>19. Approval for contract to be awarded to Milestone to deliver full business case and detailed design for A16 Norwood improvement scheme. - KEY/7NOV22/04</p> <p>The Council has previously received funding of £630k from the Cambridgeshire and Peterborough Combined Authority (CPCA) to deliver the outline business case and preliminary design for A16 Norwood improvement scheme. As that stage is now complete, a request is to be made to the CPCA to fund a further £1,567,190 so that the next stage (full business case and detailed design) can be undertaken. Approval is required for the contract to be awarded to Milestone to undertake the next phase of the scheme business case and design. The decision will only be progressed once funding is granted from the CPCA.</p>	Cabinet	19 December 2022	Climate Change and Environment Scrutiny Committee	Gunthorpe and Eye, Thorney & Newborough	Consultation was undertaken with members of the public and relevant stakeholders to inform the detailed design and business case.	Lewis Banks, Transport & Environment Manager, Tel: 01733 317465, Email: lewis.banks@peterborough.gov.uk	Place and Economy	Currently the relevant documents for this decision are not available. The minutes of the CPCA Board meeting scheduled for 19 October 2022 will serve as conformation of the additional grant funding award. The minutes and any supporting documents will be provided once they are made available

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20. Modification to the PSSP Contract – KEY/7NOV22/05 Procurement Function	Councillor Andy Coles, Cabinet Member for Finance and Corporate Governance	November 2022	Growth, Resources and Communities	N/A	Consulted with internal and external stakeholders. No other consultation.	Chris Yates, Finance, chris.yates@pete.rborough.gov.uk	Corporate Services	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
21. Direct Payment Support Services – KEY/7NOV22/06 - This 5-year contract is due to end in February 2023. Approval is sought to extend this contract for an additional two 12-month periods (1+1) at a total value of £250,984. This will increase the aggregated contract to £878,444. 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	November 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.

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
Disposal of Part of Peterborough Rural Estate – KEY/21NOV22/03 - Disposal of part of PCC rural estate in accordance with the disposal strategy approved in September Cabinet.	Cabinet	19 December 2023	Growth, Resources, And Communities Scrutiny Committee	Eye, Thorney & Newborough	Part of the disposal programme already approved at Cabinet	Felicity Paddick - felicity.paddick@nps.co.uk, 07801 910971	Corporate Services	Cabinet report & exempt annexes which include financial and personal details.

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	14 November 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	Corporate Services	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

DECISIONS FROM 21 NOVEMBER 2022								
<i>DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DIRECTORATE</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</i>
<p>Extend Grant funded lunch clubs and award grant for AgeUK Day Centre - To retrospectively approve the funding of various lunch clubs and an AgeUK Day Centre to include:</p> <p>Bharat Hindu Samaj Lunch Club Italian Community Centre Lunch Club South Grove Community Centre (formally known as FILEF Lunch Club) AgeUK Orton Day Service</p> <p>The provision commenced in April 2022 and will run until March 2024. The grant funding comes to a total of £73,508</p>	<p>Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health</p>	<p>October 2022</p>	<p>Adults and Health Scrutiny Committee</p>	<p>North, Fletton and Woodston</p>	<p>No formal consultation other than engagement with relevant internal and external stakeholders</p>	<p>Claire Cluer - Commissioning Manager (Day Opportunities Review) 01480 372314, claire.cluer@cambridgeshire.gov.uk</p>	<p>People Services</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

PREVIOUSLY ADVERTISED 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.	<p>Approval of the leasehold disposal of a brownfield site to a care provider – A site has been found for a care home and the Council are currently looking into a leasehold disposal to a care provider who will build a care facility and then contract to provide services to the Council.</p>	Councillor Cereste, Cabinet Member for Climate Change, Planning, Housing and Transport	October 2022	Growth, Resources, And Communities Scrutiny Committee	Park	<p>Relevant internal and external stakeholders.</p> <p>A forum has been set up by the Combined Authority involving representatives from finance, legal, property and social care.</p>	Felicity Paddick, Manager - Estates and Valuation, Tel: 07801 910971 Email: felicity.paddick@nps.co.uk	Corporate Services	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.	<p>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.</p>	Councillor Howard, Cabinet Member for Adult Social Care, Health & Public Health	October 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/mglIssueHistoryHome.aspx?Id=22331&PlanId=395&RPID=0
3.	<p>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.</p>	Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University	October 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.	<p>Werrington Fields and Ken Stimpson Secondary School - Following a public meeting held on 20 September 2021 at Ken Stimpson School, a decision needs to be taken on whether or not to proceed with plans to erect a fence to enclose part of the school's playing fields. The area is currently open access to the public. The school has not been using the area for over two years due to concerns over the safeguarding risk to the young people attending the school.</p>	Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University	October 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	<p>Cabinet Member Decision Notice, Background Information Document</p> <p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>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.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the University</p>	<p>October 2022</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Helen Andrews, Children's Commissioning Manager helen.andrews@cambridgeshire.gov.uk</p>	<p>People Services</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>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.</p>	<p>Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health</p>	<p>October 2022</p>	<p>Adults and Health Scrutiny Committee</p>	<p>Dogsthorpe</p>	<p>Chair and vice chair of adults and health committee, Director of Public Health, Mental health boards</p>	<p>Joe Davies Email:joseph.davies@cambridgeshire.gov.uk</p>	<p>Public Health</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>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</p>	<p>Councillor Howard, Cabinet Member for Adult Social Care, Health & Public Health</p>	<p>October 2022</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Feedback sought from existing customers, staff and external partners/stakeholders prior to commencing re-procurement</p>	<p>Lisa Sparks, Senior Commissioner (ASC Commissioning), 07900163590, lisa.sparks@cambridgeshire.gov.uk</p>	<p>Public Health</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>8. 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.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and the the University</p>	<p>October 2022</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>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.</p>	<p>Amy Hall, Children's Public Health Commissioning Manager, amy.hall@peterborough.gov.uk, 07583040529</p>	<p>Public Health</p>	<p>Paper and Strategy to be submitted closer to the Cabinet meeting</p>

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

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

Financial and Resources

Internal Audit, Insurance and Investigations

Peterborough Serco Strategic Partnership (Business Support, Corporate Procurement, Business Transformation and Strategic Improvement, Customer Services, Shared Transactional Services)

Communications

Commercial & Property

Registration and Bereavement Services

Commercial & Property

Delivery and Transformation

Health & Safety

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

Digital, Data Analytics, Risk & IT 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

PEOPLE SERVICES 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 (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, (Special Educational Needs and Inclusion, School Improvement, City College Peterborough, Pupil Referral Units, Schools Infrastructure)

Commissioning

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)

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

Corporate Lawyers

Constitutional Services, (Democratic Services, Electoral Services, Executive and Members Services) - (Town Hall, Bridge Street, Peterborough, PE1 1HG)

Information Governance, (Freedom of Information and Data Protection)

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

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

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

Housing and Homelessness

Highways and Transport (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)

Employment and Skills

Community Safety

Regulatory Services

Emergency Resilience & Planning

(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.

PETERBOROUGH CITY COUNCIL'S CABINET MEMBERS WOULD LIKE TO HEAR FROM YOU

The Leader of Peterborough City Council is offering everyone a chance to comment, or raise queries on the decisions highlighted on the Council's Forward Plan.

Your comments and queries can be submitted to the Council's Governance Team using the form overleaf, or alternatively by telephone or email. The Governance team will then liaise with the appropriate Cabinet Member and ensure that you receive a response. Members of the Cabinet, together with their areas of responsibility, are listed below:

Councillor Fitzgerald	Leader of the Council
Councillor Steve Allen	Deputy Leader and Cabinet Member for Communication, Culture and Communities
Councillor Ayres	Cabinet Member for Children's Services and Education, Skills and the University
Councillor Simons	Cabinet Member for Waste, Street Scene and the Environment
Councillor Andy Coles	Cabinet Member for Finance and Corporate Governance
Councillor John Howard	Cabinet Member for Adult Social Care, Health and Public Health
Councillor Cereste	Cabinet Member for Climate Change, Planning, Housing and Transport

SUBMIT YOUR COMMENTS OR QUERIES TO PETERBOROUGH CITY COUNCIL'S CABINET

Your comment or query:

How can we contact you with a response?
(please include a telephone number, postal and/or e-mail address)

Name

Address

.....

Tel:

Email:

Who would you like to respond? (if left blank your comments will be referred to the relevant Cabinet Member)

ADULTS AND HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2022/2023

Updated: 31 October 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 – CANCELLED	Medium Term Financial Strategy Contact Officer: Cecilie Booth		
Meeting date: 8 November 2022 Draft report deadline: 20 October	Appointment of Co-opted Member 2022/2023		
	East of England Ambulance Service NHS Trust (EEAST)		

Final report deadline: 27 October	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: 29 November 2022	Sustainable Future City Council Strategy and Priorities 2022 – 2025		
Joint Meeting of the Scrutiny Committees	Contact Officer: Jens Gemmel von Döllinger, Sustainable Future City Council Director		
Meeting date: 3 January 2023	Portfolio Progress Report for Cabinet Member for Adult Social Care, Health and Public Health		
Draft report deadline: 13 December Final report deadline: 20 December	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

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