

## **ADULTS AND HEALTH SCRUTINY COMMITTEE**

**TUESDAY 11 JULY 2023**  
**7.00 PM**

**Bourges/Viersen Room - Town Hall**

**Contact: Charlotte Cameron, Senior Democratic Services Officer at:**  
[charlotte.cameron@peterborough.gov.uk](mailto:charlotte.cameron@peterborough.gov.uk) or 01733 384628

### **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 14 March 2023** **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 2023/24** **9 – 12**
- 6. Integrated Tobacco Control in the Peterborough and Cambridgeshire System** **13 – 42**
- 7. Reablement Overview Report** **43 – 58**
- 8. Review of 2022/2023 and Work Programme for 2023/24** **59 – 74**

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10. Date of Next Meeting

Adults and Health Scrutiny Committee Meeting – Tuesday 19 September 2023

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

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

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

**Committee Members**

Councillors: Qayyum (Chair), A Shaheed (Vice Chair), Khan, G Casey, B Rush, Bi, Skibsted, Mahmood, Rangzeb and Stevenson, Bi

Substitutes: Councillors: Bond, Sabir, Asif, Barkham and Jones

**Non-Statutory Co-opted Members**

Parish Councillor Neil Boyce, Independent Co-opted Member (non-voting)  
Parish Councillor Mark Ormston (substitute), Independent Co-opted Member (non-voting)  
Chris De Wilde, Independent Co-opted Member (non-voting)  
Sandie Burns MBE Independent Co-opted Member (non-voting)

Further information about this meeting can be obtained from Charlotte Cameron on telephone 01733 384628 or by email – [charlotte.cameron@peterborough.gov.uk](mailto:charlotte.cameron@peterborough.gov.uk)

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING  
HELD AT 7.00 PM, ON  
TUESDAY, 14 MARCH 2023  
BOURGES/VIERSEN ROOM, TOWN HALL, PETERBOROUGH**

**Committee Members Present:** S Barkham (Chair), S Qayyum (Vice-Chair) G Elsey, S Farooq, B Rush, J Allen, C Harper, N Bi, H Skibsted, L Robinson, Co-opted Member Sandie Burns

**Officers Present:** Jyoti Atri, Director of Public Health  
Debbie McQuade, Service Director, Adults and Safeguarding  
Belinda Evans, Compliant Manager  
Gurdev Singh, Head of Commissioning, Adult Social Care  
Ramin Shams, Senior Democratic Services Officer

**Also Present:** Caroline Walker, Chief Executive Northwest Anglia NHS Foundation Trust  
David Moss, Director for Estates & Facilities  
Adele McCormack, Service Director for Adults Specialist and Mental Health

**43. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Co-opted Member Chris De Wilde

**44. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS**

No declarations of interest were received.

**45. MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING HELD ON 03 January 2023**

The minutes of the meeting held on Tuesday, 3 January 2023, were agreed as a true and accurate record.

**46. CALL-IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISION**

There were no Call-Ins received at this meeting.

## 47. CAMHS and Adult Mental Health Services

The Service Director for Adults Specialist and Mental Health introduced the report in relation to the CAMHS and Adult Mental Health Services. The report outlined a range of different services that CPFT was commissioned to provide across different age groups. She explained the service was dealing with the most significant challenge regarding post-Covid-19 backlogs and dealing with the shortage of workforce, which was a national matter regarding retaining staff members. The service was committed to the quality of service provided to meet the quality standard and focused on the staff's wellbeing. The service faced challenges regarding the NHS long-term plan for Mental Health Services and the transformation projects to improve service.

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

- Members queried about the self-referral data on Table 1, page 17 of the report, and asked why the numbers of self-referrals were higher. The Service Director for Adults Specialist and Mental Health advised Members these referrals could be the same repeat callers, and the service sometimes dealt with the same patient a few times.
- Members requested that the data in Table 1, page 17 of the report could, be broken down to show Peterborough data.
- In response to a question from a Member, the Service Director for Adults Specialist and Mental Health advised that a regular waiting time review meeting for the Children, Young People and Families Directorate of CPFT had provided a forum to adopt a structured, methodical approach to reducing the length of waits and the volume for mental health services.
- Members asked if it had been difficult to contact the First Response Service through NHS 111 and if any data was available about the GP surgeries referrals. The Service Director for the Adults Specialist and Mental Health advised that data was available for the primary care service. She explained that the referrals from GPs had gone up by 44% during Covid 19 pandemic, and as a result, the service was struggling to meet demands.
- The Service Director for Adults Specialists and Mental Health agreed to provide data on young people who tried to get a referral via GP or School and did not meet the criteria to be seen by mental health services. The data would provide to Members outside of this meeting.
- Members referred to paragraph 4.2.4 on page 20 of the report regarding the waiting times on the service was tackling the backlogs. The Service Director for Adults Specialist and Mental Health advised that the workforce had been a significant issue for the service. The service offered flexible working to staff and weekend working as part of the service initiatives to tackle the backlogs and the impact of Covid.

### AGREED ACTIONS

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

- Note that Cambridge and Peterborough NHS Foundation Trust (CPFT) was commissioned to provide secondary mental health services, specialist inpatient and community services for Cambridgeshire and Peterborough and across the East of England. CPFT is a key partner in the C&P Integrated Care System (ICS), as host

organisation for the Mental Health, Learning Disability and Autism Accountable Business Unit (MHLDA ABU);

- Note that challenges for CPFT reflect the national picture for increasing referrals to services, gaps in the workforce across a whole range of healthcare professions and the impact of the increasing cost of living.

#### **48. Food Environment within Hospitals and Hospital Food Trust Standards**

The Chief Executive of Northwest Anglia NHS Foundation Trust (NWAFT) and the Director of Estates and Facilities at Peterborough City Hospital introduced the report, providing the Committee with an overview of the food and food standards at the Peterborough City Hospital (PCH). She explained that both inpatient and staff food services were outsourced through the PFI contract and were provided by Medirest on the PCH site. Inpatient catering was offered through simplicity, providing a greater meal choice. A menu of 26 dishes with three meals was available per meal sitting.

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

- Members were informed that the menu for patient catering was changed every six months to prevent menu fatigue. The changes were based on the menu choices made by patients. Feedback was obtained through patient satisfaction surveys, friends and family tests, staff satisfaction surveys and food-tasting sessions. The feedback obtained was shared with Medirest to enable improvements to be made. The information was also shared through the performance process and joint operational meetings to ensure improvements were identified and addressed.
- The Director of Estates and Facilities advised Members that he was working closely with the dietitians to ensure that the patients received the nutrition they needed. The Hospital Food Strategy ensured patients had access to food and were kept hydrated. He explained that food and drink were treated as medicine to patients, as it would ensure quick recovery of patients. The Food and Drink Strategy's success was measured through an annual review of the strategy to ensure compliance and improvements and would benchmark against other similar organisations.
- Members queried that the Hospital served a diverse ethnicity and asked what cultural food variety the Hospital offered. The Director for Estate and Facilities advised that the Hospital there was a pre-conception about the hospital food, which was not true, and offered a variety of foods, including halal and kosher. He explained that he was not aware of any complaints made against the food standards in the Hospital.
- Members queried that the NHS website stated that higher consumption of processed meat could lead to cancer, and the food offered at the Hospital contradicts the NHS website by offering processed meat. The Chief Executive NWAFT advised Members that it was a fair point, but some people were vulnerable and needed food to recover, and any food was better than no food, and people were not in the Hospital for a longer time.
- Members were advised that the Trust was working on actions required to be fully compliant with each of the eight-recommendation detailed in section 4.1. A Food and Drinks Strategy had already been put in place, and a sub-group would be created to address the requirements of each recommendation. Quarterly Trust Board papers would be prepared to provide updates and assurances regarding progress.

## **AGREED ACTIONS**

The Adults and Health Scrutiny Committee **RESOLVED** to note the information provided regarding hospital food and food standards for the purpose of a compliance update.

### **49. Adult Social Care Annual Complaints Report 2021-22**

The Complaint Manager introduced the report in relation to the Adults Social Care Annual Complaints Report 2021-22, which provided a summary of the Adult Social Care statutory complaints and compliments received between 1 April 2021 and 31 March 2022.

She explained that the complaints team handled all complaints about Council services and determined the correct process for each complaint received. A small number of complaints were received about the Adult Social Care department and followed alternative processes such as the corporate complaints process.

#### **AGREED ACTION**

The Adults and Health Scrutiny Committee **RESOLVED** to note the summary of Adult Social Care statutory complaints and compliments received between 1 April 2021 and 31 March 2022 and the learning and actions taken as a result.

### **50. Mental Health Section 75 Partnership Agreement: Annual Report**

The Head of Commissioning for Adult Social Care introduced the report, which outlined services delivered through the section 75 Partnership agreement provided good quality, specialist assessment, treatment and support for adults living with mental health difficulties in Peterborough.

He explained that Peterborough City Council had delegated the delivery of social care mental health services and specified statutory duties for people with mental health needs ages 18 years and over to the CPFT through a partnership agreement under section 75 of the National Health Services Act 2006.

#### **AGREED ACTIONS**

The Adults and Health Scrutiny Committee **RESOLVED** to endorse the report as a full account of service and financial performance, activity, and outcomes under the Section 75 Partnership Agreement.

## 51. 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.

### AGREED ACTIONS

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

Chair  
7.00 – 8.31 pm

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<b>ADULTS AND HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 5</b>
<b>11 July 2023</b>	<b>PUBLIC REPORT</b>

Report of:	Rochelle Tapping, Director of Law and Governance	
Cabinet Member(s) responsible:	Councillor Fitzgerald, Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Charlotte Cameron, Senior Democratic Services Officer	Tel.01733 384628

**APPOINTMENT OF CO-OPTED MEMBERS 2023/2024**

RECOMMENDATIONS
<p>It is recommended that the Adults and Health Scrutiny Committee:</p> <ol style="list-style-type: none"> <li>1. Appoint Parish Councillor Neil Boyce as a Co-opted Member with no voting rights to represent the rural area for the municipal year 2023/2024. Appointment to be reviewed annually at the beginning of the next municipal year.</li> <li>2. Appoint Parish Councillor Mark Ormston as the nominated substitute for Parish Councillor Neil Boyce should they be appointed as the non-voting Co-opted Member representing the rural area. Appointment to be reviewed annually at the beginning of the next municipal year.</li> <li>3. Appoint Christine De Wilde to the Committee as an Independent Co-opted Member with no voting rights for the municipal year 2023/2024. Appointment to be reviewed annually at the beginning of the next municipal year.</li> <li>4. Appoint Sandie Burns to the Committee as an Independent Co-opted Member with no voting rights for the municipal year 2023/2024. Appointment to be reviewed annually at the beginning of the next municipal year.</li> </ol>

**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 Parish Councillor Neil Boyce, Mark Ormston as the substitute for Parish Councillor Neil Boyce, Chris De Wilde and Sandie Burns MBE as a Non-Voting Co-opted Members for Municipal year 2023/2024 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-votir*

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?	<b>NO</b>	If yes, date for Cabinet meeting	<b>N/A</b>
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### 4. **BACKGROUND AND KEY ISSUES**

#### 4.1 **Parish Councillor Co-opted Members**

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 the voice of the rural communities are reflected.

4.2.1 Parish Councillor co-opted members are nominated through a process which is handled by the Parish Council Liaison Committee working group. Any expressions of interest received are assessed by the working group and final nominations are then put forward to the relevant committee for approval. The Parish Council Liaison Working Group has therefore proposed that Parish Councillor Neil Boyce be nominated as the substantive co-opted member to represent the rural area on the Adults and Health Scrutiny Committee and that Parish Councillor Mark Ormston be nominated as the substitute should the Committee decide to appoint Parish Councillor Neil Boyce as the substantive co-opted member.

4.2.2 It is therefore proposed that the Committee approve the appointment of Neil Boyce as a Parish Councillor Co-opted Member of this committee to represent the rural area and consider the appointment of Parish Councillor Mark Ormston as the substitute for Parish Councillor Neil Boyce for the municipal year 2023/2024

### 5. **Independent Co-opted Members**

#### 5.1 **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.

#### 5.2 **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 an independent Co-opted Members of the Committee for this municipal year.

## **NEXT STEPS**

If the Committee agree to appoint the above nomination as a co-opted member of the Adults and Health Scrutiny Committee from 11 July 2023, 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. If Parish Councillor Mark Ormston is appointed as a substitute he may attend and take part in any meeting when asked to attend as a substitute for Parish Councillor Neil Boyce.

## **6. CONSULTATION**

None.

## **7. ANTICIPATED OUTCOMES OR IMPACT**

- 7.1 The inclusion of the 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 recommendation is made to assist the Scrutiny Committee in fulfilling its 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 None.

## **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**

There are no specific legal implications with what is proposed.

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**

The appointment of a Parish Councillor as a co-opted member representing the rural area will ensure that the voice of the rural communities is reflected.

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.

<b>ADULTS AND HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 6</b>
<b>11 July 2023</b>	<b>PUBLIC REPORT</b>

Report of:	Jyoti Atri, Director of Public Health;	
Cabinet Member(s) responsible:	Cllr Wayne Fitzgerald, Cabinet Member for Adult Social Care, Health, and Public Health	
Contact Officer(s):	Jyoti Atri, Director of Public Health	Tel. 01223 703261

<b>INTEGRATED TOBACCO CONTROL IN THE PETERBOROUGH AND CAMBRIDGESHIRE SYSTEM</b>
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<b>RECOMMENDATIONS</b>	
<b>FROM: Val Thomas</b>	<b>Deadline date: 11 July 2023</b>
<p>It is recommended that the Adults and Health Scrutiny Committee support the following recommendations:</p> <ol style="list-style-type: none"> <li>1. The proposed actions to decrease the numbers of people who smoke.</li> <li>2. A system wide approach to addressing smoking with an agreed shared target for reducing smoking rates.</li> </ol>	

**1. ORIGIN OF REPORT**

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

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this report is to provide the Adults and Health Scrutiny Committee a portfolio holder report on changes in Tobacco Control including stopping smoking and the challenges it presents for public health.

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

- 1.Public Health;
- 2.The Health and Wellbeing of the residents.

2.3 The Public Health aspect of this report links to many of the City Priorities. However key priorities are:

- *Creating healthy and safe environments where people want to live, invest work, visit and play – Together we will create a healthier future*
- *Help & support our residents early on in their lives and prevent them from slipping into crisis - We will ensure every Child gets the best start in life*
- *Prevention, Independence and Resilience: help and support our residents early on in their lives and prevent them from slipping into crisis.*

### 3. **TIMESCALES**

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

#### 4.1.1 **Background**

Smoking remains the single greatest cause of preventable death nationally. Since the 1998 Smoking Kills White Paper there have been various policy and service developments to address smoking. This included advertising bans and stop smoking services that led to more people stopping smoking, but it was the Health Act of 2006 that banned smoking in public places that is considered to have had the most impact upon reducing the numbers of people who smoke.

The smokefree legislation in 2007 was a huge step forward and over the subsequent decade a plethora of legislative steps were taken to reduce smoking rates. In 2011 cigarette vending machines were banned, closely followed by a ban on displaying tobacco products at shop counters, first in supermarkets in 2012, then in all shops in 2015. Also in 2015, smoking was banned in cars carrying children. In 2016, standardised plain packaging of tobacco products was introduced, followed by pack sizes being standardised and new tax measures in 2017. Finally, in 2020 there was a ban on menthol flavoured and 'skinny' cigarettes.

Since 2011 (when smoking rates started to be systematically collected) there has been a steady decrease in smoking rates nationally and locally which was resulted in a decreased focus upon efforts to address smoking. However around 5.4 million people (13%) continue to smoke nationally, and some areas have seen increases. Locally in Peterborough 22,913 people smoke that is 14.4%. In Cambridgeshire, the figure is 62,556 (13.2%). There has been drop in smoking amongst 15-year-olds, however in 2021 3% were regular smokers and 6% occasional smokers.

Up to two out of three lifelong smokers will die from smoking and smoking substantially increases the risk of heart disease, heart attack and stroke and causes seven out of ten cases of lung cancer.

There are concerns around the number of people who smoke from routine and manual occupations and the number of pregnant smokers who continue to smoke throughout their pregnancies. Tobacco smoking and its associated harms continue to fall hardest on some of the most vulnerable people in our society. There exists a positive relationship between smoking prevalence and deprivation, with people who smoke more likely to be living in more deprived areas. Poor mental health is also associated with smoking. People with mental health issues are twice as likely to smoke. The higher rates of smoking in these groups contributes to the health inequalities experienced by these groups.

4.1.2 Action on Smoking and Health (ASH) and the former Public Health England, now the Office for Health Improvement and Disparities (OHID), have identified that smoking costs society approximately £12.6 billion per annum which includes costs to social care, the NHS and lost productivity. The Action on Smoking and Health (ASH) Ready Reckoner shows the costs to the Cambridgeshire system from smoking are £183.5m and for Peterborough £72.5m. These costs are spread across health and social care services, but the greatest impact is on productivity. (See Appendix 1 for additional information)

4.1.3 This is a joint paper from Public Health and the Integrated Care Board (ICB), as addressing smoking requires a systemwide approach. In recent years there have been various iterations of national Tobacco Control Plans, the 2017 to 2022 Plan set targets that were to be met by the end of 2022. These were to reduce the number of 15-year-olds who regularly smoke from 8% to 3% or less, reduce adult smoking from 15.5% to 12% or less, reduce the prevalence of

smoking in pregnancy from 10.7% to 6% or less and to reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population.

Then in 2019 a national ambition was set for England being smokefree by 2030 meaning only 5% of the population would smoke by then. Clearly these aspirations were not achieved, though the impact of the COVID-19 pandemic cannot be ignored.

More recently the Khan Report (2022), the independent review into the government's ambitions for smoking concluded that the rate of decline in smoking would need to be accelerated by 40% if the 2030 target is to be met. The Report made some wide-ranging recommendations that called for increased investment, focusing on young people, vaping as an aid to stopping smoking and strengthening stop smoking services. It acknowledged the critical role of the NHS in addressing smoking through prevention and support to those accessing NHS services especially those using maternity and mental health services. It called on Integrated Care System (ICS) leaders and Directors of Public Health to set clear targets for reducing smoking in their local areas and commission services to ensure the targets are met.

- 4.1.4 This paper aims to secure the support of the Adult and Health Scrutiny Committee for prevention and treatment proposals to address smoking behaviour and improve longer term health outcomes. It presents information on smoking rates and health impacts along with ambitions for developing innovative approaches for affecting the smoking environment and services. As this paper takes a system wide approach and is a joint paper with the ICB, there are references to Cambridgeshire where appropriate.

## 4.2 KEY ISSUES

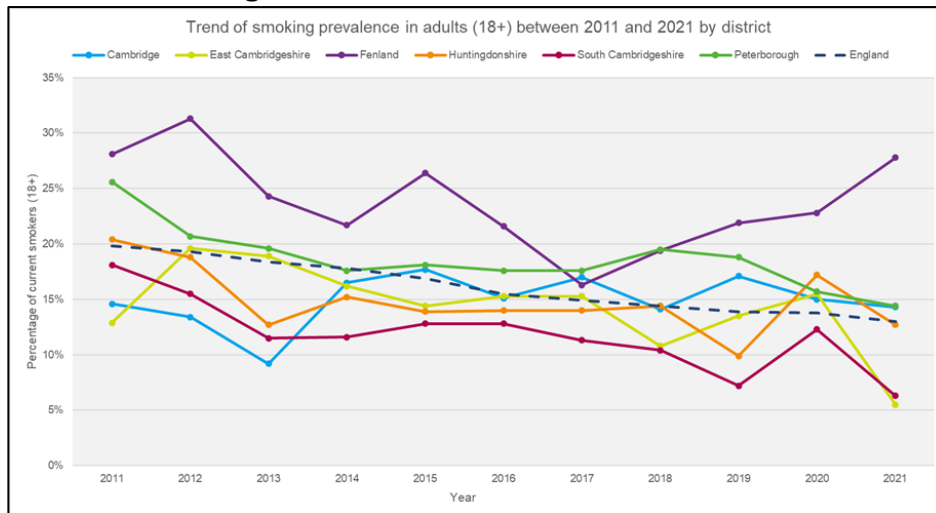
### 4.2.1 Peterborough and Cambridgeshire Current Smoking Profile: Smoking Prevalence and Health Outcomes

#### Local smoking rates

Since 2011 there has been a downward trend in smoking rates in Peterborough and Cambridgeshire except in Fenland where rates recently appear to be increasing. (Figure 1)

In 2021 the national adult smoking prevalence was 13.0%. Peterborough's rate was 14.4%. Cambridgeshire's was similar at 13.2% However, it was significantly lower in East Cambridgeshire (5.5%) and South Cambridgeshire (6.3%), and significantly higher in Fenland (27.8%). (Appendix 1)

**Figure 1: Adult smoking trends 2011 to 2021**



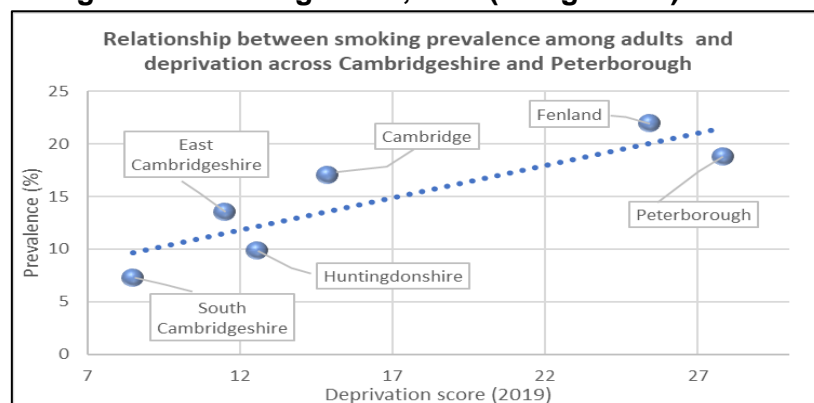
Source: Annual Population Survey, Smoking prevalence in adults (18+), 2021  
<https://fingertips.phe.org.uk/profile/tobacco-control>

#### 4.2.2 Adult smokers

Smokers can be found across the whole population, but some groups experience higher rates than others. In 2020 the proportion of current smokers in Peterborough from Routine and Manual occupations was 26.0% compared to the national figure of 24.5%. The Cambridgeshire rate was 32.6%. Fenland had a much lower prevalence (26.2%) compared to 2019 (34.6%) and 2018 (40.7%). Cambridge City had a higher proportion at 40.5% compared to the other districts.

Figure 2 shows the relationship between smoking prevalence and deprivation in Peterborough and Cambridgeshire. There is a positive relationship between smoking prevalence and deprivation, with people who smoke more likely to be living in more deprived areas. See figure below:

**Figure 2: Relationship between smoking prevalence and deprivation across Peterborough and Cambridgeshire, 2019 (for ages 18+)**



Source: OHID Fingertips (ICB Clinical Outcomes Team)

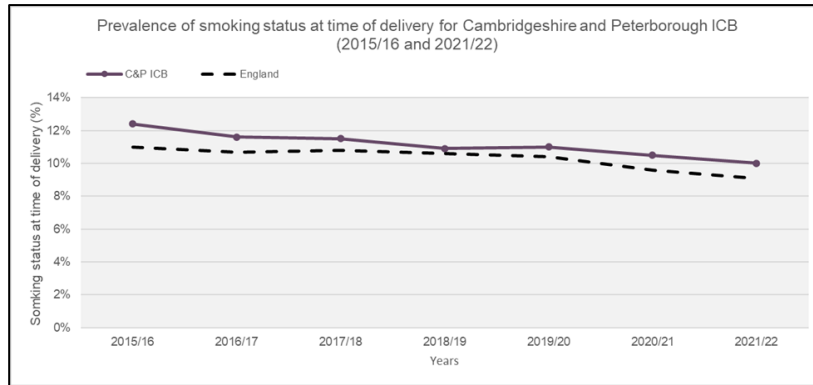
Higher rates of smoking are also associated with mental health conditions. There is a statistically significantly lower proportion of current smokers with a long-term mental health condition in Peterborough the rate 30.7% compared to England at 26.3%. The Cambridgeshire figure was 17.1%. However, the prevalence is significantly lower in South Cambridgeshire (14.7%), Huntingdonshire (16.2%) and Cambridge (17.3%) but in Fenland it is 19.4%.



### 4.2.3 Pregnant smokers

There has been a steady decrease nationally and locally in the proportion of women who continue to smoke during their pregnancies. However, the national target of 6% for 2022 was not met as 9.1% of mothers in 2021/22 were known to be smokers at the time of delivery. In Peterborough and Cambridgeshire, the figure was 9.7%. The East of England rate is lower with around 8.5% of women smoking at delivery.

**Figure 3: Smoking at time of delivery trends 2015/16 to 2021/22**

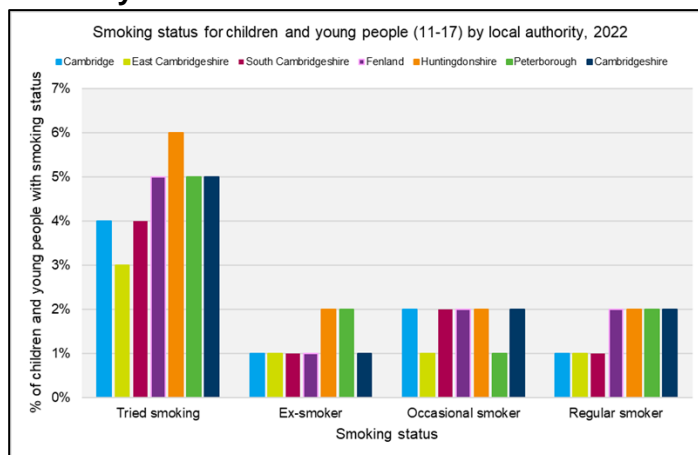


Sources: C & P ICB SATOD Data and NHS Digital/PHE (<https://fingertips.phe.org.uk/profile/tobacco-control/>)

### 4.2.4 Children and Young People

Around 90% of adults who smoke, start before the age of 25. We collect data locally on Children's and Young People's (CYP) behaviours through Health-Related Behaviour Survey. In the 2022 survey approximately 90% of CYP aged 11 to 19 years did not attempt to smoke and around 78% had not tried vaping or smoking. The CYP who had tried smoking can be divided into ex-smokers, occasional smokers and regular smokers as shown in Figure 4.

**Figure 4: Smoking status for children and young people by local authority**



Source: Health-Related Behaviour Survey (HRBS), 2022, <https://sheu.org.uk/content/page/secondary-schools-health-related-behaviour-questionnaire>

CYP living in Peterborough, Fenland and Huntingdonshire have the highest rates of regular smokers. The Survey also found CYP who smoke, have at least one person around them that regularly smokes. This was highest in Fenland with at 61% and lowest in Cambridge City at 34%.

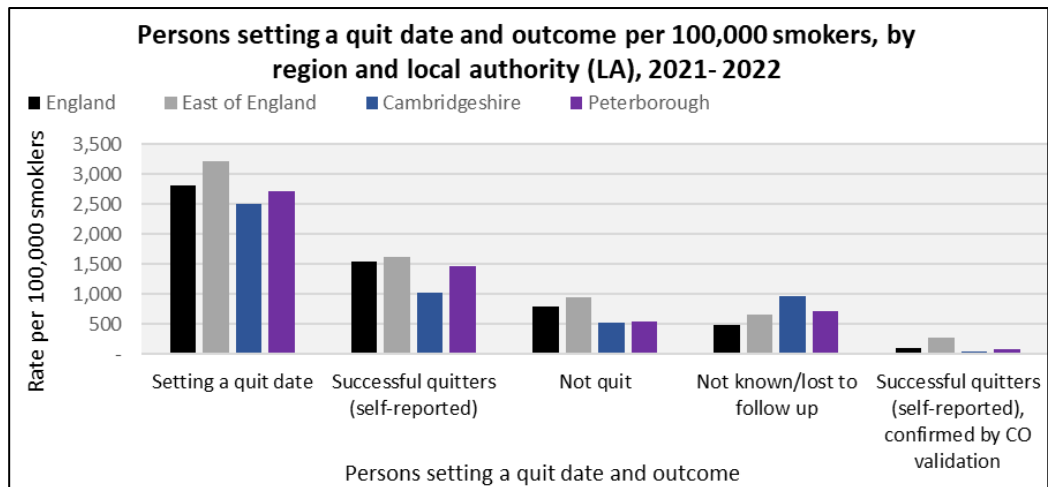
The Survey also showed that more young people had tried vaping (21%) compared to smoking (9%), with 5% of pupils saying they vape regularly (more than once a week) compared to 2% of pupils saying they smoked regularly (more than once a week).

When compared to 2018 this shows a 5% reduction in the number of young people who have ever tried smoking but a 3% increase in the number of young people who have tried vaping. Similarly, when compared to 2018 it shows a reduction of 3% in the number of pupils saying they smoke regularly but an increase of 4% in the number of young people who vape regularly.

#### 4.2.5 Stop Smoking Services

There has been fall in the rate of smokers quitting in Peterborough and Cambridgeshire and our rates for this service are below the national figures. Underlying this is a fall in the number of people setting a quit date, in the proportion of successful quitters and in those who have their quite validated by a carbon monoxide monitor.

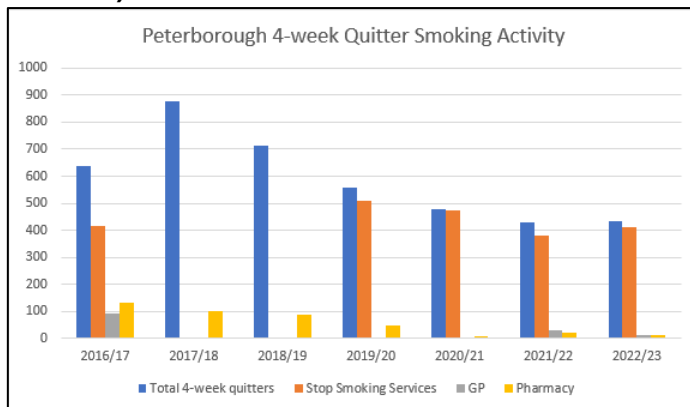
**Figure 5: Smoking quitter outcomes**



Source: NHS Digital, Persons setting a quit date and outcome per 100,000 smokers, by region and local authority (LA), April 21 - March 22. <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england/april-2021-to-march->

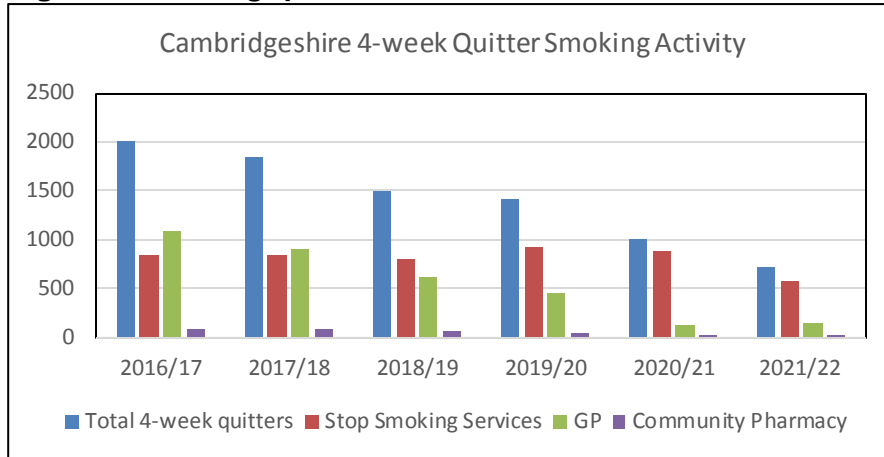
The downward trend in quitters started in 2016/17. It is most marked in GP (General Practice) practices where falling activity was exacerbated by the COVID 19 pandemic and the current pressures in GP practices and pharmacies.

**Figure 6: Smoking quitters' trend 2016/17 to 2021/22 (GP data unavailable 2017/21)**



Source: Stop Smoking Services

**Figure 7: Smoking quitters' trend 2016/17 to 2021/22**



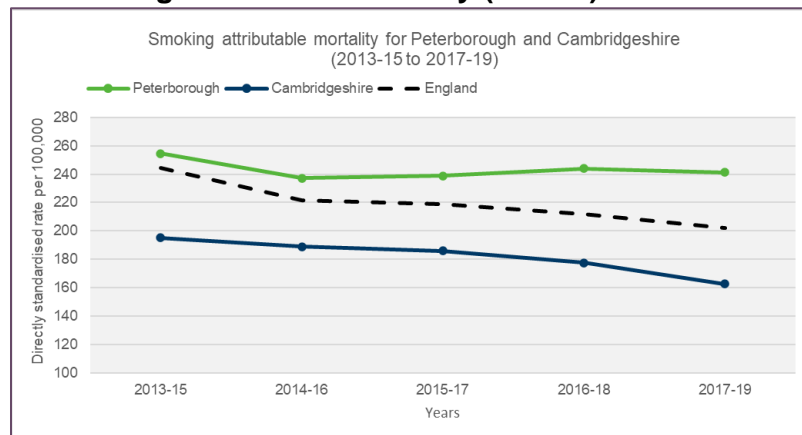
Source: Stop Smoking Services

### 4.3 HEALTH OUTCOMES

4.3.1 A proportion of certain conditions and deaths are attributed to smoking. In Peterborough rates of conditions and deaths attributed to smoking are generally above the national rate. Whilst in Cambridgeshire the rates are lower. The rates show that smoking continues to play a big role in morbidity and mortality and provides the evidence that not smoking is the most effective behaviour in preventing poor health outcomes.

Figure 8 shows that in 2017/19 in Peterborough the rate for deaths attributed to smoking was 241 per 100,000. In Cambridgeshire, the rate was 163 per 100,000.

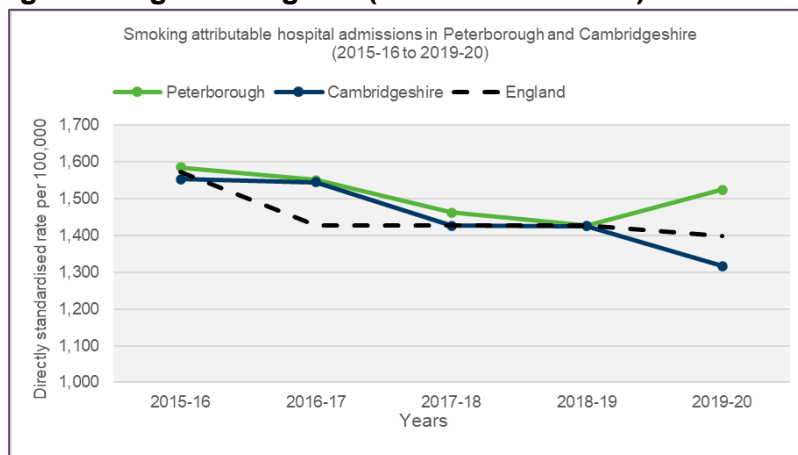
**Figure 8: Smoking attributable mortality (deaths) 2013/15 to 2017/19**



Source: Mortality data from the ONS mortality file; ONS mid-year population estimates. Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight, 2013-15 to 2017-19' <https://fingertips.phe.org.uk/profile/tobacco-control>

Hospital admissions are also linked to smoking. In 2017/18 Peterborough had 1,524 per 100,000 hospital admissions attributed to smoking, for example for stroke, heart disease. Cambridgeshire had 1,317.

**Figure 9: Smoking attributable hospital admissions for Peterborough and Cambridgeshire against England (2015-16 to 2019-20)**



Source: Mortality data from the ONS mortality file; ONS mid-year population estimates. Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight, 2013-15 to 2017-19' <https://fingertips.phe.org.uk/profile/tobacco-control>

Smoking in pregnancy is associated with poor maternal and infant health outcomes. Smoking during pregnancy causes up to 2,200 premature deaths, 5,000 miscarriages and 300 perinatal deaths every year in the UK. It also increases the risks of stillbirth and of the child developing respiratory diseases; attention and hyperactivity difficulties; learning difficulties; problems of the ear, nose, and throat; obesity and diabetes.

#### 4.4 THE NHS AND SMOKING

##### 4.4.1 Tobacco Dependency Programme

The aims of the NHS Long Term Plan (LTP) are to support people to live longer and lead healthier lives through helping them to make healthier lifestyle choices and treating avoidable illness early on. As part of the LTP, NHS England (NHSE) has funded new evidence-based prevention programmes which focus on reducing smoking, obesity, and alcohol intake.

The Treating Tobacco Dependency Programme (TTDP) is a prevention initiative funded by NHSE to support the introduction of new tobacco cessation pathways in secondary care settings and maternity patients. Being in hospital is a significant event in someone's life and people can be more open to making healthier choices. The overarching ambition of the TTDP is that by 2023/24, NHS-funded tobacco treatment services will be offered to:

- 1) Anyone admitted overnight to hospital who smokes.
- 2) Pregnant women and members of their household
- 3) Long-term users of specialist mental health services

The recommended inpatient (acute) model is based on delivering systematic in-house treatment of tobacco dependence in secondary care. Patients are provided with behavioural support, nicotine replacement therapy (NRT) or other pharmacotherapy during their hospitalisation, with onward referral to community stop smoking services and follow-up post-discharge. The acute inpatient pathway is underpinned by published evidence on the Ottawa Model for Smoking Cessation and based on work undertaken in Greater Manchester as part of the 'CURE model.'

The model for pregnant women is more intensive and was designed to be implemented 'in-house' as part of the maternity pathway.

Since August 2021, Cambridgeshire & Peterborough Integrated Care Board (ICB) has been allocated funding of approximately £450K per annum to implement the new tobacco

pathways across its acute hospitals and maternity providers. Funding has been distributed on a weighted basis, taking into consideration smoking prevalence, deprivation score and other data, such as smoking rates at time of delivery (SATOD). To fully establish this programme, NHSE estimates a current shortfall in funding in the region of 40%.

Cambridgeshire & Peterborough ICB commenced the TTDP in September 2021 by implementing delivery groups with our provider trusts. To date, Tobacco Dependency Services are being delivered across most of our provider Trusts, as outlined below:

- November 2022 the maternity pathway commenced at Northwest Anglia NHS Foundation Trust (NWAFT)
- January 2023 Cambridgeshire University Hospitals NHS Foundation Trust (CUHFT) also started delivering the maternity pathway (See incentives scheme in next section)
- In the summer of 2022 Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) commenced the mental health pathway
- The Acute Inpatient Pathway provided by NWAFT, CUHFT and The Royal Papworth NHS Foundation Trust (RPHFT) will be commencing in 2023.

NHSE has set a mandatory data submission requirement for all provider trusts which will be available via a Tobacco Dashboard to enable the service to be evaluated, however this is not available yet. Therefore, local KPIs have been developed to enable the ICB to start evaluating the programme earlier. Data submissions have only recently commenced, however preliminary indications show that uptake of the maternity pathway is increasing, with successful quit rates, and to date, three smokefree babies have been delivered.

Full evaluation of the new tobacco services will start in 2023 to measure outcomes, assess future funding requirements and identify opportunities to expand tobacco cessation into other areas, particularly for those within our population who are experiencing high deprivation and health inequalities.

#### 4.4.2 **NHS Clinical Policies**

The current ICB smoking clinical policy covers the preoperative referral of patients undergoing elective surgery who smoke to a stop-smoking service. It does not include patients undergoing urgent non-elective surgery. The policy states that all patients who smoke and are being referred for possible elective surgery should also be:

- Advised on the benefits of stopping smoking ([online training](#)).
- Referred to a Stop Smoking Service (SSS) indicating that the patient is referred through the 'Stop Before Your Op' policy.
- Stop smoking services (SSS) should arrange for the patient to attend a course and provide a letter (either to the patient or secondary care) confirming attendance and outcome (e.g., quit, or tried, but unsuccessful, or not willing to quit).
- Secondary care: Where there is no information from the SSS that the patient has attended a course and the patient is still smoking, the importance of smoking cessation should be re-emphasized, and the patient should be referred to a SSS before surgery.

The policy has recently been reviewed against evidence and policies already in place in other areas. Apart from some updating, the review concluded that the current policy was robust and did not recommend any changes apart from ensuring that it was implemented.

## 4.5 **DEVELOPING EXISTING WORK AND NEW INTERVENTIONS TO ADDRESS SMOKING**

As described above since the Smoking Kills White Paper in 1998 there has been substantial changes to address smoking. A raft of legislation commenced in 2007 that affected people's ability to smoke in public but also helped to change attitudes to smoking. These developments alongside the well-established Stop Smoking Services (SSS) have substantially reduced rates of smoking. However, there are still substantial numbers of people who continue to smoke and consequently we see the associated health outcomes. Smoking rates have stalled in Peterborough and now in Fenland the rates have increased to a point where it has the highest rates in the country.

This paper has laid out the issues and the following section outlines proposals for addressing this ongoing major Public Health concern. It includes securing an understanding of the current motivators for people to start and stop smoking, the impact and opportunities afforded by new technologies, reducing access through the use of regulatory powers, and calling for a system wide approach to maximise the traction of these new interventions.

## 4.6 **PREVENTION**

### 4.6.1 **Behaviour Change science for prevention and quitting smoking.**

Behaviour Change science for prevention and quitting smoking. The Public Health team is commissioning behaviour science insights research for a number of health behaviours including smoking. Behavioural insights are how people perceive things, how they decide, and how they behave. They are generated by empirical evidence from behavioural science research which studies human behaviour to identify the factors that affect our behaviour. It is now very well developed as a behavioural science and is used across different sectors to understand and target behaviours.

It will enable us to tailor our interventions at a population level. This is especially important where there is a need to understand the barriers and enablers for prevention and treatment in areas /groups where smoking prevalence is higher.

### **Actions**

The insights relating to smoking behaviours will inform the development of prevention and treatment services in different communities, age groups and settings.

This will include communication/campaign activity. There is evidence that exposure to mass media campaigns significantly reduces the number of people smoking by encouraging people to make quit attempts. Mass media campaigns are cost-effective in terms of life year or quality-adjusted life years gained. However, the evidence is also that mass media campaigns can have a greater impact on more disadvantaged smokers if they are carefully tailored and targeted.

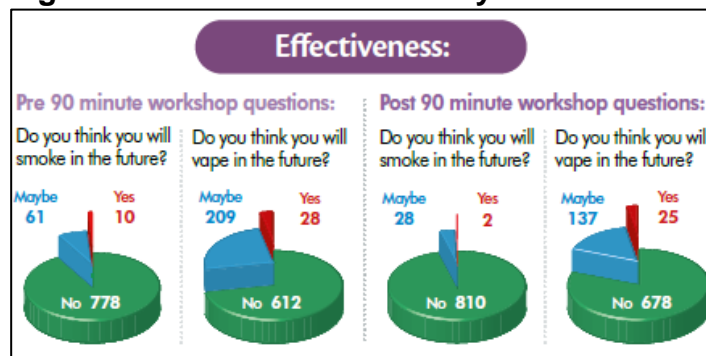
In Peterborough and Cambridgeshire two stop smoking campaigns are delivered annually by the Local Authorities and more recently with NHS partners, to support the national campaigns of Stoptober and No Smoking Day. To build on this the Local Authorities in partnership with the NHS will develop a local marketing and communication strategy for stopping smoking to amplify national and regional marketing campaigns to meet the guidance set out in NICE NG209.

However, we also want to secure involvement from communication teams from across the whole system to develop behaviour science informed comprehensive consistent campaigns and promotional activities to address the prevention and treatment of smoking.

## 4.6.2 School Based interventions

The majority of people (19%) who start to smoke are under the age of 19 year, consequently the focus for prevention has been in schools-based programmes. Catch Your Breath (formally Kick Ash) is Peterborough and Cambridgeshire's school-based smoking and vaping prevention programme for children and young people. Smoking and vaping prevention sessions are delivered through a 90-minute interactive workshop, prevention assemblies are delivered to secondary school students alongside targeted cessation sessions to those who are smoking/vaping. The programme's overall goal is to encourage a coordinated, whole-school approach at both primary and secondary level to positively discourage smoking and vaping behaviour amongst children and young people. Since November 2021, the programme has been delivered in 28 Primary and 19 Secondary schools, reaching 12,216 pupils. Pre and post workshop questionnaires are carried out with Primary school students and so far, these have shown a 59% reduction in the number of children saying they might or will smoke in the future and a 32% reduction in the number of children saying they would vape in the future, see figure 8 below.

**Figure 10: Pre and Post Primary School Workshop Questions**



### Actions

Expand and develop school-based programmes that address both smoking and vaping through the Public Health re-commissioning of the Healthy Schools Programme which supports schools with prevention and health improvement initiatives.

The Healthy Child Programme (HCP) commissioned by Public Health has a role as it could work with parents with children under the age of 5 who smoke, supporting behaviour change and signposting/referral to services. School nurses are also able to support initiatives to prevent and support stopping smoking in their role as Public Health practitioners. We would recommend that these HCP initiatives are part of the ongoing review of the HCP programme.

## 4.6.3 Illegal sales

In the UK it is illegal to sell tobacco products including vapes to anyone under the age of 18. Nationally, half of the tobacco bought by 14 to 15-year-olds is illegal tobacco. 1 in 4 young smokers are regularly offered illegal tobacco, which is substantially cheaper. Cheaper illicit tobacco fuels tobacco use inequalities, undermines the effectiveness of taxation, makes it harder for smokers to quit, and is linked to crime at many levels.

A concern is that some vapes do not meet the required safety standards but are still being sold. Vaping products are regulated under the Tobacco and Related products Regulations 2016 and need to be notified to the Medicines and Healthcare Products Regulatory Authority (MHRA) and comply to certain standards before they can legally be sold in the UK.

The Joint Cambridgeshire County Council and Peterborough City Trading Standards Service has an intelligence led approach to enforcement for underage and illicit sales of tobacco and vapes. This leads to more targeted work and a greater focus on those traders causing the most harm. In 2022/23 the Trading Standards Service visited 9 stores in Peterborough, with a 56% pass rate. In Cambridgeshire 29 premises were visited and the pass rate was 81.8%.

**Table 1: Test purchasing exercises.**

<b>District</b>	<b>% Pass</b>	<b>% Fail</b>
Fenland	75%	25%
Cambridge	67%	33%
South Cambs	67%	33%
East Cambs	100%	0%
Huntingdonshire	100%	0%
Peterborough	56%	44%

The rationale for test purchasing is that traders who are selling illicit products or to underage young people could have their trading license revoked and/or fined.

### **Actions**

Over 90% of people start smoking before the age of 19 and it has been estimated that each year in Peterborough 472 young people start smoking, in Cambridgeshire the figure is 1141. There is need to strengthen prevention in schools and the tightening of the regulation of the sale of illegal tobacco alongside illegal sales of vapes to young people.

Nationally the Government recently announced that there would be investment in strengthening regulatory compliance with a focus upon the sale of products that do not comply with regulations and the sale of compliant products to minors.

A “flying squad” is going to be established to enforce the rules. This will be led nationally by Trading Standards working closely with local teams to gather intelligence, undertake test purchasing and develop guidance to build regulatory compliance.

We are currently working with our Local Trading Standards to strengthen its work around compliance and regulation through increased spot checks and enforcement. It will also be important that the Service works closely with the national initiative as it develops.

As a system locally to prevent the illegal sales of tobacco and vapes we need to adopt a joined-up approach to tackling supply and demand of illicit tobacco with key partners, including the promotion of good trading practice. We need to ensure effective prosecutions in appropriate cases based on the intelligence received.

## **4.7 TREATMENT**

### **4.7.1 Stop Smoking Services**

Evidence shows that Stop Smoking Services (SSS) are the most effective way to quit and are one of the most cost-effective interventions in the NHS. Smokers are three times more likely to stop smoking if they receive support from an evidence-based stop smoking service than if they try to quit without any help.



NICE NG209 guidance recommends that the following stop-smoking interventions are accessible to adults who smoke:

Table 2: NICE Guidance on evidence-based stop smoking interventions.

<b>Stop Smoking Interventions</b>	<b>Available to Peterborough and Cambridgeshire and Residents</b>
Behavioural support	✓
Very brief advice	✓
Medicinally licensed products	✓
Nicotine-containing e-cigarettes	x
Allen Carr's Easyway in-person group seminar	x

Peterborough City Council and Cambridgeshire County Council fund and commission the following providers to support residents to stop smoking. All providers provide 12 weeks of structured support which is delivered in line with National Centre for Smoking Cessation Training (NCSCT) and NICE guidance.

- Healthy You – community-based stop smoking service that is part of the Integrated Behaviour Change (Lifestyle) Service (formally known as CAMQUIT).
- GP Surgeries – delivered by practice staff.

The community pharmacy stop smoking service was decommissioned in 23/24 due to ongoing very low uptake to the service.

#### 4.7.2

### **Medications and devices**

There is need to increase the number of people who access stop smoking services and who make successful quit attempt.

#### *Medications*

There is a strong cost-effective evidence base for the use of licensed medications to support quit attempts. (See Appendix 1). However, many of these medications are currently not available in England for a number of reasons sometimes related to supply chains that has affected the success rates for quit attempts. The Government is working to unblock these barriers to improve access to existing prescribed medication but also new ones. It will be important to ensure that locally our services can easily provide these medications, through investment, if necessary but also making sure that services are able to “prescribe/dispense the medications.

#### *Vaping*

E-cigarettes or vapes are relatively new aids to helping people stop smoking. They are battery-powered devices that allow the user to inhale nicotine in a vapour rather than smoke. They have been found to be twice as effective for quitting smoking as combination nicotine replacement therapy (NRT).

Research on the long-term impact of inhaling nicotine vapour is limited by the relatively short period of time that these products have been available. However, there is robust short- and medium-term evidence found in the Office for Health Improvement and Disparities “Nicotine vaping in England” evidence update which concluded that there is significantly lower exposure to harmful substances from vaping compared with smoking in the short and medium term. This is because unlike tobacco cigarettes, vapes do not contain cancer-causing tobacco or involve combustion. There is no smoke, tar or carbon monoxide.

Current advice NICE Guidance (NICE Guideline 209, 2023) says that smokers should be advised about over counter nicotine products including e-cigarettes/vapes. Information should be given about their correct use and when they should be used. They should also be made aware that e-cigarettes/vapes are not licensed medicines but are regulated by the Tobacco and Related Products Regulations (2016).

NICE acknowledges that there is not enough evidence to know if there are any long term harms from vaping but states that they are likely to be substantially less harmful than smoking.

However currently vapes are the most popular stop smoking aids in England, with an estimated 4.3 million adult users in 2022. Although both the most popular and most effective aid, the proportion of Cambridgeshire residents using vapes whilst accessing local stop smoking services was only 4% in 2021/22, which is lower than the England average of 9%.

There has been a focus nationally on the vaping with the Khan review: Making Smoking Obsolete (2022) recommending that offer vapes should be offered to all smokers to help them quit. This is particularly important at the moment as Varenicline and Bupropion two medically licensed produces are unavailable.

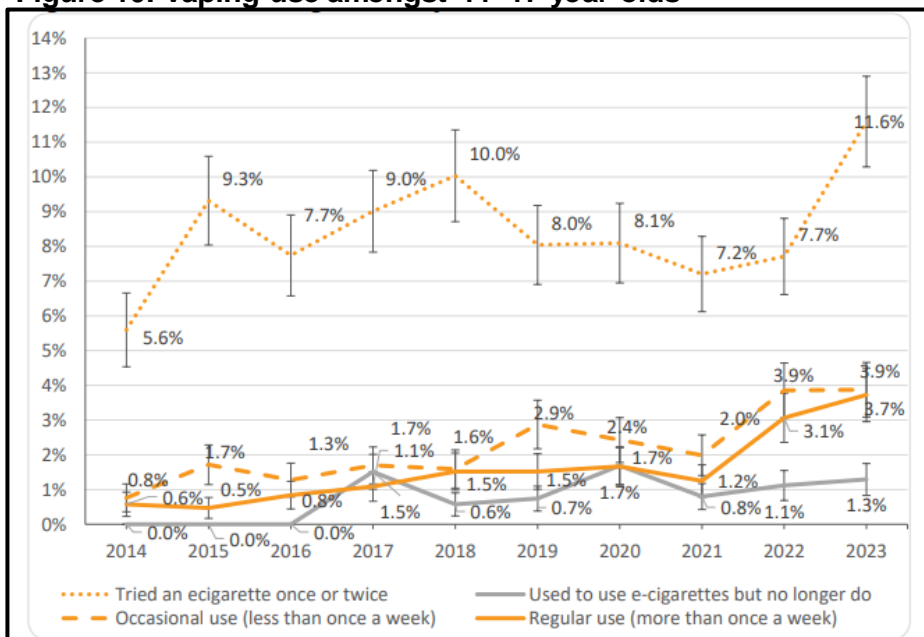
Central government has recently announced that they will be providing funding to support a million smokers to ‘swap to stop’ to vaping targeting the communities most at-risk first i.e., job centres, homeless centres, and social housing providers.

However very recently significant concerns about the use of vapes amongst young people have emerged.

NHS Digital figures released last year found that while there was a fall in the number of school children taking drugs and smoking cigarettes, vape usage had risen to 9% among 11 to 15-year-olds in England - up from 6% in 2018.

A study undertaken this year by Action on Smoking and Health (ASH) found that there was no significant change in the number of young people currently smoking. However, numbers of young people experimenting with vapes, trying them once or twice is up by 50% from 7.7% in 2022 to 11.6% in 2023.

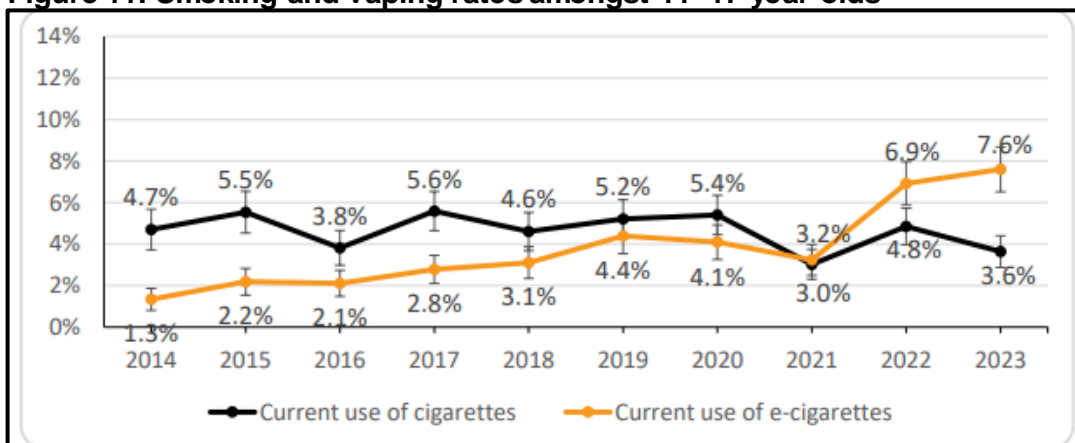
**Figure 10: Vaping use amongst 11–17-year-olds**



Source: Action on Smoking and Health. [Use of e-cigarettes \(vapes\) among young people in Great Britain](#). 2023

Surveys have found that although vaping amongst young people has increased, smoking rates have not.

**Figure 11: Smoking and vaping rates amongst 11–17-year-olds**



Source: Action on Smoking and Health. [Use of e-cigarettes \(vapes\) among young people in Great Britain](#). 2023

#### 4.7.3

Although vapes can help smokers quit and have considerably fewer harmful substances there are concerns about their use especially in relation to young people.

There are toxins and carcinogens in vape products, albeit at lower or trace levels but there are concerns about their impact upon young developing lungs. Currently a national review of the evidence is being undertaken.

Currently it is illegal to sell vapes containing nicotine to those under the age of 18 years. However, there are reports of illegal sales or even free “samples” to young people. The colourful packaging, in a variety of colours and disposable are associated with their attractiveness to young people.

#### 4.7.4 **Actions**

##### Vapes

We are proposing to pilot a universal vape offer for a period of one year in the commissioned stop smoking service (Healthy You) to see if it increases engagement and quit rates. The offer will only be available to adult smokers and as part of a structured quit attempt. This will not create cost pressures as the cost of vapes is less than other medications, which will offset any increase in demand for stop smoking services. We acknowledge that the relatively short timeframe for any evidence about their long-term use but this in the context of positive national support, that they are probably less harmful than cigarettes and that they are successful in helping people quit.

The ICB intends to ask for the support of its Joint Prescribing Group for the use of vapes as part of a structured quit attempt to ensure that the system is supportive of the approach.

Central Government has indicated that areas will be able to apply to be a pilot site for the “swap to stop” initiative. We are proposing that when the details emerge that we make an application for Cambridgeshire and Peterborough due to the very high rates in Fenland along with high numbers of homeless in Cambridge City and Peterborough.

We know that smoking prevalence is higher in these communities, but we also know that smoking related health inequalities are not restricted to socio-economic status. By providing the ‘swap to stop’ initiative to only these communities a high number of smokers will not be reached so population-level interventions also need to be prioritised.

#### 4.7.5 **Increasing access to stop smoking services through digital/virtual options.**

##### **Apps**

The NICE Guidance states that increasing the choice of interventions for smoking cessation support should increase the reach and the numbers accessing smoking cessation support. The majority of smokers attempting a quit attempt in Cambridgeshire do so through 1: 1 support. During the COVID:19 pandemic virtual support became the main offer from the service, and this remained popular with over 50% of support still being provided virtually.

Additional funding has been provided to the Stop Smoking Services (Healthy You) to pilot stop smoking support via the Smokefree app with the aim of increasing access to services. The Smokefree app adheres to UK guidelines and includes a range of features that have been found to improve quit rates. The stop smoking apps are highly convenient, constantly available, can reach large numbers and are appealing to a younger audience. App users can take place anonymously and without fear of negative judgment and support can be provided as part of a structured programme or taken at the individual’s pace. The app has successfully been used as part of the Greater Manchester stop smoking service, with 40% of service users reporting not smoking at their 4-week follow-up. In Manchester, the app was equally effective at helping people quit regardless of ethnicity, work status or time to first cigarette.

#### 4.7.6 ***Allen Carr’s Easyway to Stop Smoking - Online Seminars***

NICE guidance recommends that NHS/Local Authority Smoking Cessation Services make Allen Carr’s Easyway to Stop Smoking Live Group Seminars available to all smokers as a drug free alternative to the existing stop smoking offers. Other areas including Southend, Thurrock and Essex are using this virtual approach and have seen positive results in terms of quitter rates. We are proposing to pilot this offer over a year as a means to increase access and choice of services for smokers.

#### 4.7.7 **Increasing support to NHS staff who smoke.**

There are some examples, Blackpool Teaching Hospital, Northeast and North Cumbria Hospitals where a dedicated staff resource provides behavioural support and facilitates access to pharmacotherapy to support quitting or to abstain from smoking whilst they are on site.

#### 4.7.8 **Increasing access through commissioning and dedicated pathways.**

##### *Commissioning Stop Smoking Services*

As part of the transfer of Public Health to local authorities in 2013 they assumed responsibility for commissioning Stop Smoking Services (SSS). The commissioning has been focused upon primary care, GP practices and pharmacies. In addition, local areas had their own SSS initially as a provider team within the NHS (PCT) then the local authorities but in recent years these have been commissioned in the main from behaviour change services.

The relationship with GPs and pharmacies has been established over many years and they work collaboratively with SSS. We want to maintain these commissioning and collaborative arrangements with GP practices but increase the number of providers with whom they work.

This would include continuing to competitively commission behaviour change services to deliver SSS. Along with commissioning voluntary sector organisations that work with groups which we know have higher rates of smoking to provide stop smoking services that could range from support for a full quit attempt to a brief intervention and referral to SSS. For example, the Citizen's Advice Bureau and the Homelessness charities. Public Health could provide the behavioural change training for staff for organisations wanting to provide the services.

At its simplest we would want to increase referral pathways to SSS whether delivered in primary care or the behaviour change services but to develop over time a network of SSS. Although many people access virtual SSS many still prefer face to face meetings either 1:1 or in groups. Currently options for clinics have decreased and we want to ask system partners for their support in providing space at locations throughout the area.

#### 4.7.9 **Incentives to quit.**

There is increasing evidence that incentives can influence health behaviours. This approach has commenced but there is the potential to deliver it further.

##### *Smoking in pregnancy*

There is a growing body of evidence that has found incentives schemes conducted among pregnant smokers improve cessation rates. Financial incentives for smoking cessation in pregnancy are highly cost-effective, with an incremental cost per QALY of £482, which is well below recommended decision thresholds. Or put another way for every £1 invested there is a £4 return.

Until recently pregnancy smoking cessation support was delivered by Local Authority commissioned stop smoking services (Healthy You). Support is now being provided by maternity units as part of the NHS Tobacco Dependency Programme that is being implemented as part of the [NHS Long Term Plan described earlier in this paper](#). The newly established smokefree pregnancy pathway supports pregnant women from their first contact with midwifery services, throughout the duration of their pregnancy, postnatal period, up to 1 year post their quit date.

Currently the Local Authority is funding a pilot to provide incentives (Love2Shop vouchers) at key points of the pregnant smoker's smokefree journey from setting a quit date to 52-weeks quit to improve local cessation rates as part of the NHS TTDP implementation. If successful,

which evidence suggests it will be, it is proposed that there is ongoing investment in the approach.

### *Incentives for challenging groups*

Higher smoking prevalence is associated with almost every indicator of deprivation or marginalisation and cumulative disadvantage increases the likelihood of smoking. Compared to the population, smoking is more common among specific population groups i.e., people with a mental health condition, people with lower incomes, people who are unemployed, people who are experiencing homelessness and people without qualifications.

Cambridgeshire County Council has also offered funding for an incentive scheme for mental health patients. However, there are significant challenges with mental health inpatient services but the potential to offer this in community mental health services will be discussed further when the pathway is more established.

As part of the TDP, NHSE had originally proposed that additional funding would be available in 2023/24 for systems to establish a community mental health pathway, focussing on helping to address the disproportionately high rates of smoking amongst mental health patients. However, this is now not in scope due to reductions in overall funding. That said, the ICB, in partnership with the local authority and other partners, will explore opportunities to link tobacco cessation in with annual health checks for serious mental illness (SMI) patients and those with learning disabilities (LD).

There are other opportunities to access high risk challenging groups. Cambridgeshire & Peterborough ICB has identified anecdotal evidence that people experiencing homelessness would like to stop smoking, however they do not feel there are services to support them currently within the system. Following collaboration with system partners, funding was secured for the Homeless Health Hub (HHH) which is being set up to provide various healthcare services to the homeless in a mobile vehicle from the Summer of 2023. (Currently Peterborough only) The homeless health hub model consists of a clinically adapted vehicle, which will be operational by June 2023 and will provide additional space and opportunities for targeted health and prevention interventions for those experiencing or at risk of homelessness.

## **4.8 WHAT CAN WE DO AS SYSTEM?**

### **4.8.1 *CLeaR Assessment***

Currently we have the Cambridgeshire and Peterborough Tobacco Alliance with representation from key partners. It is active, has a system wide Tobacco Control Plan and oversees the TDP and other smoking initiatives. Although smoking continues to have a substantial negative effect upon health outcomes, the landscape has changed, and we are proposing that we undertake a CLeaR Assessment. **CLeaR** is an improvement model which provides local government and its partners with a structured, evidence-based approach to achieving excellence in **local tobacco control**. The model comprises a self-**assessment** questionnaire, backed by an optional challenge and **assessment** process from a team of expert and peer assessors. The outputs would enable us to refresh and develop our current Tobacco Control Plan.

### **4.8.2 *System wide target for smoking and investment***

Along with the development of a system wide Tobacco Control Plan we are proposing that it is underpinned by agreed system wide targets for smoking rates that also includes a reduction in health inequalities. This would provide a focus for efforts and drive work forward. NHS England's Core20PLUS5 (adult) approach to reducing healthcare inequalities identifies smoking cessation as a central thread that runs through the five clinical priorities identified. For Cambridgeshire and Peterborough, and in respect of these five clinical priorities, it is

estimated that:

- One in eight women in the North of the system compared to one in twelve in the South smoke at the time of delivery (*Maternity*)
- 39% of people with Severe Mental illness (SMI) smoke in Peterborough & Peterborough (*Mental Health*)
- 366 people a year die from chronic obstructive pulmonary disease (COPD) in Peterborough & Cambridgeshire (*Respiratory*)
- 370 people die each year from cancer caused by smoking in Peterborough & Cambridgeshire (*Cancer*)
- 138 people a year die from cardiovascular disease (CVS) caused by smoking in Cambridgeshire & Peterborough (*Hypertension*).

Reporting on the Plan and achievement against target will require system wide governance provided by a Board that partners in the system consider most appropriate.

Alongside a new Plan and targets, a business plan that will enable the proposed developments to be undertaken will need to be developed. Local authority funding for specific interventions and services because of decreased GP activity can be re-profiled to fund for example other providers.

However, the developments will require some investment at a system level if smoking is to be reduced to levels where it has limited impact on health outcomes.

#### 4.8.3 **Smokefree Councillor Network**

The **Smokefree Councillor Network** is a cross-party group of elected members committed to achieving comprehensive local government action on tobacco and the elimination of the harm it causes in our communities. It is supported by Action of Smoking and Health (ASH). This could provide a focus for driving through actions to address smoking.

#### 4.8.4 **Localism and communities Integrated Neighbourhoods**

Integrated Neighbourhoods are being implemented on a phased approach across Cambridgeshire & Peterborough, with the vision to provide integrated care in primary, secondary, community and social and voluntary service to improve quality, outcomes, and value for money for our population.

Integrated Neighbourhood North provides 13 primary care networks with a total population of around 575,000. Integrated Neighbourhood South provides 9 primary care networks with a total population of around 375,000.

Locally, a Target Operating Model for Integrated Neighbourhoods is being developed and co-produced with partners across the system to plan the system approach.

Tobacco cessation is high on the agenda of the Integrated Neighbourhood teams who are linking in with local partners working together to review and develop opportunities and services that will improve smoking rates in the population.

### 4.9 **ACTION SUMMARY**

The table below summarises the proposed actions found in this paper.

Table 3: Summary of proposed actions		
Theme	Key actions	Resource implications

<b>Prevention</b>	<ul style="list-style-type: none"> <li>Behaviour science informing services and communications.</li> <li>Will support targeting area/groups with higher smoking prevalence rates.</li> </ul>	<ul style="list-style-type: none"> <li>Behaviour science research already funded/commissioned.</li> <li>Additional funding will be required for targeted areas. Use of Public Health underspends is proposed.</li> </ul>
	<ul style="list-style-type: none"> <li>School based interventions, developing the Healthy Schools Programme</li> </ul>	<ul style="list-style-type: none"> <li>Existing funding but expansion could require additional funding.</li> </ul>
	<ul style="list-style-type: none"> <li>Embedding new interventions into the Healthy Child Programme (Health Visiting and School Nursing)</li> </ul>	<ul style="list-style-type: none"> <li>To be included in service specifications</li> </ul>
	<ul style="list-style-type: none"> <li>Strengthening regulatory services: Increasing Trading Standards Illegal sales activity Ensuring effective prosecutions</li> </ul>	Options to re-focus activity will require exploring.
<b>Treatment</b>	<p>Stop Smoking Services Improved and increased access to</p> <ul style="list-style-type: none"> <li>Medication and vaping</li> <li>Digital and virtual options</li> <li>Incentives: pregnancy and challenging groups</li> </ul>	<ul style="list-style-type: none"> <li>Vapes are currently more cost-effective than NRT so this should be cost neutral.</li> <li>Digital, virtual and incentives are currently being piloted but potentially will require funding</li> </ul>
	<p>NHS Tobacco Dependency Programme Dedicated interventions and pathways</p> <ul style="list-style-type: none"> <li>Maternity Services</li> <li>Acute Services</li> <li>Mental Health Services</li> </ul> <p>Strengthened NHS Clinical Policies</p>	<ul style="list-style-type: none"> <li>Funded by the NHS</li> </ul>
<b>System wide interventions</b>	<ul style="list-style-type: none"> <li>CLeaR Assessment</li> </ul>	<ul style="list-style-type: none"> <li>Cost neutral/minimal costs</li> </ul>
	<p>New Tobacco Control Plan</p> <ul style="list-style-type: none"> <li>System target for smoking rates and health inequalities</li> <li>Underpinning Business Plan</li> </ul>	<ul style="list-style-type: none"> <li>Any costs to be identified in the Business Plan</li> </ul>
	<p>Community support</p> <ul style="list-style-type: none"> <li>Smokefree Councillor Network</li> <li>Integrated Neighbourhoods</li> </ul>	<ul style="list-style-type: none"> <li>Cost neutral</li> </ul>

## 5. CONSULTATION

5.1 The proposals in the paper will require further consultation as part of their development. However, the paper and its proposals have been signed off by the ICB.

5.2 The behaviour science commission will undertake research with community members which will include identifying facilitators and barriers to starting and stopping smoking and will address service delivery issues.



- 5.3 The Health Behaviour Services will be re-commissioned in 2024/25 and this will include a needs assessment that will involve qualitative research with communities to identify their views on smoking prevention and treatment services.

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

- 6.1 The overall impact of Peterborough City Council's public health functions should be to improve the health of local residents and reduce health inequalities.

Stopping smoking remains the preventative intervention that has the most impact upon health

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

- 7.1 The recommendation to the Adult and Health Scrutiny Committee to support the proposals in this paper is based on the risks to the public health which includes the ongoing smoking rates and the associated poor health outcomes, new challenges to health through for example the use of vapes and the need to adopt a system wide integrated approach to address these challenges.

## **8. ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 The paper contains a wide range of options, and no additional interventions were considered.

## **9. IMPLICATIONS**

### **9.1 Financial Implications**

- 9.1.1 This paper describes the strategic and planned actions to deliver improvement in smoking rates.  
If supported, business cases will be developed that will in part include a re-profiling of current smoking related budgets to develop new evidence-based approaches.

### **9.2 Legal Implications**

- 9.2.1 Under the Health and Social Care Act (2012) the Council has a statutory duty to take such steps as it considers appropriate to improve the health of local residents. The public health grant is currently ring-fenced for use on services meeting the grants terms and conditions.

The commissioning of services relating to the proposed actions will be undertaken in compliance with the Public Contracts Regulations 2015 and the Council's Contract Rules.

### **9.3 Equalities Implications**

- 9.3.1 Higher rates of smoking are associated with areas of deprivation and certain groups. The system wide approach will ensure that interventions will have the biggest impact at a population and targeted level where rates are higher.

### **9.4 Rural Implications**

- 9.4.1 The described proposed interventions where feasible, will be delivered in both urban and rural areas of Peterborough. It is important to ensure that where services are based centrally within the City there is appropriate outreach into rural areas, based on need.

### **9.5 Carbon Impact Assessment**

- 9.5.1 Overall, the proposals will have a positive effect upon the carbon emissions in the City through the increased use of virtual and digital services.

The Council's carbon emissions will not be affected, but its commissioned services emissions will through the increase in virtual and digital services decreasing their carbon emissions. There will be a positive environmental impact as a reduction in smoking will result in a decrease in associated waste that requires processing along with a decrease in the toxins released into the environment through smoking.

The increased regulation of illegal vapes that have high levels of nicotine and less stable lithium batteries will have positive effect on environmental pollution.

These will have a positive effect upon the City's carbon emissions as well as reducing harmful impacts upon the environment.

Although it should be noted that vapes are used by smokers to help them quit and their use will increase if the proposals for services to use them are adopted. However, this will only involve regulated vapes that are refillable and have recyclable bottles which have a less negative effect upon the environment. Services will also advise on their disposal.

## 10. BACKGROUND DOCUMENTS

- 10.1
  1. Public Health England Health Matters 2019 & Action on Smoking and Health 2022
  2. Smoking in Pregnancy Challenge Group. [Review of the Challenge 2018](#). July 2018.
  3. [Ottawa Model for Smoking Cessation \(ottawaheart.ca\)](#)
  4. [CURE - Greater Manchester Cancer \(gmcancer.org.uk\)](#)
  5. Atusingwize E, Lewis S, Langley T, Economic evaluations of tobacco control mass media campaigns: a systematic review July 2014
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  7. Health and Social Care Information Centre (2011). Smoking, drinking and drug use among young people in England in 2010.
  8. Smokefree Action (2016) Smoking: Illicit tobacco
  9. Today is the Day. [No Smoking Day: Wednesday 8<sup>th</sup> March 2023 Communications Toolkit](#).
  10. NCSCT. Effectiveness and cost-effectiveness of programmes to help smoker to stop and prevent smoking uptake at local level. 2015
  11. Public Health England: [Nicotine vaping in England: an evidence update including health risks and perceptions, 2022](#). September 2022.
  12. Action on Smoking and Health. Use of e-cigarettes among adults in Great Britain. 2022.
  13. Hajek, P., A. Phillips-Waller, D. Przulj, et al. [A randomized trial of E-cigarettes versus nicotine-replacement therapy](#). *New England Journal of Medicine*, 2019
  14. The Kan review: [Making Smoking Obsolete](#). 2022.
  15. Giles EC, Robalino S, McColl E, Sniehotta F, Adams J. The effectiveness of financial incentives for health behaviour change : systematic review and meta-analysis. PubMed 2014
  16. Gneezy U, Kajackaite A, Meier, Incentive Based Interventions (Behaviour Change Interventions) Cambridge Reviews. 2019. University Press
  17. Notley, C. Gentry, S. Livingstone-Banks, J et al. Incentives for smoking cessation. Cochrane Database of Systematic Reviews
  18. Boyd, K.A., Briggs, A.H., Bauld, L., et al. Are financial incentives cost-effective to support smoking cessation during pregnancy? *Addiction*, 111(2), pp. 360-370
  19. Action on smoking and health. [Health Inequalities and Smoking](#). 2019
  20. NHS Digital: Smoking, drinking and Drug Use among Young People in England, 2021 [Smoking, Drinking and Drug Use among Young People in England, 2021 - NDRS \(digital.nhs.uk\)](#)

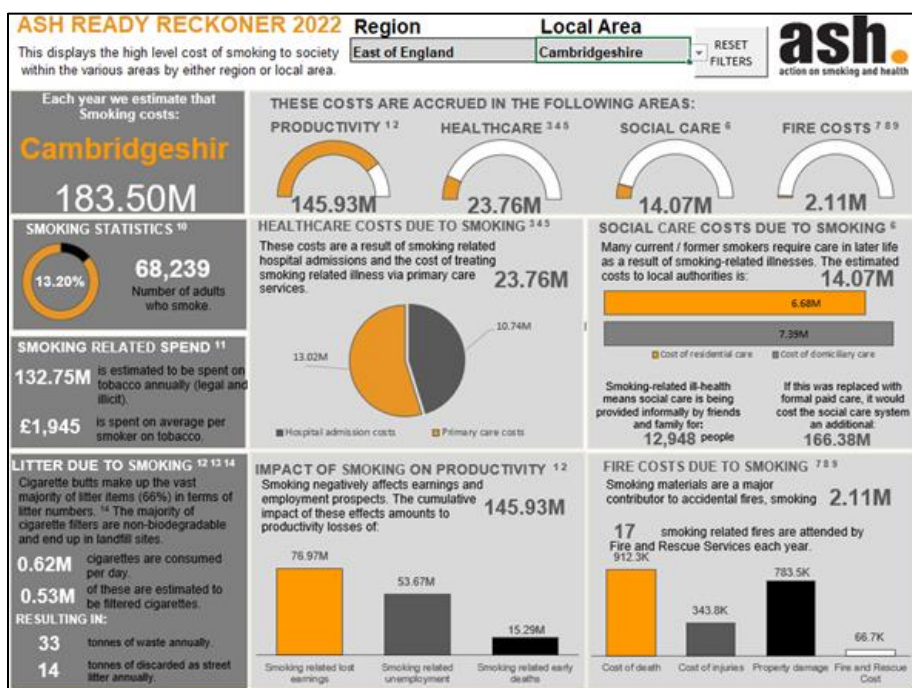
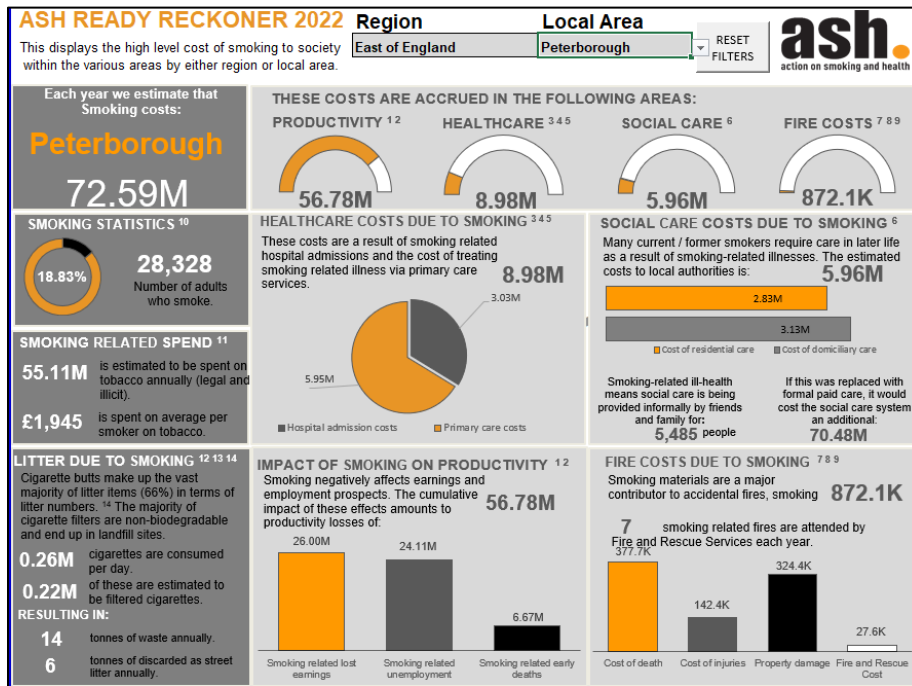
## 11. APPENDICES

### Appendix One - Supporting data pack.

# Adults and Health Committee Meeting

## Report title: Integrated Tobacco Control in the Cambridgeshire and Peterborough System Appendix 1: Supporting data pack.

### Ref. 1.2 p 2 Costs of smoking to the Cambridgeshire and Peterborough systems (Action on Smoking and Health (ASH) Ready Reckoner



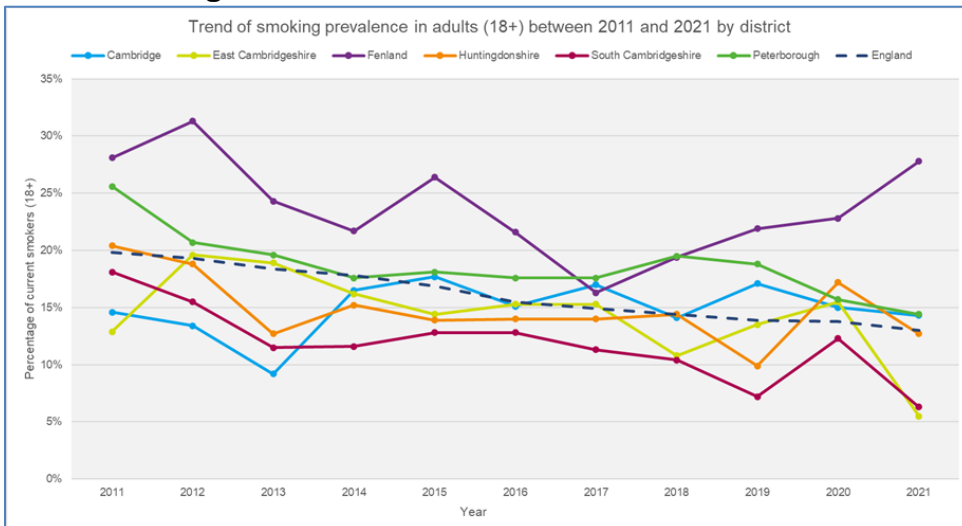
## Smoking Rates and Trends

### Proportion of population who smoke nationally, regionally and by local authority.

Geographical Area	Smoking Status		
	Current smokers	Ex-smokers	Never smoked
<b>England</b>	<b>13.0%</b>	<b>25.7%</b>	<b>61.3%</b>
East of England	12.9%	27.9%	59.2%
Cambridgeshire	13.2%	27.3%	59.5%
Cambridge	14.3%	24.8%	60.8%
East Cambridgeshire	5.5%	31.2%	63.3%
South Cambridgeshire	6.3%	30.3%	63.5%
Fenland	27.8%	29.9%	42.3%
Huntingdonshire	12.7%	23.3%	64.3%
Peterborough	14.4%	24.0%	61.7%

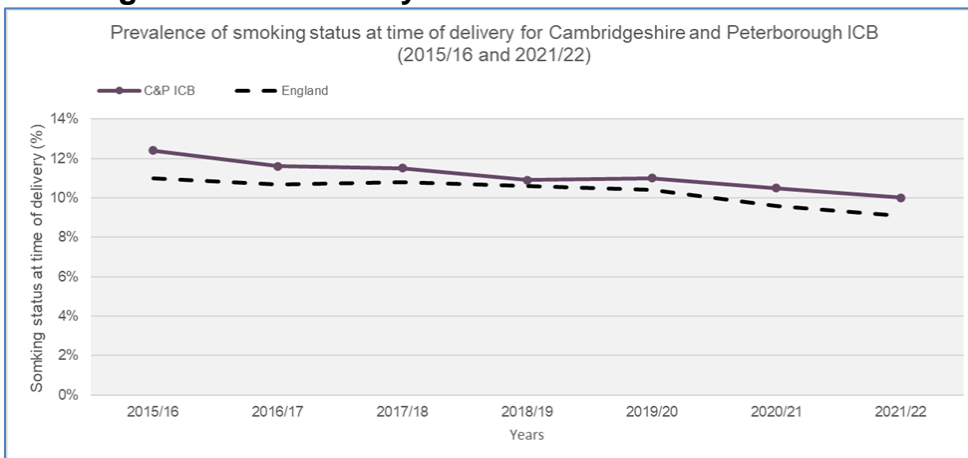
Source: Annual Population Survey, Smoking prevalence in adults (18+), 2021  
<https://fingertips.phe.org.uk/profile/tobacco-control>

### Adult smoking trends 2011 to 2021



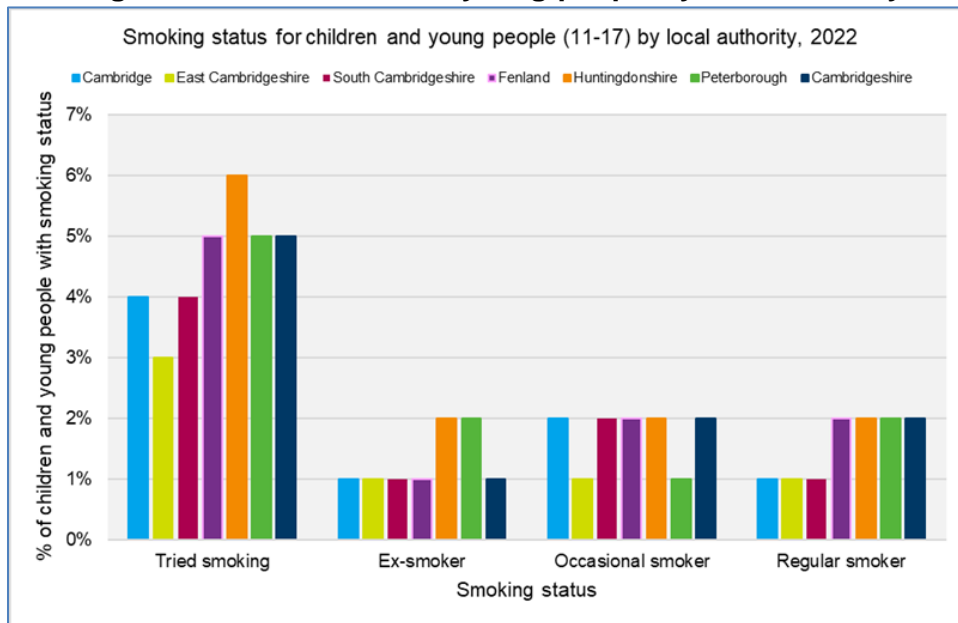
Source: Annual Population Survey, Smoking prevalence in adults (18+), 2021  
<https://fingertips.phe.org.uk/profile/tobacco-control>

### Smoking at time of delivery trends 2015/16 to 2021/22



Sources: C & P ICB SATOD Data and NHS Digital/PHE (<https://fingertips.phe.org.uk/profile/tobacco-control/>)

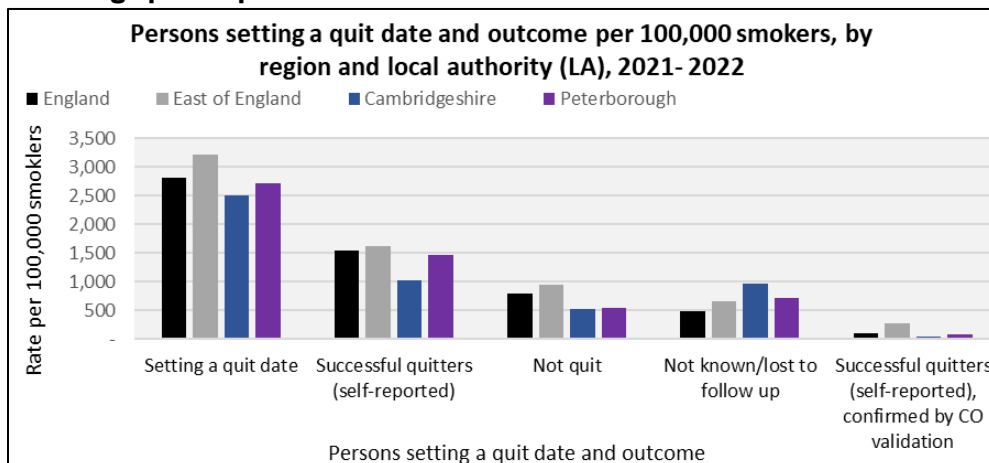
## Smoking status for children and young people by local authority



Source: Health-Related Behaviour Survey (HRBS), 2022  
<https://sheu.org.uk/content/page/secondary-schools-health-related-behaviour-questionnaire>

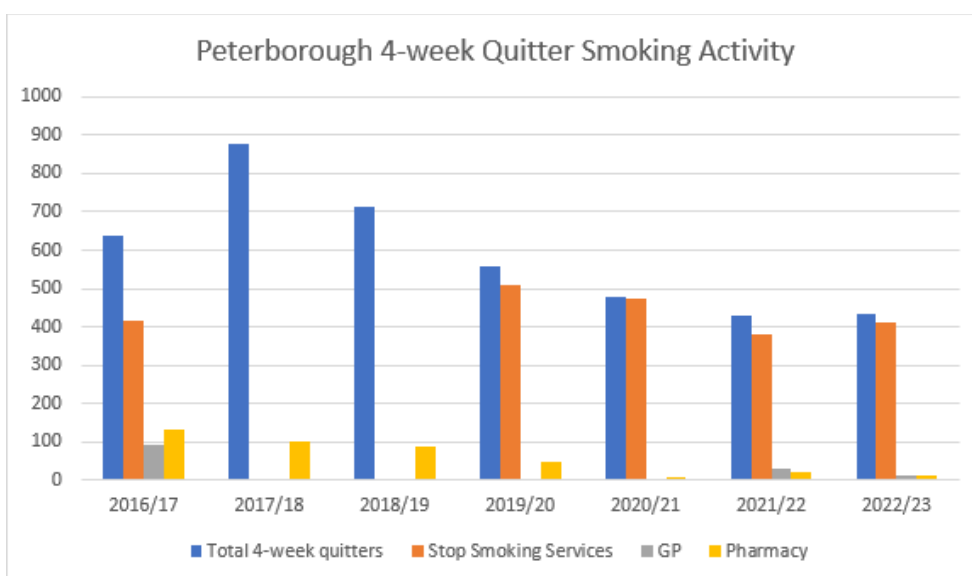
## Stop Smoking Service outcomes.

### Smoking quitter profile and outcomes



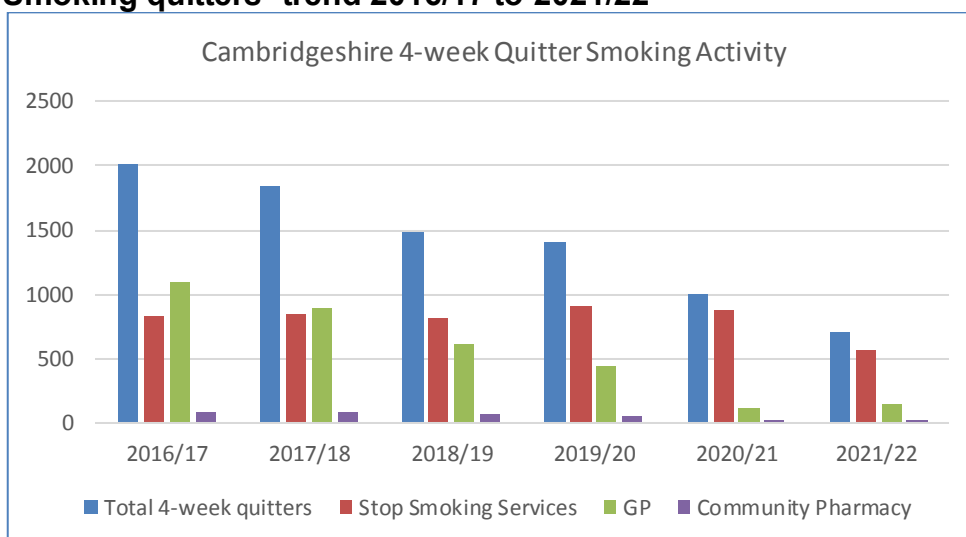
Source: NHS Digital, Persons setting a quit date and outcome per 100,000 smokers, by region and local authority (LA), April 21 - March 22 . <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england/april-2021-to-march-2022>

## Smoking quitters' trend 2016/17 to 2021/22



Source: Stop Smoking Services

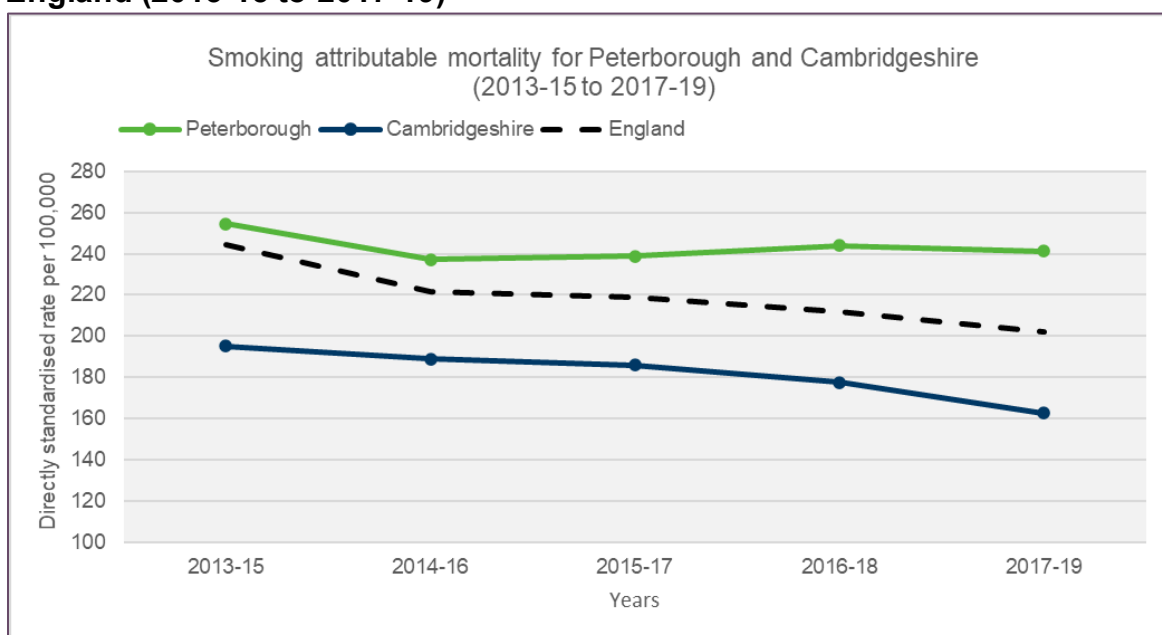
## Smoking quitters' trend 2016/17 to 2021/22



Source: Stop Smoking Services

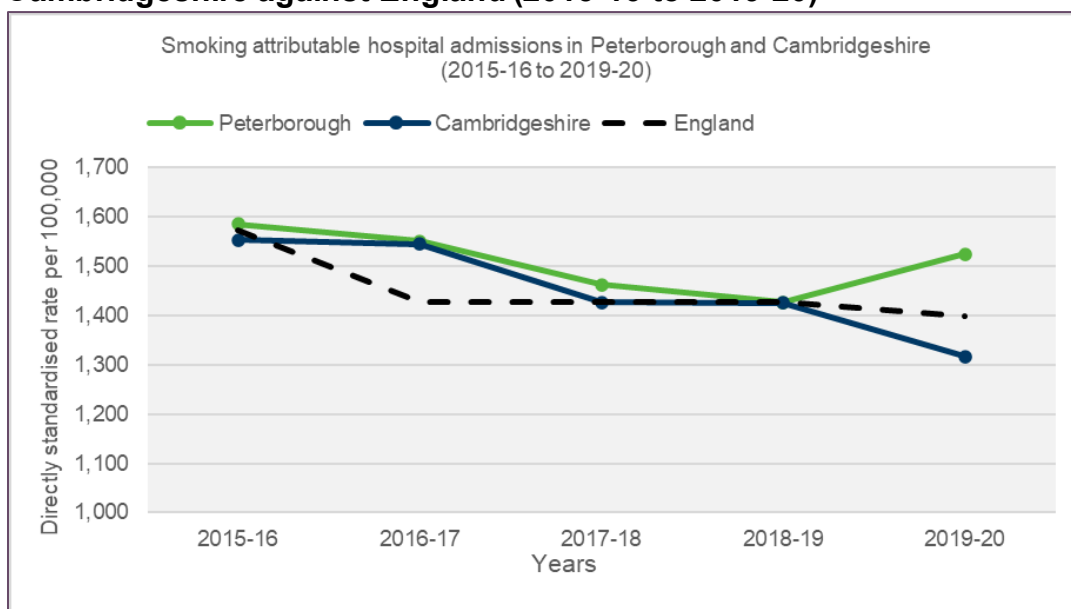
## Smoking attributable mortality and morbidity.

### Smoking attributable mortality for Peterborough and Cambridgeshire against England (2013-15 to 2017-19)



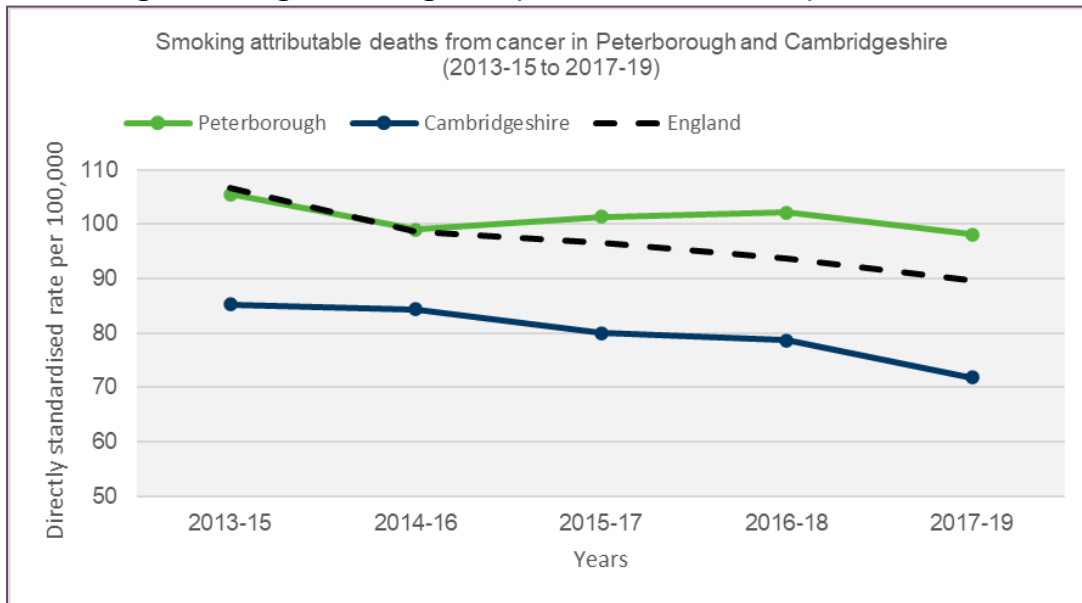
Source: Mortality data from the ONS mortality file; ONS mid-year population estimates. Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight, 2013-15 to 2017-19' <https://fingertips.phe.org.uk/profile/tobacco-control>

### Smoking attributable hospital admissions for Peterborough and Cambridgeshire against England (2015-16 to 2019-20)



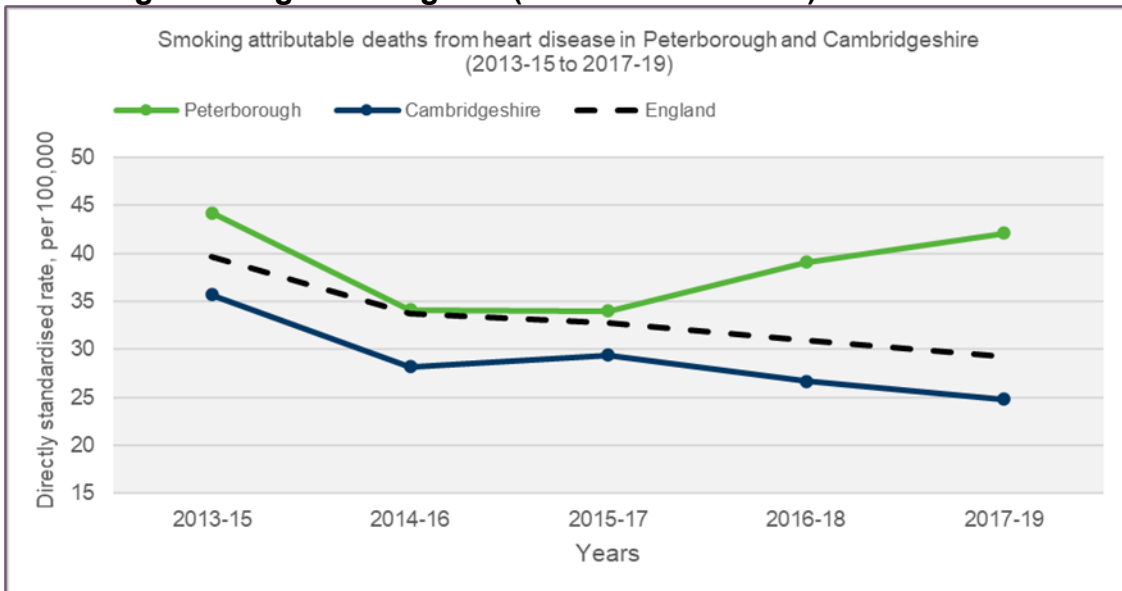
Source: Mortality data from the ONS mortality file; ONS mid-year population estimates. Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight, 2013-15 to 2017-19' <https://fingertips.phe.org.uk/profile/tobacco-control>

### Smoking attributable mortality from cancer for Peterborough and Cambridgeshire against England (2013-15 to 2017-19)



Source: Mortality data from the ONS mortality file; ONS mid-year population estimates. Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight, 2013-15 to 2017-19' <https://fingertips.phe.org.uk/profile/tobacco-control>

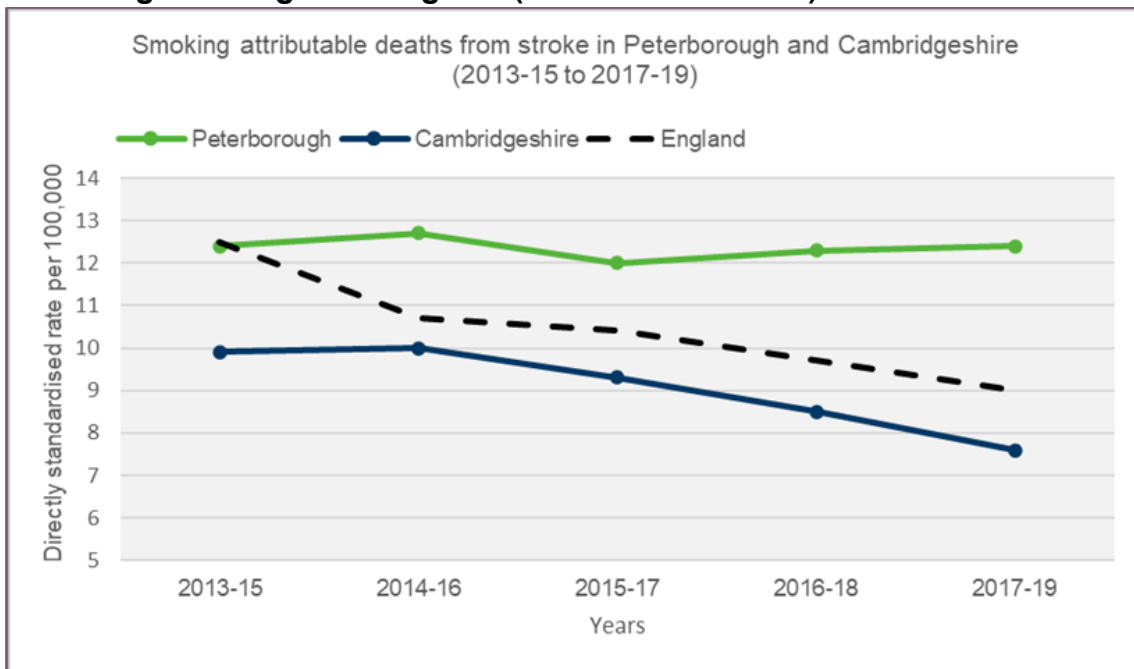
### Smoking attributable mortality from heart disease for Peterborough and Cambridgeshire against England (2013-15 to 2017-19)



Source: Mortality data from the ONS mortality file; ONS mid-year population estimates. Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight, 2013-15 to 2017-19' <https://fingertips.phe.org.uk/profile/tobacco-control>



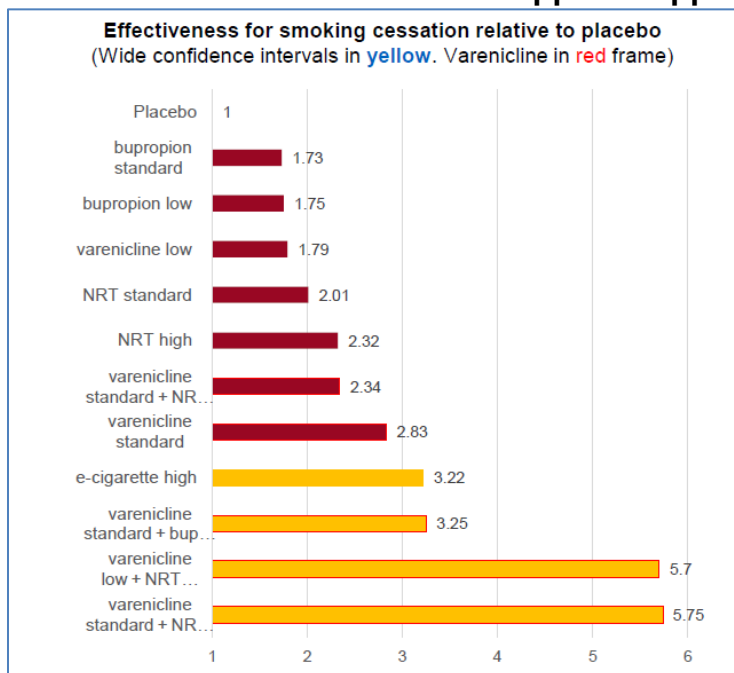
## Smoking attributable mortality from stroke for Peterborough and Cambridgeshire against England (2013-15 to 2017-19)



Source: Mortality data from the ONS mortality file; ONS mid-year population estimates. Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight, 2013-15 to 2017-19' <https://fingertips.phe.org.uk/profile/tobacco-control>

## Treating smoking medication

### Effectiveness of medications to support stopping smoking



Source: Office for Health Improvement and Disparities (OHID) 2023

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<b>ADULTS AND HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 7</b>
<b>11 JULY 2023</b>	<b>PUBLIC REPORT</b>

Report of:	Stephen Taylor, Executive Director Adults	
Cabinet Member(s) responsible:	Councillor Fitzgerald, Leader of the Council	
Contact Officer(s):	Belinda Child – Head of Housing, Prevention & Wellbeing Laura King – Reablement Team Manager	07920160731 07785521368

**REABLEMENT OVERVIEW REPORT**

<b>RECOMMENDATIONS</b>	
<b>FROM:</b> Executive Director Adults	<b>Deadline date:</b> N/A
<p>It is recommended that Adults and Health Scrutiny Committee:</p> <ol style="list-style-type: none"> <li>1. Have regard to the content of the report and support the increased use of reablement service to support people to live independently, and therefore reduce care and support costs across adult social care.</li> </ol>	

**1. ORIGIN OF REPORT**

1.1 The report of the use of reablement was requested by the Committee.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The provision of reablement services is covered by The Care Act 2014 *Care & Support Statutory Guidance, Section 2, Preventing, reducing, or delaying needs.*

This states that local authorities, with social care responsibilities, must provide or arrange services, resources or facilities that prevent, delay, or reduce individuals' needs for care and support, or the needs for support of carers. Reablement services are a key element of delivering on this agenda. The act states that where reablement is required, it must be provided free of charge for a period of up to 6 weeks and applies to all adults, irrespective of whether they have eligible needs for ongoing care and support. The act states that whilst the local authority does have the power to charge for this where it is beyond six weeks, local authorities can consider continuing to provide beyond six weeks free of charge if there are clear preventative benefits to the individual.

This report gives an overview of the service and is for information.

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; and  
5. Safeguarding Adults.

### 3. **TIMESCALES**

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

#### 4.1 **Introduction**

The provision of reablement services is covered by The Care Act 2014 *Care & Support Statutory Guidance, Section 2, Preventing, reducing, or delaying needs.*

The service operates 365 days a year between the hours of 06:30-22:30 and provides support visits to individuals based on their individual needs, this can range from 1 visit per day up to 4 visits. In periods of hot weather alerts these visits will increase to support the care and support needs of our individuals to ensure nutrition and hydration needs are supported.

The Reablement service sits within the Adults Early Intervention and Prevention offer. This a holistic 'one-stop shop' approach for clients which looks at both their ability to carry out activities of daily living and their physical home environment. This includes Adult Early Help, Reablement, Therapy Services (including TEC (Technology Enabled Care) and Sensory impairment), Housing Programmes, Care and Repair Home Improvement Agency and Older People's Day Services.

Referrals into the service is through the Adult Early Help team for people living in the community who are declining in their ability to remain independent, due to illness or injury. Referrals are also received from Adult Social Care Review and Long-Term teams for people where further improvement could be supported through a period of reablement support. Individuals who are supported by the hospital admission avoidance team are referred directly and the team support people to return home from the emergency department within a few hours. Referrals are received from the Hospital Discharge team directly to reablement, therefore enabling a timely discharge back home. The reablement team provide a holistic assessment, which is part of the wider early intervention and prevention offer, including TEC (Technology Enabled Care), aids and adaptations, environmental home assessments, handyman service, LEAP (Local Energy Advice Partnership) referrals, and onward referrals to the voluntary support sector

Individuals are identified, both in the community and in hospital, who would benefit from a short-term, targeted programme of reablement, and / or reassessment, to maintain or enhance their level of independent function in daily living activities and reduce their need for statutory services. This will include activities in the wider community where necessary and appropriate.

#### **Aims of the Service**

The aim of the service is to achieve the following through person centred goal setting with each individual client:

- Enable individuals to remain living in the home, and community, of their choice for as long as possible whilst maintaining their optimum level of independence, relearning lost skills

- Provide personalised, time limited, support for each individual as decided by the service which meets the goals for each individual, and their carers, and allows them to exercise choice and control
- Deliver targeted, outcome focussed interventions that prevent and reduce the need for long term care and support
- Facilitate discharge from hospital at the optimum time for the individual thereby reducing delayed transfers of care within the acute and community hospitals therefore reducing the risk of further deconditioning within these settings.
- Ensure that assessed care needs upon discharge from reablement are at the point when the individual has reached their optimum level of independence
- Reducing financial burden for the Council where the social care review team have identified that a period of reablement may achieve a reduction in a clients existing care package or reduce the need for increased purchased care provision
- Deliver supplementary services as agreed with commissioners, primarily domiciliary care prior to and/or following a period of reablement whilst long term care is sourced. This is known locally as “bridging” and is chargeable.

The Reablement service is also commissioned to be the Provider of Last Resort where there is a lack of independent sector domiciliary care capacity. This includes requests from adult social care teams and from hospitals.

### **Compliments**

The Reablement service receives daily feedback and compliments from both clients and their families. The following a small selection from the last few months:

*“All of the staff who visited were polite, courteous, and respectful and played a large part in boosting my confidence with encouragement, enabling me to now do things independently. My life also benefits greatly from their presence”*

*“Equipment very helpful. Lots of good advice and techniques given which has really helped me to learn to do things again myself. Encouragement given, routine established. Liked seeing people”*

*“I found it very comfortable with the nice people that came to me. They eased me into things I thought would be difficult for me, but it was easier to get back into the routine of my everyday life”*

*“Time to listen. They understand why I was feeling anxious and supported me well. Friendly, polite and respectful of my home. Thank you”*

*“Lesley my OT assistant was very helpful, encouraging confidence with negotiating tasks in the house and ordering equipment to facilitate this. My main focus was to use the stairs as I got stronger and eventually the use of the upstairs shower, independently. This she enabled, over visits Lesley was very easy to talk to. Took time to appreciate my difficulties and how they improved to the point of my re-enablement confidence”*

*“Before accepting Reablement, I had lost confidence in myself and this was affecting such things as my mobility. Now I feel a boost to myself confidence and my outside mobility has also improved”*

### **Example Case Study**

Client X was referred through a hospital discharge. They had been in Hospital for 42 days

and had no previous support in the community and lived alone. Client X had been admitted into hospital due to sepsis, acute kidney injury, chronic kidney disease and confusion. Client X had a long past medical history including exacerbation of chronic obstructive pulmonary disease, severe pulmonary hypertension, obstructive sleep apnoea. He had a CPAP (continuous positive airway pressure) machine at home and suffered Type 2 diabetes.

The initial Reablement support provided was 3 calls per day to support with washing, dressing, preparing meals and medication support. At the time of the assessment Client X worked with the reablement practitioner and agreed to goals of bathing, showering, dressing, meal preparation and drink preparation. It was also identified that a reminder clock for medication could support an increase in independence. Client X received weekly monitoring visits by the reablement Care Support Worker. Following the first review Client X was seen to be consistently achieving their Lunch time goals, therefore the lunch call was ended, leaving in place a morning and the tea-time call to continue to work on personal care goals.

It was also evidenced, that the reminder clock was having a positive effect and Client X was identified as independent with his medication routine and by the second monitoring visit in Week 3, Client X was identified as meeting all his goals consistently and it was agreed to end the reablement support.

Client X had received reablement support for approximately 3 weeks before they were able to regain their baseline level of independence

### **Performance during 2022/23**

- Referrals received 1,185
- The team completed 29,000 support visits and delivered over 20,000 hours of support
- 78% of clients the team supported achieved full independence following their reablement support
- The current Independence rate for the reablement service is 79.5%

The last Full CQC (Care Quality Commission) Inspection of the service was carried out in August 2017, a rating of 'Good' was awarded.

### **Service developments**

Working with our Public Health and Healthy You colleagues, an opportunity was identified for the service to incorporate Strength & Balance Exercises into the goal setting for appropriate clients. This has led to the Senior Clinical Exercises Specialist within the Falls Prevention Team to provide the Reablement Practitioners with training to provide goals related directly to the appropriate Strength and Balance exercises for clients appropriate to their needs. The second phase of this training which started in May 2023 will provide additional training and knowledge to our Reablement Workers. This will support their knowledge and ability to promote confidence to clients during their support visits, increasing the promotion of individuals overall strength, stamina, and balance, to reduce their risks of falls.

One of the challenges the team faces is the recruitment of Reablement Support Workers. As part of our recruitment campaign, we have teamed up with the council's communication team to produce a short film, highlighting the work our reablement staff do with the clients. Once this work has been completed, this will be shared on all social media platforms and used to bring to life the fantastic work provided by the service and the job satisfaction felt by staff to support the recruitment of workers into this vital role.

## **5. CORPORATE PRIORITIES**

5.1 *Consider how the recommendation links to the Council's Corporate Priorities:*

1. *Prevention, Independence & Resilience*

- *Educations and Skills for All*
- *Adults*
- *Children*

*Further information on the Council's Priorities can be found here - [Link to Corporate Strategy and Priorities Webpage](#)*

## **6. CONSULTATION**

6.1 There has been no consultation, this is a city- wide offer.

## **7. ANTICIPATED OUTCOMES OR IMPACT**

7.1 The reablement service as an element of one of the Council's corporate priorities; Prevention, Independence and Resilience.

## **8. REASON FOR THE RECOMMENDATION**

8.1 To provide Early Intervention and Prevention, helping and supporting Peterborough residents to remain independent and connected in the local communities.

## **9. ALTERNATIVE OPTIONS CONSIDERED**

9.1 *N.A.*

## **10. IMPLICATIONS**

### **Financial Implications**

10.1 This is an information report.

### **Legal Implications**

10.2 This is an information report.

### **Equalities Implications**

10.3 The service covers all clients and groups attached within the reablement service specification.

## **11. BACKGROUND DOCUMENTS**

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

11.1 None.

## **12. APPENDICES**

12.1 Appendix 1 - CCC&PCC Reablement Service Specification – June 2022

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# Reablement Service Specification for Cambridgeshire & Peterborough

Service	Reablement Services
Commissioning Lead	Diana Mackay, Commissioning Manager, CCC & PCC
Provider Lead CCC	Lucy Davies, Head of Service, Prevention & Early Intervention
Provider Lead PCC	Belinda Child, Head of Housing, Prevention & Wellbeing
Date	Reviewed June 2022

## 1.0 Introduction

1.1 This Service Specification covers the delivery of reablement services to adults, primarily focused on older people and adults who meet demand management criteria, across both Cambridgeshire and Peterborough. It is presented as a generic specification focussing on the aims of the service and the outcomes expected from reablement interventions without being prescriptive about the models of service delivery used to achieve those outcomes. The specification provides a basis for service delivery in relation to all elements of reablement, and includes key performance metrics against which services will report so as to achieve aligned and consistent outcome reporting across the two local authorities.

## 2.0 The Care Act 2014

2.1 The provision of reablement services is covered by The Care Act 2014 *Care & Support Statutory Guidance, Section 2, Preventing, reducing or delaying needs*. This states that local authorities, with social care responsibilities, must provide or arrange services, resources or facilities that prevent, delay or reduce individuals' needs for care and support, or the needs for support of carers. Reablement services are a key element of delivering on this agenda. The act states that where reablement is required, it must be provided free of charge for a period of up to 6 weeks and applies to all adults, irrespective of whether they have eligible needs for

ongoing care and support. The act states that whilst the local authority does have the power to charge for this where it is beyond six weeks, local authorities can consider continuing to provide beyond six weeks free of charge if there are clear preventative benefits to the individual.

### **3.0 Service Objectives**

3.1 The primary objectives of the reablement services across Cambridgeshire & Peterborough are to:

- i. Enable individuals to remain living in the home, and community, of their choice for as long as possible whilst maintaining their optimum level of independence
- ii. Provide personalised, time limited, support for each individual as decided by the service which meets the goals for each individual, and their carers, and allows them to exercise choice and control
- iii. Deliver targeted, outcome focussed interventions that prevent and reduce the need for long term care and support in line with comprehensive service criteria
- iv. Facilitate discharge from hospital at the optimum time for the individual thereby reducing delayed transfers of care within the acute and community hospitals
- v. Ensure that assessed care needs upon discharge from reablement are at the point when the individual has reached their optimum level of independence
- vi. Reducing financial burden for the Councils where reviews of service users have identified that a period of reablement may achieve a reduction in their existing care package or reduce the need for increased purchased care provision
- vii. Deliver supplementary services as agreed with commissioners, primarily domiciliary care prior to and/or following a period of reablement whilst long term care is sourced. This is known locally as “bridging” and is chargeable
- viii. Work in partnership with key teams and stakeholders, both internal and external
- ix. Strive to achieve outstanding CQC outcomes
- x. Deliver statutory requirements and report on Key Performance Indicators (Care Act, CQC, NICE Quality Standards). See Appendix B.

3.2 In seeking to achieve positive outcomes for all customers, and their carers, the reablement service will take an holistic approach to assessment and goal setting which not only involves the person and their family / carers but also aims to consider the benefits of accessing wider, preventative services such as technology enabled care, therapy services, housing related support, housing services and community navigators.

### 3.3 Partnership Working and Key Interface Relationships

The Reablement Service is seen as an essential element in the delivery of preventative services so will need to work collaboratively with other teams across health and social care including:

- Adult Early Help
- Technology Enabled Care & Sensory Services
- All social Care community teams
- Neighbourhood Teams in CPFT
- Occupational Therapy services – in-house and CPFT
- Intermediate Care
- Acute Discharge Teams
- Enhanced Response Service
- Housing Teams
- GPs & District Nursing Support
- Brokerage
- 

## 4.0 **Service Criteria**

4.1 Reablement services will be provided where the person has given consent or it has been identified as part of a Best Interests decision. The decisions of the Reablement service should be respected by all disciplines and are final. An explanation of why a case has not been accepted in the Reablement Service will be provided. The service user should follow the most appropriate pathway to meet their needs. Availability of capacity should not dictate the appropriate pathway for individuals, we aim for safe and appropriate discharges to avoid unnecessary readmissions. Reablement services will focus on helping people to maintain independence and delay the need for longer term care and support. For an individual to be eligible to receive reablement, they must meet the following criteria:

- i. The person is over the age of 18 and resides within the local authority boundaries of Cambridgeshire or Peterborough (ie pay their Council Tax to PCC, or one of the five District Councils in Cambridgeshire)
- ii. It is identified that the person would benefit from a short-term, targeted programme of reablement, and / or reassessment, in order to maintain or

enhance their level of independent function in daily living activities and reduce their need for statutory services. This will include activities in the wider community where necessary and appropriate

- iii. There is potential for the person to learn or re-learn skills necessary for daily living which may have been lost through deterioration in physical or cognitive functioning. This will include referrals from teams where an individual may benefit from some short term intervention to increase their independence and potentially reduce their care and support package or reduce/prevent the need to increase the package of care
- iv. The provision of care and support by the reablement service will mean that the person's risk of admission to hospital (or a care home) may be reduced

The Reablement Service may also support individuals if the following criteria are met:

- Reablement need to act as Provider of Last Resort where there is a lack of independent sector domiciliary care capacity. This includes referrals from communities and from hospitals.
- Short term reablement required for an informal carer, or for the service user if the carer cannot provide their care

**NB:** In Cambridgeshire, the Reablement service provides care and support to prisoners within HMP Littlehey which has a significant number of older prisoners. Support is provided to prisoners who meet the eligibility criteria for statutory services.

#### 4.2 Exclusion Criteria:

- i. The person has a rapidly deteriorating condition or prognosis, that cannot be met by the reablement service and would be best met by health services – either Intermediate Care or NHS Continuing Health Care
- ii. The person has a health need that requires a specific clinical rehabilitation programme or Intermediate Care including:
  - unstable medical condition requiring medication review eg unresolved delirium; diabetes; pain control,
  - fractures where it is on the dominant side and / or precautions need to be observed.
  - those people where there is specific medical advice that they must be non-weight bearing for a specific period of time and unable to participate in a Reablement programme
  - those who should be on specialist rehab pathway, such as neuro rehab, stroke rehab and amputee rehab

- iii. The person requires care and support while their family carers are on holiday
- iv. Adults who are homeless and do not have suitable accommodation for a Reablement programme to take place. If there is no suitable accommodation, consideration will be given as to whether the person is suitable for accommodation through the Out of Hospital Project. Reablement will undertake an assessment to determine whether the accommodation offered is suitable for the provision of a reablement programme. An exit plan will need to be considered and planned to support the decision to accept.
- v. Adults who have No Recourse to Public Funds (NRPF). The referring professional must have checked the status of individuals if they have reason to query access to public funds. (If the individual has care and support needs, a Human Rights Assessment will need to have been completed as the L.A. may have a duty to support regardless of whether the adult had NRPF).
- vi. People who are unable to engage in a reablement intervention due to severe cognitive impairment where reasonable adjustments have not been successful and / or are not engaged in a programme of rehabilitation support.

These are typical exclusions. Exceptions may be allowed at the discretion of the Registered Manager.

#### 4.3 Access to the Services

Entry routes into the services will ensure that individuals can easily be referred to complementary prevention and early intervention services. This is achieved at PCC through the Home Services Delivery Model and through CCC's prevention and early intervention offer.

Entry into the Reablement Services will be efficient and effective with main routes of referral being via hospital discharge teams, Adult Early Help and other routes, as agreed locally.

### 5.0 Hours of Operation & Geographical Areas Covered by the Service

- 5.1 Reablement services operate on a 7-day basis between the core operating hours of 7am and 10pm and can accept referrals during this time. The services operate 'on call' and 'out of hours' cover.

- 5.2 Reablement services will be available within the local authority boundaries of Cambridgeshire County Council and Peterborough City Council.
- 5.3 The reablement services will be expected to provide cover across local authority boundaries for each other if they have capacity to do so.

## **6.0 Delivery of the Service**

- 6.1 Following triage of referrals, the Reablement Service will work with the individual (and their family carers if required) to identify and jointly agree outcome focussed goals.. An initial assessment will be completed to identify needs and how Reablement interventions will be delivered to work towards achieving desired outcomes. This assessment will be completed by whichever member of the team is deemed to be the most appropriate.
- 6.2 The service will ensure that there is ongoing monitoring of outcomes against assessed need and set goals with the aim of maximising the service user's independence. Adjustments to be made to the goal plan whenever necessary.

## **7.0 Completion of Reablement Intervention and Ongoing Care Management**

- 7.1 The Reablement Service will work with the individual, and their family / carers / significant others where appropriate, to determine the most appropriate point of exit from the service. This will be undertaken in a timely and planned manner, with all relevant partners and agencies kept informed throughout.
- 7.2 The period of Reablement will be deemed to be complete in the following circumstances:
  - i. The individual is discharged with no ongoing support needs identified. Where required, the person will be provided with appropriate information, advice and guidance on prevention and early intervention services should they be needed now or in the future
  - ii. The individual requires ongoing care and support from Adult Social Care Services. The Reablement Service will complete a statutory assessment of the individual's ongoing care and support needs in line with the requirements of The Care Act. An outcome focussed Care & Support Plan will be agreed with the individual before ongoing care and support is sought
  - iii. The individual requires ongoing care and support but their assessment has deemed them to be a self-funder. In this situation, people will be provided with information and advice with regard to sourcing their own care and support
  - iv. The individual requires other ongoing support other than that provided by Adult Social Care – eg wider support services, including voluntary sector

support. The Reablement Service will provide a summary of care and support needs that can be passed to relevant others

## **8.0 Workforce Development & Training Needs**

8.1 The reablement needs of individuals will be met by staff who are appropriately trained and are well supervised. Reablement staff will receive appropriate development opportunities to ensure they carry out their role effectively and are supported to keep key skills and training up to date.

8.2 The service will ensure that:

- i. All staff operate with an enabling ethos that promotes as much independence as possible for the individual. It is expected that support staff will be given the opportunity to learn from, and will be supported by, qualified members of the team, eg Occupational Therapists and Social Workers , as part of ongoing training and development
- ii. All staff receive appropriate induction at the start of their employment in line with the Skills for Care, Care Certificate
- iii. All staff undertake mandatory training in line with CQC Fundamental Standards and keep these updated
- iv. All staff are supported to acquire further skills and qualifications that are relevant to their role and the needs of the service
- v. All staff receive appropriate supervision by a suitably experienced and qualified person and records are kept in line with council policies
- vi. All support staff receive an annual performance appraisal review in line with requirements of the council
- vii. All staff are managed in line with council policy and procedures

## **9.0 Adherence to Key Legislation, Policies and Standards**

9.1 The Reablement Service will:

- i. Maintain registration with the Care Quality Commission (CQC) and must meet the Fundamental Standards
- ii. Comply with the requirements of The Care Act and the associated Care & Support Statutory Guidance
- iii. Comply with the NICE Quality Standard *Intermediate care including reablement* (Aug 2018) [www.nice.org.uk/guidance/qs173](http://www.nice.org.uk/guidance/qs173)
- iv. Adherence to national and local policies relating to specific areas of service delivery including :
  - Equality & diversity
  - Data protection
  - Safeguarding

## Appendix A:

### Short & Long Term Support (SALT) Annual Statutory returns to Dept of Health

Individuals will be reviewed throughout the delivery of the support. If someone is initially deemed eligible for reablement and circumstances change, this may result in early cessation of the service .

Early cessation describes a circumstance where the period of short term support was forced to be cut short in an unexpected way. It can occur because of unexpected changes in client health, such as if the person suffers a stroke or other sudden event that means the short term support to maximise independence (ST-Max) is no longer appropriate. Clients may be forced to return to hospital with an uncertain discharge date, causing the suspension or termination of the ST-Max support. In some instances the client may move (or be moved) out of the local area, perhaps to live under the care of relatives. Or relatives may decide mid-way through the period of support to take over that support etc. forcing the end of ST-Max. The client themselves may decide to end the support themselves, on the grounds that they do not need it.

'Early cessation' does not simply mean that support has ended prior to a standard service period, such as 4 or 6 weeks.

The categories of early cessation are as follows:

i) Early Cessation of ST-Max

Early cessation of service (not leading to long term support) - NHS funded care/End of Life/ deceased. This sequel shows explicitly that further health care or palliative care was needed, or that the client died before ST-Max was completed.

ii) Early Cessation of Service (not leading to long term support) – other reason. This sequel should be used for all other instances of ST-Max ending early where long term social care support does not result. For example, the client may move (or be moved) out of the local area, perhaps to live under the care of relatives. Or relatives may decide mid-way through the period of support to take over that support, forcing ST-Max to end.

iii) Early Cessation of Service (leading to long term support)



APPENDIX 1

This is used if a client's short term support ended early and provision of long term services followed

## Appendix B: Key Performance Indicators

*Financial measures – check with Anna and agree how these should be stated here...*

*Re 3,4,5,& 6 the Independence and Wellbeing Group need to agree if these are still appropriate or whether there are other measures that are more relevant...*

No.	Measure	Notes
1.	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	<p><b>Statutory Measure</b> Both PCC and CCC measure all-year round.</p> <p>PCC measure for <b>all individuals</b> who receive reablement support.</p> <p>CCC only measure for those who are discharged from hospitals (not community referrals).</p>
2.	Outcome of short-term services: sequel to service (Proportion of clients leaving ST-Max who do not go onto receive long-term support)	<b>Statutory Measure</b>
3.	Number of people leaving reablement with reduced care or no care outcomes	Key Performance Indicator for Adults Positive Challenge Programme
4.	Number of “existing” clients receiving reablement	Key Performance Indicator for Adults Positive Challenge Programme
5.	Percentage of capacity in reablement utilised for direct reablement delivery	Key Performance Indicator for Adults Positive Challenge Programme
6.	Operational and Management Reporting for the efficient running of the service.	

## Risks and Dependencies

Staffing levels

Vacancy levels

Equipment service impacts on lengths of stay in Reablement.

<b>ADULTS AND HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 8</b>
<b>11 JULY 2023</b>	<b>PUBLIC REPORT</b>

Report of:	Rochelle Tapping, Director of Law and Governance	
Cabinet Member(s) responsible:	Councillor Coles, Cabinet Member for Legal, Finance and Corporate Services	
Contact Officer(s):	Charlotte Cameron, Senior Democratic Services Officer	Tel. 01733 384628

**REVIEW OF 2022/2023 AND WORK PROGRAMME FOR 2023/2024**

<b>RECOMMENDATIONS</b>	
<b>FROM:</b> Director of Law and Governance	<b>Deadline date:</b> N/A
<p>It is recommended that the Adults and Health Scrutiny Committee:</p> <ol style="list-style-type: none"> <li>1. Considers items presented to the Adults and Health Scrutiny Committee during 2022/2023 and make recommendations on the future monitoring of these items where necessary.</li> <li>2. Determines its priorities and approves the draft work programme for 2023/2024 attached at Appendix 1.</li> <li>3. Notes the Terms of Reference for this Committee as set out in Part 3, Section 4, Overview and Scrutiny Functions and in particular paragraph 2.1 item 3, Adults and Health Scrutiny Committee and paragraph 3.5 Health Issues as attached at Appendix 2.</li> </ol>	

**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 To provide the committee with a review of the work undertaken during 2022/2023 by the Adults and Health Scrutiny Committee and to consider if further monitoring of these items is required.

To determine the committee's priorities and approve the draft work programme for 2023/2024 attached at Appendix 1.

To note the Terms of Reference for this Committee attached at Appendix 2.

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, paragraphs 2.1, and paragraph 3, Specific Role of Overview and Scrutiny, sub paragraphs 3.1, 3.2, 3.3 and 3.5.

**3. TIMESCALES**

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

4.1 The Adults and Health Scrutiny Committee was established by Council at its Annual meeting on 26 May 2021.

4.2 During 2022/2023 the Adults and Health Scrutiny Committee scrutinised the following items:

##### **4.2.1 Monitoring / Calling to Account**

- Health and Wellbeing Overarching Strategic Approach
- Elective Waits and Recovery
- Annual Director of Public Health Report
- Annual Primary Care Update
- Carers Survey and Carers Strategy
- East of England Ambulance Service NHS Trust (EEAST) Report on progress on CQC Inspection Target and Overview of Performance in the Peterborough Area – annual update
- System Wide Winter Plans
- Social Care Reforms
- Portfolio Progress Report for Cabinet Member for Adult Social Care, Health, and Public Health
- Safeguarding Adults Board Annual Report
- Adult Social Care Annual Complaints Report
- Mental Health Section 75
- Access to Mental Health Services and Early Help – waiting times for assessment and treatment.
- Food environment within Hospitals, Hospital Food Trust Standards

##### **4.2.2 Call-In**

None

##### **4.3 Task & Finish Groups**

None

##### **4.4 Joint Committees**

- Extraordinary Meeting, Joint Meeting of the Scrutiny Committee – Sustainable Future City Council Strategy and Priorities 2022-2025 – 29 November 2023
- Joint Scrutiny of the budget, Draft Budget 2023-24 and Medium-term Financial Strategy 2023-2026 – 23 January 2023

#### **5. WORK PROGRAMME 2022/2023**

5.1 The Committee is asked to consider the work undertaken during 2023/20224 and make recommendations on the future monitoring of any of these items where necessary.

5.2 In preparing a work programme for 2023/2024, the Committee is requested to consider its functions as set out in the terms of reference attached at Appendix 3 - Part 3, Section 4, Overview and Scrutiny Functions and Terms of Reference, paragraph 2.1 section 3.

5.3 A draft work programme which shows the items identified for scrutiny at the Annual Work Programming Session held on 8 June 2023 is attached at Appendix 1 for consideration and approval.

## **6. CONSULTATION**

6.1 None.

## **7. REASON FOR THE RECOMMENDATIONS**

7.1 To ensure the Scrutiny Committee fulfils the requirements as set out in the terms of reference attached at Appendix 2.

## **8. IMPLICATIONS**

### **8.1 Financial Implications**

None.

### **8.2 Legal Implications**

A review of last year's priorities, acting upon lessons learnt and continuous improvement and approval of the coming year's Scrutiny priorities providing a planned and focussed approach to the work of Scrutiny, is in keeping with good governance.

### **8.3 Equalities Implications**

None.

### **8.4 Rural Implications**

None.

## **9. BACKGROUND DOCUMENTS**

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

9.1 Minutes of the meetings of the Adults and Health Scrutiny Committee held on 18 July 2022, 27 September 2022, 8 November 2022, 3 January 2023, and 14 March 2023.

9.2 Minutes of the Joint Scrutiny of the Budget meetings held on: 29 November 2022 and 23 January 2023.

## **10. APPENDICES**

10.1 Appendix 1 – Draft Work Programme 2023/2024

Appendix 2 – Part 3, Section 4 – Overview and Scrutiny Functions

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## Adults and Health Scrutiny Committee Work Programme 2023/2024

Updated: 03/07/2023

Meeting Date	Item	Comments
<b>Meeting Date: 11 July 2023</b> Draft report deadline: 20 June Final report deadline: 28 June	<b>Appointment of Co-opted Member 2023/2024</b>	
	<b>Tobacco Control</b>  <b>Contact Officers: Martin Whelan, Val Thomas</b>	
	<b><del>Carers Strategy</del></b>  <b><del>Contact Officer: Tara Mackey/Oliver Hayward</del></b>	<b>Postponed to September meeting</b>
	<b>Reablement Report</b>  <b>Contact Officer: Belinda Child</b>	
	<b>Review of 2022/2023 and Draft Work Programme for 2023/24</b>	
	<b>Forward Plan of Executive Decisions</b>	
<b>Meeting date: 19 September 2023</b> Draft report deadline: 29 August Final report deadline: 6 September	<b>Update on Social Care Workforce</b>  <b>Contact Officer- Wendy Crosson-Smith</b>	
	<b>HWB IC – Environments for Healthy Living</b>  <b>Contact Officer – Jyoti Atri, Louis Kamfer</b>	

	<b>Primary Care Prevention</b> <b>Contact Officer – Martin Whelan, Val Thomas</b>	
	<b>Monitoring Recommendation Report</b>	
	<b>Forward Plan of Executive Decisions</b>	
	<b>Work Programme 2023/2024</b>	
<b>Meeting date: 7 November 2023</b> Draft report deadline: 17 October Final report deadline: 25 October	<b>Winter Annual Planning Report - a holistic approach</b> <b>Contact Officer - Stacey Coburn and system partners</b>	
	<b>Midwifery Workforce</b> <b>Contact Officer – Paul Denton</b>	
	<b>Post Covid Service Provision</b> <b>Contact Officer – ICB and CPFT</b>	
	<b>Monitoring Recommendation Report</b>	
	<b>Forward Plan of Executive Decisions</b>	
	<b>Work Programme 2023/2024</b>	



<b>Meeting date: 16 January 2024</b> Draft report deadline: 22 December Final report deadline: 03 January	<b>Public Health Services - Annual Performance Report. Cabinet Member</b>  <b>Contact Officer – Jyoti Atri</b>	
	<b>Cabinet Member Portfolio Update Report - Cllr Howard, Cabinet Member. Adult Social Care</b>  <b>Contact Officers - Stephen Taylor and Tina Hornsby</b>	
	<b>Safeguarding Adults Annual Board Report</b>  <b>Contact Officer – Joanne Proctor</b>	
	<b>Pharmaceutical needs assessment, updates and supplementary statements</b>  <b>Contact Officer - ?</b>	
	<b>Committee Start Time Report</b>	
	<b>Monitoring Recommendation Report</b>	
	<b>Forward Plan of Executive Decisions</b>	
	<b>Work Programme 2023/2024</b>	
<b>Meeting date: 22 January 2024</b>  <b>Joint Meeting of the Scrutiny Committees – Budget</b>		

<b>Meeting date: 12 March 2024</b>  Draft report deadline: 20 February Final report deadline: 28 February	<b>Dentistry Report</b>  <b>Contact Officer – Martin Whelan</b>	
	<b>Adult Social Care Annual Complaints Report</b>  <b>Contact Officer – Belinda Evans</b>	
	<b>MENTAL HEALTH SECTION 75 PARTNERSHIP AGREEMENT: ANNUAL REPORT</b>  <b>Contact Officer – Guy Fairbairn</b>	
	<b>Monitoring Recommendation Report</b>	
	<b>Forward Plan of Executive Decisions</b>	

## Section 4 – Overview and Scrutiny Functions & Terms of Reference

### 1. OVERVIEW AND SCRUTINY COMMITTEES

1.1 The Council has appointed the following Overview and Scrutiny Committees to carry out those functions under Sections 9F to 9FI of the Local Government Act 2000, as amended by:

- (a) Section 19 of the Police and Justice Act 2006 in relation to the scrutiny of crime and disorder matters;
- (b) Section 244 of the Health & Social Care Act 2012 in relation to health matters; and
- (c) Section 22 of the Flood Risk Management Act 2010 in relation to flood risk management.

### 2. TERMS OF REFERENCE

2.1 Council has established the following Scrutiny Committees and they shall have responsibility for overview and scrutiny in relation to the matters set out below:

<b>1.</b>	<b>Children and Education Scrutiny Committee</b>	
	<b>No of Elected Members appointed by Council:</b>	<b>Chairman and Vice-Chairman</b>
	Eleven, none of whom may be a Cabinet Member.	Appointed by Council.
	<b>Quorum:</b>	<b>Co-opted Members to be appointed by the Committee/Council</b>
	At least half the Members of the Committee (including voting co-opted members).	<u>Four representatives as follows with full voting and call-in rights on education matters only:</u> (a) 1 Church of England Diocese representative; (b) 1 Roman Catholic Diocese representative; and (c) 2 parent governor representatives.
	No more than four non-voting members.	
	<b>Functions determined by Council</b>	
	<ol style="list-style-type: none"> <li>1. Children's Services including               <ol style="list-style-type: none"> <li>a) Social Care of Children;</li> <li>b) Safeguarding; and</li> <li>c) Children's Health.</li> <li>d) Targeted Youth Support (including youth offending).</li> </ol> </li> <li>2. Education, including               <ol style="list-style-type: none"> <li>a) University and Higher Education;</li> <li>b) Careers; and</li> <li>c) Special Needs and Inclusion;</li> </ol> </li> </ol>	
	<b>Functions determined by Statute</b>	

	All powers of an Overview and Scrutiny Committee as set out in Sections 9F to 9FI Local Government Act 2000, Local Government and Public Involvement in Health Act 2007, and any subsequent regulations.
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<b>2.</b>	<b>Growth, Resources and Communities Scrutiny Committee</b>	
	<b>No of Elected Members appointed by Council:</b>	<b>Chairman and Vice-Chairman</b>
	Eleven, none of whom may be a Cabinet Member.	Appointed by Council.
	<b>Quorum:</b>	<b>Co-opted Members to be appointed by the Committee/Council</b>
	At least half the Members of the Committee.	No more than four non-voting members.
	<b>Functions determined by the Council</b>	
	<ol style="list-style-type: none"> <li>1. Housing need (including homelessness, housing options and selective licensing);</li> <li>2. Neighbourhood and Community Support (including cohesion and community safety);</li> <li>3. Equalities;</li> <li>4. Libraries, Arts and Museums;</li> <li>5. Tourism, Culture &amp; Recreation;</li> <li>6. Adult Learning and Skills;</li> <li>7. City Centre Management;</li> <li>8. Economic Development and Regeneration including Strategic Housing and Strategic Planning;</li> <li>9. Transport, Highways and Road Traffic;</li> <li>10. Strategic Financial Planning;</li> <li>11. Partnerships and Shared Services; and</li> <li>12. Digital Services and Information Management.</li> </ol>	
	<b>Functions determined by Statute</b>	
	To review and scrutinise crime and disorder matters, including acting as the Council's crime and disorder committee in accordance with Sections 19 of the Police and Justice Act 2006;.	

<b>3.</b>	<b>Adults and Health Scrutiny Committee</b>	
	<b>No of Elected Members appointed by Council:</b> Eleven, none of whom may be a Cabinet Member or the Health and Wellbeing Board.	<b>Chairman and Vice-Chairman</b>  Appointed by Council.
	<b>Quorum:</b>  At least half the Members of the Committee.	<b>Co-opted Members to be appointed by the Committee/Council</b>  No more than four non-voting members.
	<b>Functions determined by the Council</b>  1. Public Health; 2. The Health and Wellbeing including the Health and Wellbeing Board; and 3. Scrutiny of the NHS and NHS providers; 4. Adult Social Care; and 5. Safeguarding Adults.	
	<b>Functions determined by Statute</b>  To review and scrutinise local authority services under Sections 9F to 9FI Local Government Act 2000, Local Government and Public Involvement in Health Act 2007, and any subsequent regulations  To review and scrutinise matters relating to the Health Service and to make reports and recommendations to local NHS bodies in accordance with section 244 of the National Health Service Act 2006. This will include establishing joint health committees in relation to health issues that cross local authority boundaries and appointing members from within the membership of the Committee to any joint health overview and scrutiny committees with other local authorities. (Also see The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013)	

<b>4. Climate Change and Environment Scrutiny Committee</b>		
	<b>No of Elected Members appointed by Council:</b> Eleven, none of whom may be a Cabinet Member.	<b>Chairman and Vice-Chairman</b>  Appointed by Council.
	<b>Quorum:</b>  At least half the Members of the committee.	<b>Co-opted Members to be appointed by the Committee/Council</b>  No more than four non-voting members.
	<b>Functions determined by the Council</b>  1. Environmental Capital; 2. Flood Risk Management;	

3. Waste Strategy & Management;
4. Climate Change;
5. Reducing Carbon Emissions and achieving Net Zero Carbon Emissions;
6. Biodiversity;
7. Green Space;
8. Trees and Woodland
9. Active Travel; and
10. Energy Generation and Consumption.

**Functions determined by Statute**

To review and scrutinise flood risk management in accordance with Section 21F of the Local Government Act 2000 (as amended by the Flood and Water Management Act 2010 and under the Flood Management Overview & Scrutiny (England) Regulations 2011 No. 697).

### **3. SPECIFIC ROLE OF OVERVIEW AND SCRUTINY**

- 3.1 To review and scrutinise the planning, decisions, policy development, service provision and performance within their terms of reference as follows:

#### **POLICY DEVELOPMENT AND REVIEW**

- 3.2 Within their terms of reference the scrutiny functions will:

- (a) Help the Council and the Executive to develop its budget and policy framework and service Budgets;
- (b) Carry out research into and consultation about policy issues and possible options;
- (c) Consider and promote ways of encouraging the public to take part in developing the Council's policies;
- (d) Question Members of the Cabinet, Committees and senior officers about their views on policy proposals;
- (e) Work with outside organisations in the area to make sure the interests of local people are taken into account;
- (f) Question, and gather evidence from, any person who gives their permission; and
- (g) Monitor and scrutinise the implementation of Council policy.

#### **SCRUTINY**

- 3.3 The Scrutiny Committees will:

- (a) Review and scrutinise the Executive, Committee and officer decisions and performance in connection with the discharge of any of the Council's functions;
- (b) Review and scrutinise the Council's performance in meeting the aims of its policies and performance targets and/or particular service areas;
- (c) Question Members of the Executive, Committees and senior officers about their decisions and performance of the Council, both generally and in relation to particular decisions or projects;
- (d) Make recommendations to the Executive and the Council as a result of the scrutiny process;
- (e) Question, and gather evidence from any person with their consent;
- (f) Hold the Executive to account for the discharge of functions in the following ways:
  - i. By exercising the right to call-in, for reconsideration, decisions made but not yet implemented by the Executive or decisions which have been delegated to an officer;
  - ii. By scrutinising Key Decisions which the Executive is planning to take, as set out in the Forward Plan of executive decisions;
  - iii. By scrutinising decisions the Executive are planning to make; and

- iv. By scrutinising Executive decisions after they have been implemented, as part of a wider policy review.
- (g) To consider petitions submitted to it;
- (h) Establish ad-hoc Task and Finish Groups to investigate specific topics on a time-limited basis in accordance with the Scrutiny Committee Procedure Rules; and

## **CRIME AND DISORDER**

- 3.4 The Scrutiny Committee responsible for crime and disorder shall, and any sub committees may:
- (a) Act as the crime and disorder committee within the meaning of Section 19 of the Police and Justice Act 2006;
  - (b) Review or scrutinise decisions made, or other actions taken by bodies or persons responsible for crime and disorder strategies in the Peterborough area;
  - (c) Make reports or recommendations to the local authority on any local crime and disorder matter in relation to a member of the authority; and
  - (d) Consider any crime and disorder matters referred by any Member of the Council.

## **HEALTH ISSUES**

- 3.5 The Scrutiny Committee responsible for health and any sub committees shall undertake their responsibilities under section 244 of the National Health Service Act 2006 as follows:
- (a) May review and scrutinise any matter relating to the planning, provision and operation of the health service in the Peterborough area (including NHS Bodies and other NHS providers);
  - (b) Must invite interested parties to comment on the matter and provide reasonable notice;
  - (c) Take account of relevant information available to it and, in particular, from a Local Healthwatch organisation or representative;
  - (d) Acknowledge any referral within 20 working days and keep the referrer informed of any action taken;
  - (e) Request information about the planning, provision and operation of health services in the area to enable it to carry out its functions;
  - (f) Make reports or recommendations on a matter it has reviewed or scrutinised including;
    - i) An explanation of the matter reviewed or scrutinised;
    - ii) A summary of the evidence considered;
    - iii) A list of the participants involved in the reviews; and
    - iv) An explanation of any recommendations made.
  - (g) Where the Committee asks for a response, the person must respond in writing within 28 days of the request.
- 3.6 The Committee will consider any proposals received from a National Health Service body, Clinical Commissioning Groups or other provider about;



- (a) Any substantial development of the health service in Peterborough; or
  - (b) Any substantial variation to the provision of NHS Services as set out the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- 3.7 In considering the proposals, the Committee must take account of the effect or potential effect of the proposals on the sustainability of the Health Service in its areas and may refer proposals to the Secretary of State in certain circumstances.

## **FLOOD RISK MANAGEMENT**

- 3.8 The Scrutiny Committee responsible for flood risk management, and any sub committees shall undertake their responsibilities under the Flood and Water Management Act 2010 as follows:
- (a) May review and scrutinise any matter relating to the planning, provision and operation of the flood risk management in the Peterborough area;
  - (b) May invite those authorities responsible for flood risk management to comment on the matter;
  - (c) Request information from them to enable it to carry out its responsibilities; and
  - (d) Make reports or recommendations and request a response from flood risk management authorities.

## **4. MEMBERSHIP**

- 4.1 All Members, except Members of the Executive, may be a member of a Scrutiny Committee. However, no Member may be involved in scrutinising a decision with which he or she has been directly involved. Members of the Health and Wellbeing Board should not be a member of the Health Scrutiny Committee.
- 4.2 It is advised that Members undertake relevant training within the past three years in order to hold a seat on a Scrutiny Committee.

## **CO-OPTees**

- 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.
- 4.4 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.
- 4.5 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.
- 4.6 The Children and Education Scrutiny Committee shall include in its membership the following representatives. These representatives will have full voting and call-in rights on education matters only, and when other matters are dealt with they may stay in the meeting and speak:
- (a) 1 Church of England Diocese representative;
  - (b) 1 Roman Catholic Diocese representative; and
  - (c) 2 parent governor representatives.

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<b>ADULTS AND HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 9</b>
<b>11 July 2023</b>	<b>PUBLIC REPORT</b>

Report of:	Rochelle Tapping, Director of Law and Governance		
Cabinet Member(s) responsible:	Councillor Coles, Cabinet Member for Finance and Corporate Governance		
Contact Officer(s):	Charlotte Cameron, Senior Democratic Services Officer	Tel. 01733 384628	

**FORWARD PLAN OF EXECUTIVE DECISIONS**

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

**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?	<b>NO</b>	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 31 July 2023.

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

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

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

## **5. CONSULTATION**

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

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

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

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

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

## **8. ALTERNATIVE OPTIONS CONSIDERED**

8.1 N/A

## **9. IMPLICATIONS**

### **Financial Implications**

9.1 N/A

### **Legal Implications**

9.2 N/A

## **10. BACKGROUND DOCUMENTS**

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

10.1 None

## **11. APPENDICES**

11.1 Appendix 1 – Forward Plan of Executive Decisions

# **PETERBOROUGH CITY COUNCIL'S FORWARD PLAN OF EXECUTIVE DECISIONS**

PUBLISHED: 30 JUNE 2023

**PART 1 – FORWARD PLAN OF KEY DECISIONS**

<b>KEY DECISIONS FROM 31 JULY 2023</b>								
<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS REPORT AUTHORS</b>	<b>DIRECTORATE</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</b>
<b>Award for LD/Autism Respite Bed Based Service in PCC – KEY/31JUL23/01</b> Cabinet approval to award over £500k	Cabinet	18 September 2023	Adults and Health Scrutiny Committee	All Wards	N/A	Sarah Croxford, <a href="mailto:sarah.croxford@cambridgeshire.gov.uk">sarah.croxford@cambridgeshire.gov.uk</a>	Adults	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>To award a contract to Milestone Infrastructure to undertake construction of active travel improvements on Thorpe Wood – KEY/31JUL23/02</b> "The Cambridgeshire and Peterborough Combined Authority have successfully been awarded a total of £3,896,59 Active Travel England as part of Active Travel Funding 4. Peterborough has been allocated a total of £2,986,590 of which £2,000,000 is for the construction of Thorpe Wood Cycleway Phase 3"	Cabinet	16 October 2023	Climate Change and Environment Scrutiny Committee	West	Consultation on detailed designs will be undertaken in Autumn 2023	Lewis Banks, Transport and Environment Team Manager, <a href="mailto:lewis.banks@pete-rborough.gov.uk">lewis.banks@pete-rborough.gov.uk</a>	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>Request to re-implement Public Spaces Protection Orders for Gating – KEY/31JUL23/03</b> To request the Cabinet Member for Housing and Communities to approve the re-implementation of the existing Public Spaces Protection Orders for gating of alleyways at the following locations:  Goodacre, Orton Goldhay - Orton Longueville Ward Coneygree Rd/Scott Close, Stanground - Fletton & Stanground Ward Larch Grove, Dogsthorpe - Dogsthorpe Ward Furze Ride/Welland Rd, Dogsthorpe - Dogsthorpe Ward Welland Close/Crocus Grove, Dogsthorpe - North Ward	Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing and Communities	September 2023	Growth, Resources, And Communities Scrutiny Committee	Orton Longueville Ward, Fletton & Stanground Ward, Dogsthorpe Ward and North Ward	The Police & Crime Commissioner for Cambridgeshire, Chief Constable for Cambridgeshire Constabulary, Ward Councillors, residents and key interested parties will be consulted prior to the decision request.	Laura Kelsey, Operations Manager Neighbourhoods, Safer Communities <a href="mailto:laura.kelsey@pete-rborough.gov.uk">laura.kelsey@pete-rborough.gov.uk</a> 01733 453563	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

**PREVIOUSLY ADVERTISED KEY DECISIONS**

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DIRECTORATE</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</b>
<b>1. Clare Lodge and agency resource - KEY/28MAR2022/02</b> - Relating to the supply of temporary agency requirements at Clare Lodge	<b>Councillor Lynne Ayres, Cabinet Member for Education, Skills and Children Services</b>	<b>July 2023</b>	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	<b>Children and Young People's Service</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>2. Charging residents and developers for replacement bins – KEY/21NOV22/01</b> - 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.	<b>Councillor Nigel Simons, Cabinet Member for Infrastructure, Environment and Climate</b>	<b>July 2023</b>	Climate Change and Environment Scrutiny Committee	All Wards	Via the budget setting last financial year and FSWG	James Collingridge, Assistant Director of Operations, 01733 864736, james.collingridge@peterborough.gov.uk	<b>Place and Economy</b>	A CMDN.
<b>3. Refugee Resettlement Befriender Contract Award – KEY/21NOV22/02</b> 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.	<b>Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing and Communities</b>	<b>July 2023</b>	Growth, Resources and Communities Scrutiny Committee	All Wards	Soft market testing with potential suppliers has taken place	Ian Phillips Head of Communities and Partnerships Integration Email: ian.phillips@peterborough.gov.uk	<b>Place and Economy</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>4. PCC/CCC Delegation Agreement for jointly procured Floating Support service - KEY/27FEB23/08</b> - Approval of Delegation Arrangements to allow CCC to implement and manage this contract on behalf of PCC	<b>Cabinet Member for Adult Social and Public Health</b>	<b>July 2023</b>	Adults and Health Scrutiny Committee	All Wards	Feedback sought from existing customers, staff and external partners/stakeholders prior to commencing re-procurement	Lisa Sparks, Senior Commissioner (ASC Commissioning), 07900163590, lisa.sparks@cambridgeshire.gov.uk	<b>Adults</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
<p><b>5. Delegation to Cambridgeshire County Council re. recommission of the Healthy Schools Support Service – KEY/13MAR23/01</b>            "The Public Health Directorate are seeking to continue provision of the Healthy Schools Support Service for a further 19-month period, from 1st September 2023 - 31st March 2025. The service has been successfully operating across Peterborough and Cambridgeshire since 2018 at an annual value of £148,520 to Cambridgeshire and £58,680 to Peterborough. This new contract period will be used to provide officers sufficient time to review effectiveness, understand the evidence base and better evaluate the impact of current provision to inform future commissioning intentions. The total cost to PCC for this period will be £92,276.66."</p>	<p><b>Cabinet Member for Adult Social Care and Public Health</b></p>	<p><b>July 2023</b></p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>A comprehensive consultation will be undertaken with service users, partners and key stakeholders as part of the required work needed to inform future commissioning intentions</p>	<p>Amy Hall, Children's Public Health Commissioning Manager, <a href="mailto:amy.hall@peterborough.gov.uk">amy.hall@peterborough.gov.uk</a></p>	<p><b>Public Health</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>6. Delegated partnership agreement for procuring independent advocacy services for adults and children across Cambridgeshire and Peterborough – KEY/24APR23/02</b>            To enter into a Delegation Agreement (DA) with Cambridgeshire County Council for the provision of Independent Advocacy Services for children and to enter into a Section 256 agreement with the Integrated Care Board (ICB) for the provision of Independent Advocacy Services for Adults, both relating to the period October 2023 – September 2027.</p>	<p><b>Councillor Lynne Ayres, Cabinet Member for Education, Skills and Children Services</b></p>	<p><b>July 2023</b></p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>N/A</p>	<p>Gavin Mullin, Senior Commissioning Officer (Children's), Email: <a href="mailto:gavin.mullin@cambridgeshire.gov.uk">gavin.mullin@cambridgeshire.gov.uk</a></p>	<p><b>Adults</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>7. Contract Award for Peterborough Adult Advocacy Service – KEY/8MAY23/01</b> To award the Contract for the Peterborough Adult Advocacy Service starting in October 2023 and running for 3 years with an option to extend for 1 year</p>	<p><b>Cabinet Member for Adult Social Care and Public Health</b></p>	<p><b>July 2023</b></p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>N/A</p>	<p>Tara Mackey - Commissioner – VCS, Carers, Prevention &amp; Early Intervention - <a href="mailto:Tara.Mackey@Cambridgeshire.gov.uk">Tara.Mackey@Cambridgeshire.gov.uk</a></p>	<p><b>Adults</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>8. Cambridgeshire &amp; Peterborough All Age Carers Strategy – KEY/8MAY23/02</b>            Approve the new Cambridgeshire &amp; Peterborough All Age Carers Strategy</p>	<p><b>Cabinet</b></p>	<p><b>10 July 2023</b></p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>A draft will be shared in April and then a refined version circulated for further comment in May.</p>	<p>Lisa Hall, Commissioner <a href="mailto:lisa.hall@cambridgeshire.gov.uk">lisa.hall@cambridgeshire.gov.uk</a> 07818 576514</p>	<p><b>Adults</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>



KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
9.	<b>Disposal of Office Building – KEY/22MAY/03</b> - Disposal of Office Building	Cabinet	10 July 2023	Growth, Resources, And Communities Scrutiny Committee	Central Ward	Relevant internal and external stakeholders	Felicity Paddick Email: felicity.paddick@peterborough.gov.uk 07801 910971	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).
10.	<b>Peterborough Local Plan - Issues and Options Consultation Document – KEY/05JUN23/03</b> Cabinet to approve Issues and Options document for public consultation	Cabinet	10 July 2023	Growth, Resources and Communities	All Wards	Cabinet to approve Issues and Options document for public consultation	Gemma Wildman, Planning Policy Manager, 01733 863824, <a href="mailto:gemma.wildman@peterborough.gov.uk">gemma.wildman@peterborough.gov.uk</a>	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
11.	<b>Digital Strategy for PCC – KEY/19JUN23/02</b> - Approval of the Digital Strategy (and supporting Data, Technology & Cyber Strategies)	Cabinet	10 July 2023	Growth, Resources, and Communities Scrutiny Committee	N/A	N/A	Samantha Smith Email: sam.smith@cambridgeshire.gov.uk	Corporate Services	Digital Strategy, Cyber Strategy, Data Strategy & Technology Strategy
12.	<b>Termination of contract with Eco-Modular Buildings Ltd for the design and build of St John Henry Newman Catholic Primary School – KEY/19JUN23/05</b> Eco-Modular Buildings Ltd have appointed Administrators. The Administrators have confirmed that Eco-Modular's contracts have not been sold along with their asset to the new owner. The contract will need to be terminated. The school is built and operational but there are a number of snags and defects which need to be rectified. Upon termination of the contract, the Council can make use of contract retention funds in order to rectify all remaining snags and defects.	<b>Councillor Lynne Ayres, Cabinet Member for Education, Skills and Children Services</b>	<b>Published for Consideration</b>	Children and Education Scrutiny Committee	Hampton Vale and Hargate and Hempsted	Consultation with Education Capital Programme Board members and Legal and Governance.	<a href="mailto:emma.everitt@peterborough.gov.uk">Emma Everitt, Education Capital Projects Officer</a> <a href="mailto:emma.everitt@peterborough.gov.uk">emma.everitt@peterborough.gov.uk</a>	Children and Young People's Service	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
13.	<b>PCC SEND and AP expenditure – KEY/3JUL23/01</b> Approval to authorise the future expected spend through Cambridgeshire County Council's Children's External Placements Dynamic Purchasing System (PDPS) until 31st March 2024 with providers for Alternative Education Provision – SEND and AP and Inclusion Team.	<b>Councillor Lynne Ayres, Cabinet Member for Education, Skills, and Children Services</b>	<b>July 2023</b>	Children and Education Scrutiny Committee	All Wards	N/A	Anna Wahlandt - <a href="mailto:anna.wahlandt@cambridgeshire.gov.uk">anna.wahlandt@cambridgeshire.gov.uk</a> 07881 426870	Children and Young People's Service	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS REPORT AUTHORS</b>	<b>DIRECTORATE</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</b>
<b>14. Draft Housing Strategy – KEY/3JUL23/04</b> Approval of draft Housing Strategy to commence public consultation	<b>Cabinet</b>	<b>December 2023</b>	Growth, Resources, And Communities Scrutiny Committee	All Wards	Internal consultation with key service stakeholders to inform development of the draft strategy. Public consultation with key external stakeholders and residents for 6 weeks once the draft is approved for consultation	Anne Keogh Housing Strategy and implementation Manager <a href="mailto:anne.keogh1@peterborough.gov.uk">anne.keogh1@peterborough.gov.uk</a> 07983343076	<b>Place and Economy</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>15. Post-16 Framework for Alternative Education and Training – KEY/17JUL23/01</b> - Agreement for the Post-16 Framework for Alternative Education and Training to be able to call off this Framework which is Cambridgeshire led.	<b>Councillor Lynne Ayres, Cabinet Member for Children’s Services and Education, Skills, and the University</b>	<b>July 2023</b>	Children and Education Scrutiny Committee	<b>All wards</b>	Family Voice, Young People representation groups (Access Champions), representatives of seldom heard groups	David Rhodes, Commissioning Manager, Email: david.rhodes@cambridgeshire.gov.uk	<b>Children and Young People’s Service</b>	Paper from Children and Young People’s Committee in Cambridgeshire
<b>16. Medgen Nursing Services Limited - KEY/17JUL23/02</b> - Approval for spend on a young person's placement for nine months.	<b>Councillor Lynne Ayres, Cabinet Member for Children’s Services and Education, Skills and the University</b>	<b>July 2023</b>	Children and Education Scrutiny Committee	<b>Central Ward</b>	No other consultation sought.	Ros Anderson, ART Support Officer, Email: ros.anderson@cambridgeshire.gov.uk Tel: 01733 863986	<b>Children and Young People’s Service</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

**PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE**

DECISIONS TO BE TAKEN IN PRIVATE								
KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
<b>Wellington Street &amp; Dickens Street Car Parks Disposal – KEY/31JUL23/04</b> Car park disposals	Cabinet	18 September 2023	Growth, Resources, And Communities Scrutiny Committee	East	Any further consultation will be planned and proceed if decision is agreed by Cabinet.	Nick Carter, Service Director Growth & Regeneration, 07950 854161, <a href="mailto:nick.carter@peterborough.gov.uk">nick.carter@peterborough.gov.uk</a>	Place and Economy	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).
<b>Write-off of irrecoverable debts in excess of £10,000 (Biannual process) KEY/31JUL23/05</b> To authorise the write-off of irrecoverable debts in excess of £10,000 shown as outstanding in respect of Non-Domestic (Business) Rates, Council Tax, Accounts Receivable (sundry debt) accounts and Housing Benefit overpayments.	Cabinet	18 December 2023	Growth, Resources, And Communities Scrutiny Committee	N/A	N/A	Chris Yates, Acting Head of Finance for Corporate Services, <a href="mailto:chris.yates@peterborough.gov.uk">chris.yates@peterborough.gov.uk</a>	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).

**PREVIOUSLY ADVERTISED DECISIONS TO BE TAKEN IN PRIVATE**

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DIRECTORATE</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</b>
1. <b>Peterborough Limited Update</b> – an update on the in-year company finances	<b>Shareholder Cabinet</b>	<b>11 September 2023</b>	Growth, Resources and Communities Scrutiny Committee	N/A	N/A	Kitran Eastman Managing Director - Peterborough Ltd Email: <a href="mailto:Kitran.Eastman@peterboroughlimited.co.uk">Kitran.Eastman@peterboroughlimited.co.uk</a>	<b>Place and Economy</b>	Commercial Sensitivity of Peterborough Limited  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. <b>Disposal of City Centre Building – KEY/19JUN/04</b> Disposal of City Centre Building, Bridge Street, Peterborough	<b>Cabinet</b>	<b>10 July 2023</b>	Growth, Resources and Communities	Central	The decision is a PCC decision, therefore, there is only consultation with the Towns Fund Board, as the property was purchased with Towns Deal funds as part of the grant funded programme for the city.	<a href="mailto:karen.lockwood@peterborough.gov.uk">Karen Lockwood, Programme Manager, karen.lockwood@peterborough.gov.uk, 07825 902794</a>	<b>Place and Economy</b>	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).
3. <b>Locality Asset Review – KEY/3JUL23/02</b> Review of all Locality Assets	<b>Cabinet</b>	<b>18 September 2023</b>	Growth, Resources and Communities Scrutiny Committee	All Wards	CLT and CPF	Felicity Paddick, Head of Estates, 07801 910971, <a href="mailto:felicity.paddick@peterborough.gov.uk">felicity.paddick@peterborough.gov.uk</a>	<b>Corporate Services</b>	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).
4. <b>Acquisition of Homes – KEY/3JUL23/03</b> Acquisition of Homes	<b>Cabinet</b>	<b>10 July 2023</b>	Growth, Resources and Communities Scrutiny Committee	All Wards	CLT and CPF	Felicity Paddick, Head of Estates, 07801 910971, <a href="mailto:felicity.paddick@peterborough.gov.uk">felicity.paddick@peterborough.gov.uk</a>	<b>Corporate Services</b>	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**

<b>DECISIONS FROM 31 JULY 2022</b>								
<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>
None.								

**PREVIOUSLY ADVERTISED DECISIONS**

<b>DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DIRECTORATE</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</b>
<p><b>1. Approval of the Peterborough Sufficiency Strategy</b> Every top tier local authority is required to publish a sufficiency strategy. This must set out how we seek to avoid children coming into care through the provision of family support services, and identify steps that we are taking to ensure that we have sufficient placements for children in care in our area, so that as many children and young people in care can live locally, provided that this is in their best interests.</p>	<p><b>Councillor Lynne Ayres, Cabinet Member for Education, Skills and Children Services</b></p>	<p><b>July 2023</b></p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>There has been widespread consultation including with children and young people in care.</p>	<p>Elaine Redding, Email: <a href="mailto:elaine.redding@peterborough.gov.uk">elaine.redding@peterborough.gov.uk</a></p>	<p><b>Children and Young People's Service</b></p>	<p>Scrutiny Report</p>
<p><b>2. Werrington Fields and Ken Stimpson Secondary School -</b> Following a public meeting held on 20 September 2021 at Ken Stimpson School, a decision needs to be taken on whether or not to proceed with plans to erect a fence to enclose part of the school's playing fields. The area is currently open access to the public. The school has not been using the area for over two years due to concerns over the safeguarding risk to the young people attending the school.</p>	<p><b>Councillor Lynne Ayres, Cabinet Member for Education, Skills and Children Services</b></p>	<p><b>July 2023</b></p>	<p>Children and Education Scrutiny Committee</p>	<p>Werrington</p>	<p>Public meeting held on 20 September 2021 at Ken Stimpson School. Prior to this, a detailed background information document was circulated to interested parties.</p>	<p>Jonathan Lewis, Service Director, Education Email: <a href="mailto:jonathan.lewis@peterborough.gov.uk">jonathan.lewis@peterborough.gov.uk</a></p>	<p><b>Children and Young People's Service</b></p>	<p>Cabinet Member Decision Notice, Background Information Document  It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>3. Approval to enter into a Section 75 Partnership Agreement with Cambridgeshire and Peterborough NHS Foundation Trust</b> 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><b>Councillor Lynne Ayres, Cabinet Member for Education, Skills and Children Services</b></p>	<p><b>July 2023</b></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 <a href="mailto:helen.andrews@cambridgeshire.gov.uk">helen.andrews@cambridgeshire.gov.uk</a></p>	<p><b>Children and Young People's Service</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>4. Approval and Endorsement of a new countywide Infant Feeding Strategy -</b> Decision sought to approve and endorse a countywide Infant Feeding Strategy developed collaboratively between Public Health and the Cambridgeshire &amp; Peterborough Clinical Commissioning Group (CCG). This decision includes approval of overall strategy and underpinned action plans required to implement this.</p>	<p><b>Councillor Lynne Ayres, Cabinet Member for Education, Skills and Children Services</b></p>	<p><b>July 2023</b></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, <a href="mailto:amy.hall@peterborough.gov.uk">amy.hall@peterborough.gov.uk</a> , 07583040529</p>	<p><b>Public Health</b></p>	<p>Paper and Strategy to be submitted closer to the Cabinet meeting</p>

<b>DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DIRECTORATE</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</b>
<b>5. Approval of Delegation Agreement for Floating Support Service -</b> Requesting approval to delegate authority to CCC to enable them to deliver a new jointly commissioned Floating Support service on behalf of PCC.	<b>Cabinet Member for Adult Social Care and Public Health</b>	<b>July 2023</b>	Adults and Health Scrutiny Committee	All Wards	Feedback gathered from existing customers, service staff and external stakeholders/partners.	Lisa Sparks - Senior Commissioner - lisa.sparks@cambridgeshire.gov.uk - 07900163590	<b>Public Health</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>6. Approval to award a grant for a Mental Health Supported Living service.</b> - Approval to award a grant for revenue funding to Eastlands Mental Health Supported Living Services, for a period of 1 year period, from April 2023.	<b>Cabinet Member for Adult Social Care and Public Health</b>	<b>July 2023</b>	Adults and Health Scrutiny Committee	All Wards	Consultation not required as seeking no change to existing service	Lisa Sparks - Senior Commissioner - lisa.sparks@cambridgeshire.gov.uk - 07900163590	<b>Public Health</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

**PART 4 – NOTIFICATION OF KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES**

<i>DECISION TAKEN</i>	<i>DECISION MAKER</i>	<i>DATE DECISION TAKEN</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>
None.								



## FORWARD PLAN

### **PART 1 – KEY DECISIONS**

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

If the decision is to be taken by an individual Cabinet Member, the name of the Cabinet Member is shown against the decision, in addition to details of the Councillor's portfolio. If the decision is to be taken by the Cabinet, this too is shown against the decision and its members are as listed below:

Cllr Fitzgerald (Leader of the Council), Cllr Steve Allen (Deputy Leader); Cllr Ayres; Cllr Cereste; Cllr 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 most 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](mailto: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](http://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**

**Please note that all Directorates have been colour coded. Each decision will be colour coded in accordance with the below.**

### **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

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

Performance and Information (Performance Management, Systems Support Team)

### **CHILDREN AND YOUNG PEOPLE'S SERVICE** Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

Children's Services (Children's Social Care Operations, Children's Social Care Quality Assurance, Child Health, Clare Lodge (Operations), Access to Resources)

Education, (Special Educational Needs and Inclusion, School Improvement, City College Peterborough, Pupil Referral Units, Schools Infrastructure, Early Years and Quality Improvement)

### **ADULTS** 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, Safeguarding Boards – Adults and Children's)

Business Management and Commercial Operations (Commissioning)

### **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 Children's Services
Councillor Simons	Cabinet Member for Infrastructure, Environment and Climate Change
Councillor Andy Coles	Cabinet Member for Finance and Corporate Governance
Vacant	Cabinet Member for Adult Social Care, Health and Public Health
Councillor Cereste	Cabinet Member for Growth and Regeneration

## 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)