

ADULTS AND HEALTH SCRUTINY COMMITTEE

TUESDAY 19 SEPTEMBER 2023
7.00 PM

Bourges/Viersen Room - Town Hall

Contact: Charlotte Cameron, Senior Democratic Services Officer at:
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 11 July 2023 **3 - 10**

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. Forward Plan of Executive Decisions **11 - 30**

6. Cancer Pathway, Delayed Treatment and Impact on Mortality **31 - 34**

7. Prevention in Primary Care **35 - 46**

8. Update on Social Care Workforce **47 - 54**

Did you know? All Peterborough City Council's meeting agendas are available online or via the modern.gov app. Help us achieve our environmental protection aspirations and view this agenda online instead of printing it.

- | | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 9. | Joint Health and Well Being (HWB) /Integrated Care Partnership (ICP) Strategy - Priority Environments for Healthy Living – Obesity Update Report | 55 - 70 |
| 10. | Monitoring Scrutiny Recommendations | 71 - 76 |
| 11. | Work Programme 2023/2024 | 77 - 82 |
| 12. | Date of Next Meeting | |

Tuesday, 7 November 2023 – Adults and Health Scrutiny Committee

Emergency Evacuation Procedure – Outside Normal Office Hours

In the event of the fire alarm sounding all persons should vacate the building by way of the nearest escape route and proceed directly to the assembly point 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), Shaheed (Vice Chair), Khan, Casey, Rush, Bi, Skibsted, S Farooq, Mahmood, Rangzeb and Stevenson

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

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING
HELD AT 7.00PM, ON
TUESDAY, 11 JULY 2023
BOURGES/VIERSEN ROOM, TOWN HALL, PETERBOROUGH**

Committee Members Present: Qayyum (Chair), Shaheed (Vice-Chair), Asif, Bi, Casey, Khan, Mahmood, Rush, Skibsted and Co-opted Members Parish Councillor Neil Boyce, Sandie Burns and Chris De Wilde.

Also in attendance: Eva Woods, Youth Council Representative and Youth MP for Peterborough and Kelly Jesus, Youth Council Representative

Officers Present: Jyoti Atri, Director of Public Health
Stephen Taylor, Executive Director of Adult Services
Val Thomas, Deputy Director Public Health
Jonathan Bartram, Programme Director, Strategic Commissioning Integrated Care Board
Belinda Child, Head of Housing, Prevention and Wellbeing
Laura King, Reablement Team Manager
Charlotte Cameron, Senior Democratic Services Officer

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Stevenson and S Farooq.

Apologies for absence were also received from Councillor Rangzeb and Councillor Asif was in attendance as substitute.

2. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

Councillor Qayyum declared her role at Bretton Park Medical Centre for this and future meetings.

3. MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING HELD ON 14 MARCH 2023

The minutes of the Adults and Health Scrutiny Committee meeting held on 14 March 2023 were agreed as a true and accurate record.

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

There were no call-ins received.

5. **APPOINTMENT OF CO-OPTED MEMBERS 2023/24**

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

The purpose of the report was to seek approval from the Committee to appoint Sandie Burns MBE, Chris De Wilde and Parish Councillor Neil Boyce as Non-Voting Co-opted Members for the municipal year 2023/2024 and to approve the appointment of Parish Councillor Mark Ormston as the substitute for Parish Councillor Neil Boyce for the municipal year 2023/2024 to the Adults and Health Scrutiny Committee in accordance with Part 3, Section 4 – Overview and Scrutiny Functions.

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

The Committee unanimously agreed to the appointments of Sandie Burns, Chris De Wilde and Parish Councillor Neil Boyce as non-voting Co-opted Members for the municipal year 2023/24, and the appointment of Parish Councillor Mark Ormston as substitute.

The Chair welcomed the co-opted members who were in attendance and invited them to join the committee for the rest of the meeting.

AGREED ACTIONS

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

1. Appoint Parish Councillor 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.
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.
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.
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.

6. **INTEGRATED TOBACCO CONTROL IN THE PETERBOROUGH AND CAMBRIDGESHIRE SYSTEM**

The Adults and Health Scrutiny Committee received a report in relation to Integrated Tobacco Control in the Peterborough and Cambridgeshire System.

The purpose of the report was to provide the Committee with an update on changes in Tobacco Control including stopping smoking and the challenges it presents for public health.

The Director of Public Health, the Deputy Director Public Health and the Programme Director, Strategic Commissioning Integrated Care Board (ICB) introduced the report and highlighted key points including:

- The paper recognised the successes that had been made in tackling tobacco and the harm it caused. There had also been a reduction in tobacco prevalence. However, smoking was still one of the worst things that caused harm to health and was a persistent issue within Peterborough. Officers were thanked for their work on producing the report in front of committee.
- Officers were seeking support of the proposals outlined in the report, especially in the context of increasing concerns that smoking presents. The paper outlined some of the challenges with regards to the data that was being drawn upon.
- There had been a raft of legislation and guidance since 2006 to tackle smoking rates, however recently these rates had started to plateau.
- The initiative currently being worked on by both Peterborough and Cambridgeshire was a collaborative effort. Focus had now shifted to looking at preventative measures to stop people smoking.
- Working collaboratively was the only way to try and stop people smoking. The long-term plan was set out in 2019 with the aim to help people live longer, healthier lives.
- The treating tobacco dependency programme was to establish smoke-free pathways in acute hospital settings. One of the keys was to ensure support once out of hospital and there were community support groups to assist with this.
- This programme also looked at rates in deprived areas, along with aligning this to those higher rates of smoking in mental health patients and those who were also pregnant.
- The paper being presented also gave a good description of the challenges being faced, the stagnation of rates of those smoking and some of the new challenges faced by those who vaped. Although vaping was a pathway for people to try and stop smoking it was difficult at the moment to know the long-term effects of this on young people.
- The table at the end of the paper outlined a list of all the intervention methods that the services would like to take forward. Some commissioning was being reviewed and was now underway to look at ways of changing behaviours.
- This would eventually inform the development of services that were to be put in place. This included building on the school based programmes already in place. Work was also going to be undertaken with regulatory services, looking at illegal sales of tobacco.
- There were many ways of developing the services and work was already being done around digital services. Incentives were being drawn up to encourage those who were pregnant to not smoke, this builds upon similar successful programmes around the country.
- The paper also outlined details and ways that Councillors could assist the service, especially working within the local communities. There were also some national programmes that could be used to support Councillors in carrying out this work.
- Officers also commented that they would like to set targets for quitting smoking rates locally, this would be a shared target across the ICB, Cambridgeshire and Peterborough.

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

- There was a lot of work done nationally to calculate the cost of smoking to the system, this was because it cut across a number of different services, such as the health service, social care service, waste and damage to the environment. Smoking rates were calculated by carrying out a survey locally.
- With regards to the definition of a smoker this was difficult to define, even if you had one cigarette a day you would be deemed a smoker. There was no defined amount that was spent as a smoker in Peterborough, this was a national figure. When services were looking to assist people in quitting then the economy and cost to smoke could potentially be a key motivator for people.

- The attached appendix to the report did outline the cost to the system, which was £72.5 million. This figure represented the overall cost for roughly 22,000 smokers. It was difficult to know how much was spent per person on smoking as illegal tobacco sales were still quite prevalent.
- By smoking people were potentially decreasing their overall health levels.
- The Health Service had been liaising with Regulatory Services in relation to the sale of illegal tobacco. The illegal sales of cigarettes at a cheaper price to the community and potentially children, had also impacted the smoking prevention work being undertaken.
- Research was being conducted to understand the behaviour science, motivators and barriers, to provide bespoke cessation support for all areas particularly where the rates were higher.
- The action taken in relation to the illegal sale of vapes had included operational visits by Trading Standards (TS), where illegal vapes had been confiscated. Furthermore, Public Health (PH) had requested that increased enforcement visits were undertaken and during a recent inspection, Trading Standards seized 35,000 illegal vapes from one shop in Fenland.
- The sale of illegal vapes was a lucrative business and shop owners were known to pay the fine imposed by TS, then restock and start again. The aim of the PH team was to raise awareness of the dangers in illegal tobacco, e-cigarettes and alcohol consumption.
- A business found selling illegal products such as tobacco, could be shut down for a three-month period as a sanction, however, Public Health felt that this was not a long enough period of time to make an impact.
- Adults were three times more likely to quit smoking if the use of vapes was introduced as a cessation method.
- National work was being undertaken to monitor the impact of vaping and the positive outcome for smokers to quit. In addition, use by young people continued to be surveyed, however it was found that most would use a vape to experience it and then discontinue after a while.
- The sustainability impacts on the disposal of lithium batteries had been considered in relation to the proposed universal vape offer, and the related costs would be factored in.
- Support from the Youth Council around the dangers of smoking would be welcomed by PH; as a message from peers was more effective to school children. In addition, information and training could be provided to the Youth Council to help deliver the quit smoking message and a co-production effort could be organised with the team.
- Support provided to prevent young people vaping or smoking had not been fully developed as there was no robust evidence to fully understand the incentives and motivators to help them give up. Furthermore, Public Health would welcome the support of the Youth Council to understand these motivators.
- The NHS-funded tobacco treatment service was a new pathway plan that offered intervention through trained smoke free advisors to hospital inpatients admitted overnight to help them stop smoking.
- Members commented that there should be a zero-tolerance approach taken by Trading Standards to revoke the licence of a business that sold illegal tobacco.
- Members were advised that a more robust approach by Trading Standards on the sale of illegal tobacco would be effective; however, they had to abide by the law and apply sanctions appropriately to each case.
- All data relied upon to monitor smoking and provide interventions would be broken down by categories such as ethnicity and depravity as a standard approach.
- The health outcomes would be monitored following the introduction of vapes as a smoking cessation method, however, this would only be in place for a period of one-year through local health services. Nonetheless, studies were being undertaken nationally on users of the cessation service post a year to fully understand the impact of vapes on health.

- Members were concerned about the societal image being portrayed in the education sector because vapes contained carcinogenic products.
- Clarification was provided that vapes had only contained nicotine and not the 4000 chemicals found in cigarettes. Furthermore, it was advised that on balance, the use of vapes had provided a more effective result for people to stop smoking.
- Public Health would not want to encourage people to start smoking as a result of the vape initiative, the aim was to encourage people to stop. In addition, the smoking cessation scheme would be monitored for health outcomes as it evolved.
- Members would be keen to learn the health outcome results following the use of a vape scheme as a cessation method for people who wanted to quit smoking.
- Members requested clarification on the number of stores where a test purchasing exercise was carried out in Huntingdonshire.
- The message that Public Health attempted to relay was that people should not smoke, however there was support provided to quit if needed and the use of vapes was an effective method for adults. Furthermore, young people would not be encouraged to use vapes as a cessation method, and instead be given realistic messages about the dangers of smoking through school-based programmes.

The following recommendation was made by Councillor Qayyum and seconded by Councillor Shaheed, that the Committee recommended to amend the proposed actions to include the exception of vaping intervention, until a follow up briefing note is provided giving an overview and evidence of health outcomes with reference to vaping and links to smoking cessation. A vote was taken on the recommendation from Councillor Qayyum and was **UNANIMOUSLY AGREED**.

AGREED ACTIONS

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

1. The proposed actions to decrease the numbers of people who smoke.
2. A system wide approach to addressing smoking with an agreed shared target for reducing smoking rates.

The Committee also requested that the Deputy Director of Public Health provide further detail of the establishments visited in the test purchasing exercise, broken down by area.

RECOMMENDATION

The Adults and Health Scrutiny Committee considered the report and **RESOLVED** to **RECOMMEND** to amend the proposed actions to include the exception of vaping intervention, until a follow up briefing note is provided giving an overview and evidence of health outcomes with reference to vaping and links to smoking cessation.

7. REABLEMENT OVERVIEW REPORT

The Adults and Health Scrutiny Committee received a report in relation to the Reablement Service.

The purpose of the report was to provide an update on the support the increased use of reablement service to support people to live independently, and therefore reduce care and support costs across adult social care.

The Executive Director of Adults Services, the Head of Housing, Prevention and Wellbeing accompanied by the Reablement Team Manager introduced the report and highlighted key points including:

- The reablement service was part of the Adults Social Care early intervention and prevention offer. Those who would need to use the service would be individuals who had declined ability or left hospital deconditioned to be as independent as they were.
- The service was run 365 days a year with a range of support in place, for a maximum period of 6 weeks.
- The service had a wide offer and would take opportunities to work with the Public Health team to deliver the best care.
- There were challenges with recruitment and there had been an ongoing campaign to improve this.

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

- Members noted that those who were non-weight bearing were excluded from the service and queried what service would be offered.
- The Officer clarified that reablement was the social care offer and the hospital care team determined the pathway someone would follow. There would be various recommendation that depended on the patients points of contact.
- The GP practices in Peterborough had access to social care services and Joy app subscribers had a direct route to the Adult Early Help front door.
- Members raised concerns that hospitals had not provided the right information and that they should be more informative.
- Members were advised that there was a practitioner based in the hospital and patients were referred there directly from wards so that communication would be made directly.
- Members noted that compliments outweighed the complaints but the complaints that had been received focused on the service not delivering to expectations. Lessons were learnt but it was important to note that each person had different expectations of what services should deliver.
- There were some areas of confusion on how to find support and the team had looked at methods of communication to help provide clarity.
- The Officers were advised that it had been helpful to understand the point a patient had started from and who they had been in contact with.
- There was work to improve the functionality of the website which included digital options. Members were advised that traditional forms like leaflets would still be used.
- Members were advised that the team had worked to support people earlier to prevent further decline.
- Members noted that referrals would come direct into the service areas which supported a quicker response to community referrals. An average time from start to the completion of an assessment was 5-7 days.
- Members praised the team for their work and congratulated them on their partnership award from the Council.
- Members raised concerns around discharges from hospital and were advised that the team would not leave anybody who was isolated or needed support.

AGREED ACTIONS

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

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.

8. REVIEW OF 2022/2023 AND WORK PROGRAMME FOR 2023/2024

The Senior Democratic Services Officer presented the report which considered the 2022/2023 year in review and looked at the work programme for the new municipal year 2023/24 to determine the Committees priorities. Members also noted the Terms of Reference for the Committee.

Members requested a report from Healthwatch Peterborough and GP accessibility.

AGREE ACTIONS

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

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.
2. Determines its priorities and approves the draft work programme for 2023/2024 attached at Appendix 1.
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.

The Committee also requested that the Senior Democratic Services Officer add to the work programme a report on Healthwatch Peterborough and GP Accessibility for September.

9. FORWARD PLAN OF EXECUTIVE DECISIONS

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

Members noted that the Cambridgeshire and Peterborough All Age Carers Strategy had been approved at Cabinet.

Members referred to the Approval to award a grant for a Mental Health Supported Living Service and sought clarification on what that meant.

AGREED ACTIONS

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

The Committee also requested a briefing note on the non-key decision 'Approval to award a grant for a Mental Health Supported Living service.'

10. DATE OF NEXT MEETING

The date of the next meeting was noted as being the 19 September 2023.

CHAIR
Meeting started at 7.00pm and ended at 8.33pm.

This page is intentionally left blank

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
19 SEPTEMBER 2023	PUBLIC REPORT

Report of:	Adesuwa Omoregie, Interim Head of Legal and Deputy Monitoring Officer		
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	

FORWARD PLAN OF EXECUTIVE DECISIONS

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

1. ORIGIN OF REPORT

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

2. PURPOSE AND REASON FOR REPORT

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

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

The Scrutiny Committees will:

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

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

3. TIMESCALES

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

4. BACKGROUND AND KEY ISSUES

4.1 The latest version of the Forward Plan of Executive Decisions is attached at Appendix 1. The Forward Plan contains those Executive Decisions which the Leader of the Council believes that

the Cabinet or individual Cabinet Member(s) can take and any new key decisions to be taken after **9 October 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: 8 SEPTEMBER 2023

PART 1 – FORWARD PLAN OF KEY DECISIONS

KEY DECISIONS FROM 9 OCTOBER 2023

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>Joining the National Parking Platform – KEY/9OCT2023/01 - Peterborough City Council currently offers parking payments via electronic means (phone call, text message or smart phone app) with a sole supplier agreement with PayByPhone.</p> <p>This means any customers wishing to pay in this way must use PayByPhone. This sole supplier agreement will expire 1st Dec 2023 and the intention of this decision is to join a national trial backed by the DfT called the National Parking Platform. This is an open market model where any supplier approved to be on the platform can be used by customers to pay for parking in Peterborough City Council controlled areas. This offers benefits to the end users who have a broader choice, but also cost savings and operational advantages to the council. Part of this decision will see the convenience fee for using these services passed to the end user, whereas it is currently absorbed by the council. End users will be able to choose which payment supplier they wish to use based on their individual convenience fees and/or app features and usability.</p>	<p>Councillor Nigel Simons, Cabinet Member for Infrastructure, Environment and Climate Change</p>	<p>31 October 2023</p>	<p>Growth, Resources, And Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Adam Payton, Operations Manager City Centre, adam.payton@peterborough.gov.uk</p>	<p>Place and Economy</p>	<p>National Parking Platform standard documents</p>
<p>Parking payment machine replacement project - KEY/9OCT2023/02 - The council operates 11 off street car parks and 21 on street chargeable locations - payment in these locations is via 53 pay and display parking machines, currently provided by 3 different suppliers. Some of these machines are over 20 years old and are becoming frequently out of service. Existing machines offer inconsistent means of payment, some are card only, some cash only, some both. Procurement work has been undertaken and the purpose of this decision is to award a contract to one supplier to replace or upgrade 40 pay and display machines with the latest technology and remove machines in locations they are no longer required.</p>	<p>Cabinet</p>	<p>16 October 2023</p>	<p>Growth, Resources, And Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Adam Payton, Operations Manager City Centre, adam.payton@peterborough.gov.uk</p>	<p>Place and Economy</p>	<p>Cabinet report with results of procurement process and outcomes.</p>

PREVIOUSLY ADVERTISED KEY DECISIONS

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
<p>1. Charging residents and developers for replacement bins – KEY/21NOV22/01 - Currently all replacement household bins are replaced for free, if implemented, if you loose your bin or damage it you will be required to pay for a replacement.</p>	<p>Councillor Nigel Simons, Cabinet Member for Infrastructure, Environment and Climate</p>	<p>September 2023</p>	<p>Climate Change and Environment Scrutiny Committee</p>	<p>All Wards</p>	<p>Via the budget setting last financial year and FSWG</p>	<p>James Collingridge, Assistant Director of Operations, 01733 864736, james.collingridge@peterborough.gov.uk</p>	<p>Place and Economy</p>	<p>A CMDN.</p>
<p>2. PCC/CCC Delegation Agreement for jointly procured Floating Support service - KEY/27FEB23/08 - Approval of Delegation Arrangements to allow CCC to implement and manage this contract on behalf of PCC</p>	<p>Councillor Fitzgerald Leader and Cabinet Member for Adult Services and Public Health</p>	<p>September 2023</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Feedback sought from existing customers, staff and external partners/stakeholders prior to commencing re-procurement</p>	<p>Lisa Sparks, Senior Commissioner (ASC Commissioning), 07900163590, lisa.sparks@cambridgeshire.gov.uk</p>	<p>Adults</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>3. Delegation to Cambridgeshire County Council re. recommission of the Healthy Schools Support Service – KEY/13MAR23/01 "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>Councillor Fitzgerald Leader and Cabinet Member for Adult Services and Public Health</p>	<p>September 2023</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, amy.hall@peterborough.gov.uk</p>	<p>Public Health</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>4. Delegated partnership agreement for procuring independent advocacy services for adults and children across Cambridgeshire and Peterborough – KEY/24APR23/02 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>Councillor Lynne Ayres, Cabinet Member for Education, Skills and Children Services</p>	<p>November 2023</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: gavin.mullin@cambridgeshire.gov.uk</p>	<p>Adults</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>5. Contract Award for Peterborough Adult Advocacy Service – KEY/8MAY23/01 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>Councillor Fitzgerald Leader and Cabinet Member for Adult Services and Public Health</p>	<p>November 2023</p>	<p>Adults and Health Scrutiny Committee</p>	<p>All Wards</p>	<p>N/A</p>	<p>Tara Mackey - Commissioner – VCS, Carers, Prevention & Early Intervention Tara.Mackey@Cambridgeshire.gov.uk</p>	<p>Adults</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
6.	PCC SEND and AP expenditure – KEY/3JUL23/01 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.	Councillor Lynne Ayres, Cabinet Member for Education, Skills, and Children Services	September 2023	Children and Education Scrutiny Committee	All Wards	N/A	Anna Wahlandt - anna.wahlandt@cambridgeshire.gov.uk 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.
7.	Draft Housing Strategy – KEY/3JUL23/04 Approval of draft Housing Strategy to commence public consultation	Cabinet	December 2023	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 anne.keogh1@pe-terborough.gov.uk 07983343076	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
8.	Post-16 Framework for Alternative Education and Training – KEY/17JUL23/01 - Agreement for the Post-16 Framework for Alternative Education and Training to be able to call off this Framework which is Cambridgeshire led.	Councillor Lynne Ayres, Cabinet Member for Education, Skills, and Children's Services	September 2023	Children and Education Scrutiny Committee	All wards	Family Voice, Young People representation groups (Access Champions), representatives of seldom heard groups	David Rhodes, Commissioning Manager, Email: david.rhodes@cambridgeshire.gov.uk	Children and Young People's Service	Paper from Children and Young People's Committee in Cambridgeshire
9.	Medgen Nursing Services Limited - KEY/17JUL23/02 - Approval for spend on a young person's placement for nine months.	Councillor Lynne Ayres, Cabinet Member for Education, Skills, and Children's Services	September 2023	Children and Education Scrutiny Committee	Central Ward	No other consultation sought.	Ros Anderson, ART Support Officer, Email: ros.anderson@cambridgeshire.gov.uk Tel: 01733 863986	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.
10.	Award for LD/Autism Respite Bed Based Service in PCC – KEY/31JUL23/01 Cabinet approval to award over £500k	Cabinet	18 September 2023	Adults and Health Scrutiny Committee	All Wards	N/A	Sarah Croxford, sarah.croxford@cambridgeshire.gov.uk	Adults	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>11. To award a contract to Milestone Infrastructure to undertake construction of active travel improvements on Thorpe Wood – KEY/31JUL23/02 "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"</p>	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, lewis.banks@peterborough.gov.uk	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<p>12. Request to re-implement Public Spaces Protection Orders for Gating – KEY/31JUL23/03 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</p>	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 laura.kelsey@peterborough.gov.uk 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.
<p>13. Culture, Heritage, Libraries and Leisure services contract – KEY/28AUG23/01 - To award a contract to operate the Culture, Heritage, Libraries and Leisure services on behalf of Peterborough City Council.</p>	Cabinet	18 September 2023	Growth, Resources, And Communities Scrutiny Committee	All Wards	Regulatory bodies are aware of options with for services	Rob Hill - Service Director for Housing and Communities Tel: 07815 558081 Email: rob.hill@peterborough.gov.uk	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<p>14. Housing Related Support Contract Awards – KEY/28AUG23/02 Peterborough City Council are seeking to move away from the annually awarded grant agreements to existing providers of accommodation-based housing related support in Peterborough and to adopt the proposed longer term procurement approach for Housing Related Support Services from 1st April 2024.</p>	Cabinet	18 December 2023	Growth, Resources, And Communities Scrutiny Committee	All Wards	Specification outlining our requirements was written and a full procurement process undertaken.	Sarah Scase, Housing Needs Operations Manager, 07920 160502, sarah.scase@peterborough.gov.uk	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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
15.	<p>Peterborough Community Short Breaks for Children with Disabilities – KEY/28AUG23/03</p> <p>Community Short Breaks Offer for children/young people with disabilities and/or complex needs in Peterborough from April 2024</p>	Cabinet	18 December 2023	Children and Education Scrutiny Committee	All Wards	Consultation with parent carers has been completed in the form of a questionnaire distributed on social media. A questionnaire was also shared with professionals within the 0-25 Disability Social Care Team. A soft market testing exercise was done as market engagement.	Issy Thomson - Senior Children's Commissioning Officer - isobel.thomson@peterborough.gov.uk	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.
16.	<p>Extra Care Housing Tender in Peterborough – KEY/28AUG23/04</p> <p>Approval to award the contract for three Extra Care Housing schemes in Peterborough; Friary Court, The Pavilions and The Spinney. The current contract is due to end 31 January 2024. Agreement is being sought to award all three services for a total of 5 years at a cost of £1,510,003 per annum, with a total contract value of £7,550,015.</p>	Cabinet	13 November 2023	Growth, Resources, And Communities Scrutiny Committee	All Wards	Limited due to timescales as existing provider gave notice to end contract, needing service in place by January 2024.	Ruth Miller, Senior Commissioner, ruth.miller@cambridgeshire.gov.uk	Adults	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
17.	<p>Agency staff provision commencing October 2023 – KEY/28AUG23/05</p> <p>The Council wish to enter into three separate contracts for agency staff. Social care to continue with Opus through ESPO framework, Clare Lodge using the Crown Commercial Services framework and other agency staff using ESPO framework.</p>	Cabinet	18 September 2023	Growth, Resources, And Communities Scrutiny Committee	All Wards	N/A	Mandy Pullen, mandy.pullen@peterborough.gov.uk	Corporate Services	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
18.	<p>Peterborough Integrated Renewable Infrastructure (PIRI) - commercialisation options – KEY/28AUG23/06</p> <p>To review the commercialisation routes for delivery of the PIRI project and determine the Council's preferred option to be developed further as part of the production of the Full Business Case.</p>	Cabinet	16 October 2023	Climate Change and Environment Scrutiny Committee	East	Engagement has taken place with key project stakeholders and further consultation will take place in due course.	Charlotte Palmer 07920160728	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
19.	<p>Children/Young People Home & Community Support Pseudo Dynamic Purchasing System and Block Contracts – KEY/28AUG23/07</p> <p>Approval to award for a Children/Young People Home & Community Support Pseudo Dynamic Purchasing System and 3x block contracts.</p>	Cabinet	13 November 2023	Children and Education Scrutiny Committee	All Wards	Consultation and engagement in form of questionnaires and focus groups with parent carers and 0-25 professionals. Soft Market Testing for market engagement. Full tender exercise.	Issy Thomson, Senior Commissioning Officer, isobel.thomson@peterborough.gov.uk	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.

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>20. Local Cycling and Walking Infrastructure Plan (LCWIP) - KEY/11SEPT2023/01 - Consider the final report of the Cycling and Walking Task and Finish Group and whether to endorse the recommendations contained within it as well as the recommendations of the Climate Change and Environment Scrutiny Committee.</p>	Cabinet	16 October 2023	Climate Change and Environment Scrutiny Committee	ALL	Public consultation will occur after Cabinet with usual stakeholders	Lewis Banks, Transport & Environment Manager, Tel: 01733 317465, Email: lewis.banks@peterborough.gov.uk	Place & Economy	https://democracy.peterborough.gov.uk/ieListDocuments.aspx?Cid=749&MId=4743&Ver=4
<p>21. Additional Grant funding for rough sleepers – KEY/25SEP23/01 Approval to allocate spend for delivery of Peterborough's Rough Sleepers Drug and Alcohol Grant to CGL.</p>	Councillor Fitzgerald Leader and Cabinet Member for Adult Services and Public Health	September 2023	Adults and Health Scrutiny Committee	ALL	N/A	Joseph Keegan - Commissioning Team Manager for Substance Misuse joseph.keegan@cambridgeshire.gov.uk. - 07795302390	Public Health	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<p>22. Approval to award Community Support for Older People – KEY/25SEP23/02 Approval to award the contract 'Lot 3 - Community Support for Older People', with a value of £125,365 per annum, for a total of four years (three years plus 12 months extension) and total contract value of £501,460.</p>	Councillor Fitzgerald Leader and Cabinet Member for Adult Services and Public Health	September 2023	Adults and Health Scrutiny Committee	ALL	Survey, spoke to community groups	Micheil Wilson, Commissioning Manager, micheil.wilson@peterborough.gov.uk or Ruth.miller@peterborough.gov.uk	Adults	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<p>23. SHAP (Single Homeless Accommodation Programme) - KEY/25SEP23/03 Purchase of 25 units of self-contained accommodation to increase the supply of high-quality accommodation with accompanying support to address gaps in homelessness pathway provision for rough sleepers and those at risk of rough sleeping.</p>	Councillor Steve Allen, Deputy Leader and Cabinet Member for Housing and Communities	September 2023	Growth, Resources, And Communities Scrutiny Committee	All Wards	N/A	Sarah Scase - Housing Operations Manager - sarah.scase@peterborough.gov.uk	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<p>24. Approval to extend day opportunities services for learning disabilities – KEY/25SEP23/04 Cabinet is being asked to approve an eight and a half month extension for day opportunity services for people with learning disabilities in Peterborough. The extension will be from 31st March 2024 to 15th December. The cost is £1,158,503.</p>	Cabinet	16 October 2023	Adults and Health Scrutiny Committee	All Wards	Soft market testing and forums	Ruth Miller Senior Commissioning Manager 07484 520821 ruth.miller@peterborough.gov.uk and Harriet Rowe Commissioning Manager harriet.rowe@peterborough.gov.uk	Adults	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								
<i>KEY DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DIRECTORATE</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</i>
None.								

PREVIOUSLY ADVERTISED DECISIONS TO BE TAKEN IN PRIVATE

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
1. Peterborough Limited Update – an update on the in-year company finances	Shareholder Cabinet	11 September 2023	Growth, Resources and Communities Scrutiny Committee	N/A	N/A	Kitran Eastman Managing Director - Peterborough Ltd Email: Kitran.Eastman@peterboroughlimited.co.uk	Place and Economy	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. Locality Asset Review – KEY/3JUL23/02 Review of all Locality Assets	Cabinet	16 October 2023	Growth, Resources and Communities Scrutiny Committee	All Wards	CLT and CPF	Felicity Paddick, Head of Estates, 07801 910971, felicity.paddick@peterborough.gov.uk	Corporate Services	The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).
3. Wellington Street & Dickens Street Car Parks Disposal – KEY/31JUL23/04 Car park disposals	Cabinet	16 October 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, nick.carter@peterborough.gov.uk	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).
4. Write-off of irrecoverable debts in excess of £10,000 (Biannual process) KEY/31JUL23/05 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, chris.yates@peterborough.gov.uk	Corporate Services	The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

DECISIONS FROM SEPTEMBER 2023								
DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
None.								

PREVIOUSLY ADVERTISED DECISIONS

DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
<p>1. Approval of the Peterborough Sufficiency Strategy Every top tier local authority is required to publish a sufficiency strategy. This must set out how we seek to avoid children coming into care through the provision of family support services, and identify steps that we are taking to ensure that we have sufficient placements for children in care in our area, so that as many children and young people in care can live locally, provided that this is in their best interests.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Education, Skills and Children Services</p>	<p>September 2023</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>John Gregg John.gregg@peterborough.gov.uk</p>	<p>Children and Young People's Service</p>	<p>Scrutiny Report</p>
<p>2. Werrington Fields and Ken Stimpson Secondary School - Following a public meeting held on 20 September 2021 at Ken Stimpson School, a decision needs to be taken on whether or not to proceed with plans to erect a fence to enclose part of the school's playing fields. The area is currently open access to the public. The school has not been using the area for over two years due to concerns over the safeguarding risk to the young people attending the school.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Education, Skills and Children Services</p>	<p>September 2023</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>Chris Baird Chris.baird@peterborough.gov.uk</p>	<p>Children and Young People's Service</p>	<p>Cabinet Member Decision Notice, Background Information Document</p> <p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>3. Approval to enter into a Section 75 Partnership Agreement with Cambridgeshire and Peterborough NHS Foundation Trust This agreement will ensure the provision of CPFT mental health specialist working with mental health practitioners who are part of multiagency Family Safeguarding teams working as part of children's social care safeguarding teams.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Education, Skills and Children Services</p>	<p>September 2023</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Helen Andrews, Children's Commissioning Manager helen.andrews@cambridgeshire.gov.uk</p>	<p>Children and Young People's Service</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>4. Approval and Endorsement of a new countywide Infant Feeding Strategy - Decision sought to approve and endorse a countywide Infant Feeding Strategy developed collaboratively between Public Health and the Cambridgeshire & Peterborough Clinical Commissioning Group (CCG). This decision includes approval of overall strategy and underpinned action plans required to implement this.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Education, Skills and Children Services</p>	<p>September 2023</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Maternity Voices Partnerships, who are made up of service user representatives and key stakeholders spanning maternity, health visiting and the third sector have coproduced the strategy alongside Local Authority and CCG colleagues.</p>	<p>Amy Hall, Children's Public Health Commissioning Manager, amy.hall@peterborough.gov.uk , 07583040529</p>	<p>Public Health</p>	<p>Paper and Strategy to be submitted closer to the Cabinet meeting</p>

DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
5. Approval to award a grant for a Mental Health Supported Living service. - 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.	Cllr Fitzgerald Leader and Cabinet Member for Adult Services and Public Health	September 2023	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	Public Health	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

PART 4 – NOTIFICATION OF KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES

<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 Dan Kalley, Democratic and Constitutional Services Manager, Legal and Governance Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388038), e-mail to daniel.kalley@peterborough.gov.uk or by telephone on 01733 296334.

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

DIRECTORATE RESPONSIBILITIES

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 and Cabinet Member for Adults Services and Public Health
Councillor Steve Allen	Deputy Leader and Cabinet Member for Housing and Communities
Councillor Ayres	Cabinet Member for Education, Skills and Children's Services
Councillor Simons	Cabinet Member for Infrastructure, Environment and Climate Change
Councillor Coles	Cabinet Member for Legal, Finance and Corporate Governance
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)

This page is intentionally left blank

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
19 SEPTEMBER 2023	PUBLIC REPORT

Report of: Assurance on cancer pathway harm review process due to delayed treatment, along with its subsequent impact on mortality.	North West Anglia NHS Foundation Trust
-------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------

CANCER PATHWAY, DELAYED TREATMENT AND IMPACT ON MORTALITY

RECOMMENDATIONS
The report gives an update that Trust (North West Anglia NHS Foundation Trust) has established a robust 104-day clinical harm review process, supported by a governance framework for monitoring and escalation. The Committee members are requested to take note of this report and to raise if any further assurance is required.

1. ORIGIN OF REPORT

1.1 The trust has been formally requested by this Committee to provide an update on cancer waiting time standards and consequential harm resulting from treatment delays, along with its subsequent impact on mortality.

This report summarises the steps taken towards oversight and assurance with regards to Cancer waiting times and Harm Reviews. The Trust's Hospital Cancer Board (HCB) is set up and reports to the Board and various subcommittees. The HCB receives regular highlight reports on Harm Reviews and this paper summarises the action of each tumour site leads, and governance arrangements towards managing waiting times and monitoring/ reducing risk of harm.

2. PURPOSE AND REASON FOR REPORT

2.1 Situation/Background

- The growing demand on cancer services has unfortunately resulted in patients waiting for longer than the expected timeframes and the number of patients on a cancer waiting times pathway has also grown since the beginning of the pandemic.
- The wait for an assessment or intervention/treatment can in some cases potentially cause the condition of the patient to worsen, which differs from the unintentional harm that can potentially occur over the course of an assessment or treatment.
- A harm review is undertaken when a patient with a confirmed cancer diagnosis receives their first definitive treatment after 104 days from referral. It ensures there is a pathway review in accordance with the cancer standards relevant to their cancer pathway.
- This is mandated by NHS England and is standard practice in all Trusts.

2.2 Aims

The aims for the cancer harm review process are:

- To identify any avoidable harm and mitigate this going forwards.
- To provide assurance that all avoidable patient pathway delays are reviewed, and actions implemented to reduce the risk to future patients.

- To provide oversight and management of the process for undertaking a root cause analysis and cancer Clinical Harm Review, and to establish where potential harm has occurred, following which Trusts should utilise the nationally reportable incident toolkit.
- To ensure that when a case of clinical harm is found to have occurred, the clinically responsible clinician will follow the Putting Things Right Policy, and the case considered as a potential Serious Incident (SI).

2.3 The cancer waiting time standards:

The NHS has set maximum waiting time standards for access to healthcare. In England, the cancer waiting time standard is for all patients presenting with a suspicion of cancer to start treatment within 62 days of the point of suspicion, regardless of their referral route. It is used where the first definitive treatment is any initial treatment that treats the patient's cancer, stabilises their symptoms from cancer or stabilises their health so cancer treatment can commence.

Cancer waiting times are key performance measures and aspects of the cancer pathway are currently covered by 11 different national standards set out in the NHS constitution of which there are eight main operational standards for cancer waiting times and three key timeframes in which patients should be seen or treated:

- two weeks
- one month (31 days)
- two months (62 days)

The trust is mandated to report on all above statutory standards, as such, it undergoes internal monitoring.

Following the consultation and recent announcement, the number of these waiting time standards are expected to be reduced in England. These changes are set to be in place from October 2023. Three targets are set to be kept:

- diagnosis of cancer within 28 days of referral (Faster Diagnostics Standard)
- starting treatment within two months of an urgent referral
- starting treatment one month after a decision to treat.

4. **Standard Operating Procedure**

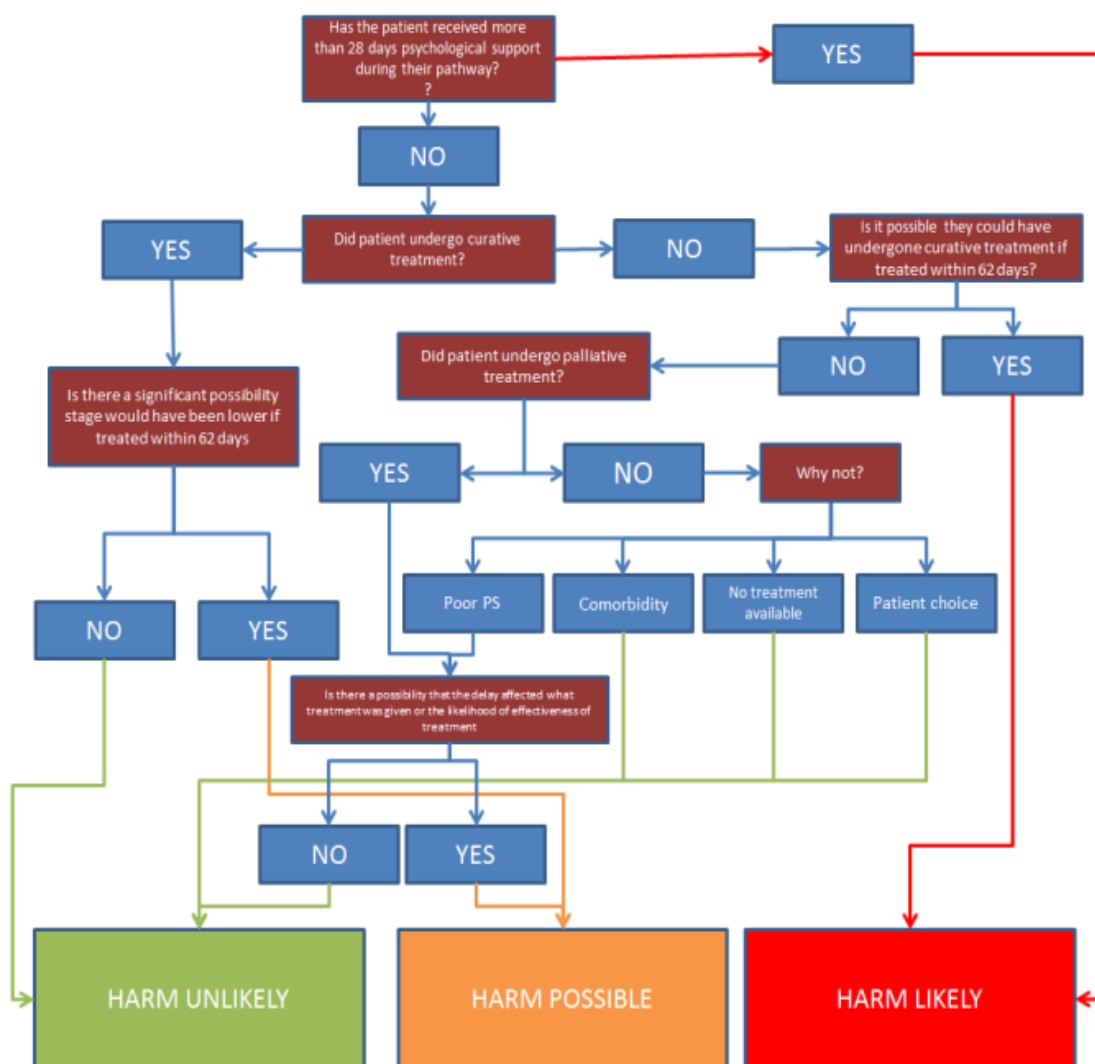
4.1 Harm review process

There is a robust process for the clinical harm review. The patient's clinician reviews the pathway and assesses any potential harm caused by the delay. This is then quality assured by either the Multi-Disciplinary Team or the harm review panel. The learning from the review is consolidated at the panel, who also ensure that any resulting actions are undertaken. The panel also acts as a safety net, by confirming that the correct 'putting things right' process is followed where harm is suspected.

- All harm reviews are aligned to individual tumour sites.
- Where an individual patient with a confirmed cancer diagnosis has waited over 104 days for treatment, there should be a clear, transparent process in place to identify if the extended delay has caused harm to the patient (NHSE, 2018).
- Where a patient has chosen to wait, chosen not to have treatment or there is no risk of harm identified, there must be clear evidence in the patient notes and on Somerset database that the patient is aware of the risk of waiting for treatment or declining it.
- Where there was a medical reason for the patient to wait for cancer treatment then there should be clear evidence that the patient pathway has been reviewed monthly.
- If a risk of harm has been identified, a harm review checklist assessing level of harm will be completed by the patient's consultant (Cancer 104 Day Wait Harm Review assessment).

- It is the responsibility of the patient's Consultant to Datix that harm has been identified and the findings and the patient should be informed of the risk of harm if above level has been identified, as soon as possible.
- Where there is evidence of harm, as per the assessment process, either due to a single delay or a sequence of delays shown to have resulted in a serious harm event for the patient concerned, each case is then considered as a possible Serious Incident (SI).

Cancer 104 Day Wait Harm Review assessment



Consultant assesses harm at point of contact. Consultant completes harm review section of RCA. If harm is identified then a Datix under category C14 is completed.

5. Governance Structure

Progress reports on the Cancer waiting time as well as clinical harm is monitored as follows:

- NWAFT Hospital Cancer Board chaired by Chief Medical Officer– monthly review of detailed operational level plans including update on harm review
- NWAFT Improvement Board – monthly review of progress against objectives and exceptions
- NWAFT Hospital Management Committee – monthly review of progress against objectives

- NWAFT Performance and Estates Committee – monthly review of progress against objectives
- NWAFT Trust Board (Public/Private) – monthly review of board level summary
- NHSE/NWAFT/ICB Performance Meetings – monthly review of progress against objectives

5.1 Cancer 104 Day Breaches and Harm Reviews

Over the last 18 months 484 patients. Monthly average 26 patients were therefore subject to an assessment of clinical harm, but we have discovered no evidence of harm resulting from treatment delays, along with no subsequent impact on mortality.

6. **Summary & Recommendation**

The report gives an update that Trust has established a robust 104-day clinical harm review process, supported by a governance framework for monitoring and escalation. The Committee members are requested to take note of this report and to raise any additional queries or request for further assurance as necessary.

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
19 SEPTEMBER 2023	PUBLIC REPORT

Report of: Simon Howard and Val Thomas	Integrated Care Board and Public Health	
Contact Officer(s):	Simon Howard	Tel. 0800 279 2535

PREVENTION IN PRIMARY CARE

RECOMMENDATIONS
It is recommended that the Adults and Health Scrutiny Committee note the following: <ul style="list-style-type: none"> 1. The national and local strategic direction for prevention in the NHS 2. The role of primary care in prevention

1. ORIGIN OF REPORT

- 1.1 This report is submitted to the Adults and Health Scrutiny Committee following a request from the Committee for a report on prevention within Primary Care.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to provide the Adults and Health Scrutiny Committee with an overview of the prevention activities undertaken by Primary Care.
- 2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:
3. Scrutiny of the NHS and NHS providers.

4. BACKGROUND AND KEY ISSUES

4.1 About Prevention

The increasing cost of health and social care services demands a focus upon prevention. Much of the demand for these services arises from preventative conditions.

There are multiple risk factors associated with a person's likelihood of developing conditions that need to be identified, assessed, diagnosed, and treated as early as possible to improve health outcomes:

1. **Wider Determinants of Health:** Socio-economic factors and the environment in which people live can influence their health outcomes.
2. **Non-modifiable Risk Factors:** Age, gender, ethnic background, and family history all contribute to an individual's likelihood of developing a CVD condition.
3. **Modifiable Risk Factors (health behaviours):** Tobacco use, excess consumption of alcohol, obesity, unhealthy diet, inadequate physical activity are behavioural risk factors that can be changed and mitigated.
4. **Clinical Risk Factors and Comorbidities:** High blood pressure (hypertension), high or abnormal cholesterol levels or dyslipidaemia, irregular heartbeat (atrial fibrillation), high

blood glucose levels, diabetes and chronic kidney disease all are clinical risk factors contributing to CVD.

Population Health Management – stratifying data of all risk factors

Since the establishment of Integrated Care Systems (ICS), the NHS has evolved to take a wider view of the drivers of poor health and is using data more widely to understand the risks to the health of the population.

Population Health Management (PHM) is an important methodology to support our goals for the prevention of ill-health, tackling health inequalities, improving outcomes, and quality of care.

PHM is an approach that enables local areas to deliver the most appropriate services for local people. It uses linked datasets from health, care, and other services to plan and deliver proactive and preventative care.

Using a PHM approach drives a change in culture towards more prevention, more integration, and more provision, based on need rather than service use. NHS Cambridgeshire and Peterborough’s vision is that all organisations within the ICS will have the skills, resource, and information they need to use PHM approaches, with all partners using the same database to align priorities and operationalise PHM.

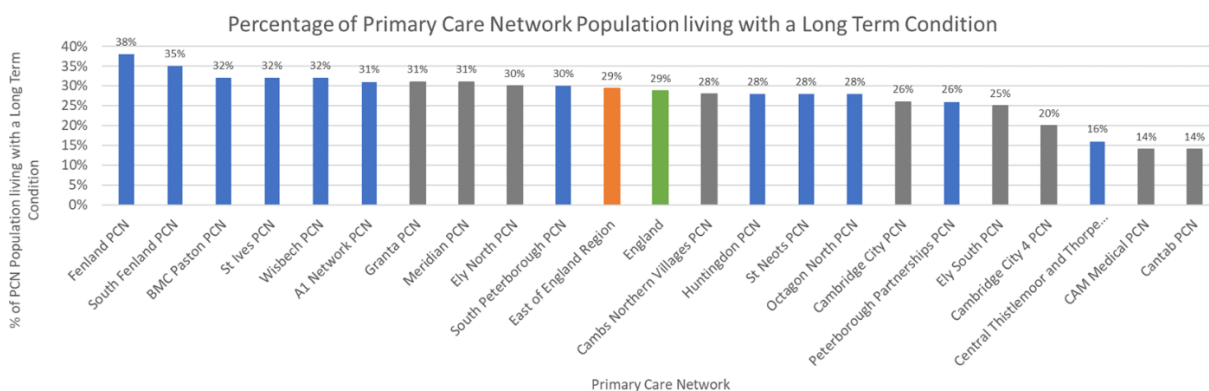
Most operational PHM will happen at Place and Integrated Neighbourhood level, but we will also use a PHM approach at system-level to allocate resource, manage risk and identify system priorities. As part of our commitment to sharing intelligence across organisations, we know that PHM data can be further enhanced by qualitative information incorporating voluntary, community and social enterprise sector and feedback from local people. This ensures it reflects community insight and knowledge, bringing rich qualitative feedback alongside quantitative data.

Each Primary Care Network (PCN) working with their Integrated Neighbourhood Team is developing a plan to address the needs of their population. Those plans will align to the data tools and PHM methodologies described above.

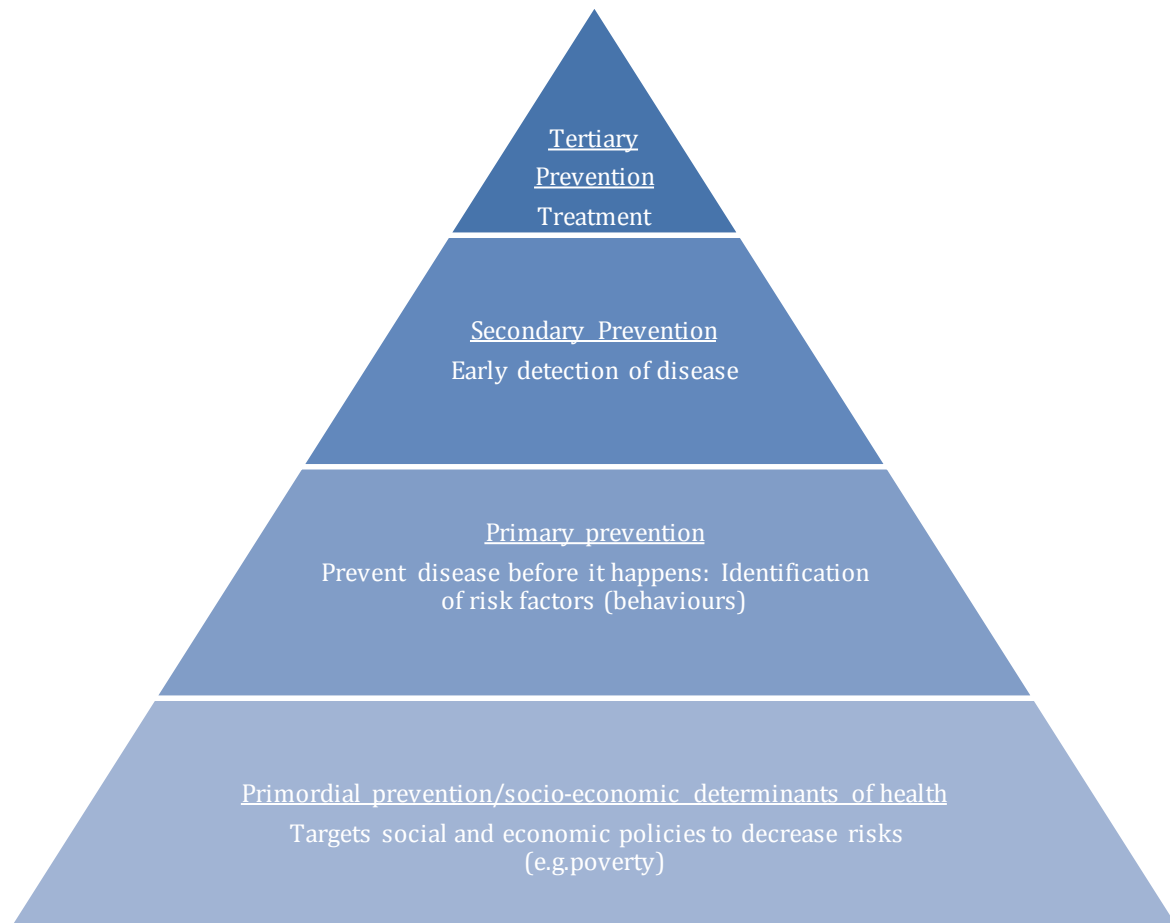
The clustering of a small number of modifiable risk factors within certain communities is a key factor which drives premature mortality, overall poor health, and health inequalities. This is a fundamental driver for the future delivery of prevention within Primary Care.

We know that the patients living with Chronic Conditions are not spread evenly across our geography. The chart below shows the percentage of each Primary Care Networks (PCNs) population that are living with chronic conditions. It shows that 7 out the top 10 are PCNs from the North of our system. Overall, 30% of our population in the North are living with a chronic condition compared to 24% in the South.

Figure 1: Primary Care Networks: percentage living with a long term condition



4.2 Prevention Figure 2: The tiers of prevention



4.3 Prevention and Local Strategic Priorities

The wider determinants of health have the biggest impact upon population health outcomes and play a role in determining health behaviours that are addressed through primary prevention.

Secondary prevention focuses upon early detection of health conditions and treatment. Whilst tertiary prevention focuses upon treatment and the prevention of any deterioration.

For a system to actively prevent poor health, all areas need to be addressed and organisations will have traction in particular areas. In Cambridgeshire and Peterborough, the Integrated Care System along with the Health and Wellbeing Board have developed and are implementing a joint Health and Wellbeing, Integrated Care Partnership Strategy.

The joint strategy has three main ambitions:

1. Reducing inequalities in deaths in under 75s
2. Increase the number of years people live in good health.
3. Getting Better Outcomes for Children

Four priorities have been developed to achieve those ambitions:

1. Ensure our children are ready to enter education and exit prepared for the next phase of their lives.
2. Create an environment to give people the opportunity to be as healthy as they can.

3. Promote early intervention measures to improve mental health and wellbeing.
4. Reduce poverty through better employment and housing.

This reflects the strategic direction that the NHS and its partners have set to focus more on prevention and reduction in health inequalities.

4.4 **National Strategic Priorities**

The NHS Long Term Plan

Improving the population's health, and preventing illness and disease is key to reducing health inequalities. At the heart of the [NHS Long Term Plan](#) is the ability to catch the causes of ill health as early as possible to prevent, or reduce, the chances of them leading to more serious conditions. This has been a focus for the NHS for some time.

Many conditions which contribute to shorter healthy life expectancy are preventable. While the factors which can lead to these conditions are many and varied, and often beyond the sole control of health services, the NHS is taking action to help people improve their own health, from targeted support to help people reduce their dependency on alcohol or tobacco, to offering alternative weight management services, to prescribing statins to prevent heart attacks.

NHS England has set out several initiatives that form part of a prevention programme specifically looking at the early detection of disease and support for people taking their own action to better health through supported self-management. For the NHS, this means tailored help for tobacco addiction, alcohol, and obesity, with treatment to reduce the risk of early ill health and diseases such as cancer, cardiovascular disease, stroke, respiratory disease, and mental ill-health.

Core20PLUS5

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.

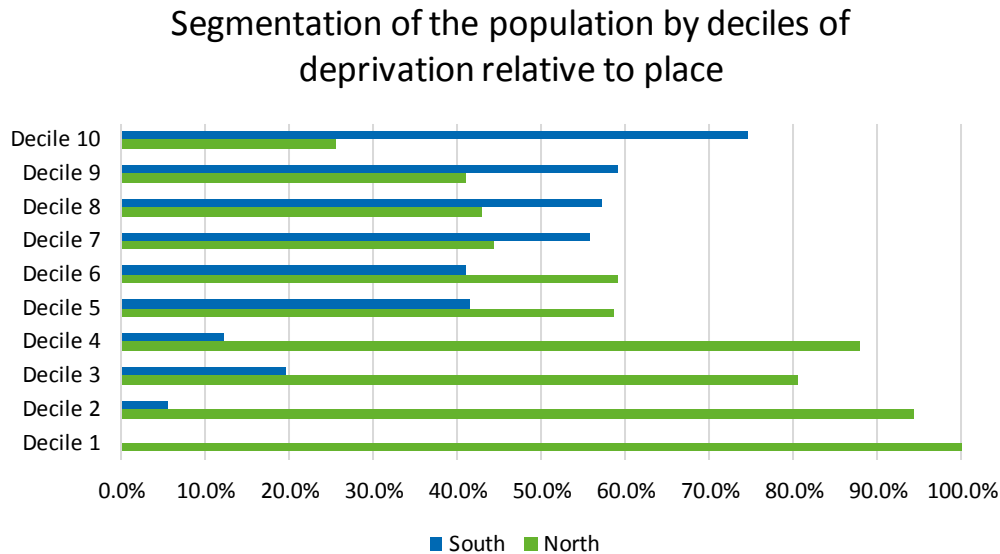
The approach, which initially focussed on healthcare inequalities experienced by adults, has now been adapted to apply to children and young people.

'Core20'

The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health.

For Cambridgeshire and Peterborough, 62 Lower Super Output Areas (LSOAs) are in the 20% most deprived LSOAs when calculated nationally; 46 are in Peterborough, while 11 are in Fenland. In total, 13% of our population live within the most deprived quintile with the geographical distribution varying considerably: 95% (107,000) living in the north or Cambridgeshire and Peterborough compared with 5% (5,000) in the south as shown in

Figure 3 Segmentation of the population, by deprivation and place



PLUS

PLUS, population groups are identified at a local level. Populations identified include ethnic minority communities; people with a learning disability and/or autistic people; people with multiple long-term health conditions; other groups that share protected characteristics as defined by the Equality Act 2010; groups experiencing social exclusion, known as inclusion health groups and other groups where there may be small areas of high deprivation hidden amongst relative affluence.

Inclusion health groups include people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.

PLUS 5

There are five clinical areas of focus which require accelerated improvement for both the adults and children and young people approaches. For adult, the following priorities constitute the 5 of which items 2, 3 and 5 are delivered in a primary care setting whilst item 4 is strongly facilitated by primary care:

1. Maternity – continuity of care for 75% of women from Black, Asian, and minority ethnic communities and from the most deprived groups
2. Severe mental illness – ensuring annual health checks for 60% of those living with SMI.
3. Chronic respiratory disease – a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of Covid, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.
4. Early cancer diagnosis – 75% of cases diagnosed at stage 1 or 2 by 2028.
5. Hypertension case finding and optimal management and lipid management – to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.

In addition to the five clinical priorities listed above, smoking cessation has been identified as a cross cutting priority which positively impacts all key areas.

For children and young people, the following priorities constitute the 5. All represent prevention improvements and are facilitated by primary care:

1. Asthma - Address over reliance on reliever medications and decrease the number of asthma attacks.
2. Diabetes - Increase access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds and Increase proportion of those with Type 2 diabetes receiving recommended NICE care processes.
3. Epilepsy - Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.
4. Oral health - Tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under.
5. Mental health - Improve access rates to children and young people’s mental health services for 0–17-year-olds, for certain ethnic groups, age, gender, and deprivation.

Over the last century we have seen significant improvements in healthy life expectancy driven, by improvements in the wider determinants of health but improvements in secondary prevention have also play a role, however there are still significant inequalities

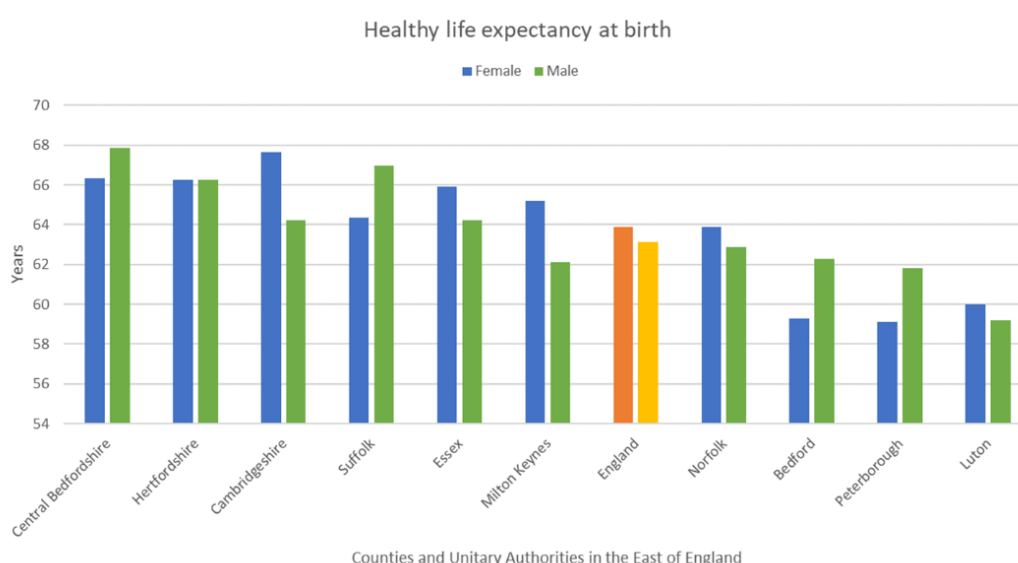
4.5 Health Outcomes and Health Inequalities in Peterborough

The place where children are born and grow up has a direct impact on their life chances and health in later life. Currently, a boy growing up in the poorest part of Peterborough has a life expectancy of 75.8 years, however a boy growing up in the richest part of Cambridge has a life expectancy of 85.2 years; a difference of 10 years. The gap has increased by 0.9 years between 2011-13 and 2015-17. The NHS can help reduce the gap through more equitable prevention, diagnosis, and treatment since it has been estimated that health care contributes 15-43% to health outcomes.

Whilst the inequalities in life expectancy across Cambridgeshire and Peterborough are stark, below is the breakdown of the life expectancy gap between the most and least deprived quintiles within Peterborough by cause of death, 2020 to 2021 (Provisional). As detailed circulatory conditions (i.e., hypertension) are the biggest driver of the inequality in life expectancy in Peterborough for both men (40.3%) and women (31.9%).

Healthy life expectancy is the measure of years a person will on average remain in good health. Across the East of England, Peterborough has the lowest healthy life expectancy at birth for women and the second lowest healthy life expectancy for men.

Figure 4: Healthy Life Expectancy at Birth



The disparity in life expectancy across Cambridgeshire and Peterborough of approximately 10 years between those living in the least and most deprived areas of the system coupled with the health life expectancy in the same area, means that a female born in Peterborough has a life

expectancy of 82.5 years but can only expect to live 59.1 years in good health. This means they will spend more than 28% of their life not in good health.

Tackling health inequalities is a core priority for the NHS and Cambridgeshire and Peterborough ICS. People from more deprived backgrounds are more likely to have long term health conditions and suffer poor health. Those people living in the most deprived 20% of the population, on average, develop multiple long-term conditions 10 years earlier than those in the least deprived 20%.

4.6 The Role of Primary Care

Members of the population who present to primary care will have health behaviours or socio-economic factors that are or potentially will pose risks to their health. Primary Care has an important role as clinicians provide advice about health-related behaviours and referring them to appropriate services for support e.g., stop smoking services, weight management services, drug and alcohol services or local authority opportunities for physical activity. Some GP practices provide space for behaviour change services which provides convenient access for their patients.

Rates of people living in poverty have escalated through the impact of the COVID -19 pandemic on ongoing health and the cost-of-living pressures associated with inflation. Social prescribers who work alongside primary care clinicians provide to support patients who have socio-economic issues that are or could affect health. They are playing an important role in helping patients identify and access organisations that offer help, this may be for example local authority, voluntary sector, or employment support agencies. In addition, the Integrated Care Board has given grants to Peterborough City Council to support people to improve their lives which has also led to closer working with GP practices.

Primary Care has a key role in secondary prevention, that is the detection of risk and management of the risk. There are national expectations that the “clinical risk factors associated with some poor health outcomes are identified and managed to prevent progression to a health condition. For example, regular blood pressure checks to ensure any high blood pressure is identified and treated to decrease the risk of stroke, or the identification of cholesterol which is a particular risk for cardiovascular disease which can be lowered through treatment with statins.

Public Health works closely with the local NHS including primary care in support of prevention, which includes population health management, strategy development and commissioning. Public Health commissions Stop Smoking Services and NHS Health Checks from GPs both key to the prevention of cardiovascular disease, diabetes, and cancers. NHS Health Checks provide an assessment of the risk for cardiovascular disease which includes identification of obesity and diabetes as well as health behaviours harmful to health. GP Public Health services were affected by the COVID-19 pandemic when practices limited their services and ongoing workforce capacity. These have affected prevention in primary care and although there has been some improvement primary care commissioned public health services more is required to meet the national targets for NHS Health Checks which are required to have a measurable impact on cardiovascular diseases. Public Health also commissions Long Acting Reversible Contraception from GP practices and Emergency Hormonal Contraception from community pharmacists.

To support the development of prevention strategies by ICSs, NHS England set out advice on the most impactful interventions relating to the prevention and management of CVD, diabetes, and respiratory disease. This is summarised below:

Modifiable Risk Factors

- Tobacco dependence identification and treatment in secondary care – The Committee previously received an update on the Treating Tobacco Dependency Programme
- Weight management services for people with diabetes and/or hypertension
- Alcohol care teams.

Respiratory

- Spirometry in diagnosis of asthma and chronic obstructive pulmonary disease (COPD)
- Inhaler and medicines optimisation
- Pulmonary rehabilitation for COPD
- Personalised asthma action plan for all children and young people with asthma.

Diabetes

- Structured education
- NHS Diabetes Prevention programme
- Delivery of 9 diabetes care processes.

CVD

- Community pharmacy hypertension case finding is a well-established service.
- Cholesterol search and risk stratification is being used to risk stratify the population and identify where individuals may be at risk of developing conditions based on the risk factors.
- NHS health checks are delivered through primary care services.
- Optimisation of hypertension treatment
- Optimisation of heart failure treatment through annual reviews
- Optimising management post ACS, including lipid management.

Public Health has worked closely in the development of the Integrated Care System Cardiovascular Disease Strategy. The strategy brings together primary and secondary prevention. Although the clinical risks sit very much with primary care there are interfaces which mean the prevention of CVD can be achieved in advance of a patient entering the healthcare system.

In support of the CVD Strategy, and the “Create an Environment to give People the Opportunity to be as Healthy as they Can” objective of the Joint Health and Well /Integrated Care Partnership Strategy, Public Health has allocated funding of £200,000 to primary care to increase their prevention activities. A primary care “service agreement” is under development by Public Health and the Integrated Care Board for primary care that includes weighing adult patients when they visit their GP practice along with piloting an approach to the identification of patients with high blood pressure and cholesterol.

The Public Health team is commissioning behaviour science insights research for a number of health behaviours. Behavioural insights are how people perceive things, how they decide, and how they behave. They are generated by from behavioural science research which identifies the factors that influence our health-related behaviours. It is now very well developed as a behavioural science and is used across different sectors to understand and target behaviours.

Behavioural science will enable us to tailor our interventions at a population level, both in wider prevention, but also in primary care. This is especially important where there is a need to understand the barriers and enablers for prevention and treatment in areas /groups where modifiable risk behaviours exist.

As part of the wider work on tackling obesity, the NHS long term plan sets out commitments for action the NHS will take to support individuals to achieve and maintain a healthy weight. It does so while recognising that a comprehensive approach to preventing and tackling obesity also depends on actions that spans individuals, companies, communities, systems, and national government.

As indicated above general practice can play a key role in identifying people who are obese and supporting them to access support from the variety of weight management programmes and for example physical activity programmes. Current local weight management programmes are jointly funded locally the ICB and Local Authority Public Health addition the national NHS Digital Weight Management Programme offers online access to tier 2 weight management services for people living with obesity who also have a diagnosis of diabetes or hypertension or both. With three levels of support and a choice of Providers, it is designed to offer patients a personalised level of

intervention to support them to manage their weight, improve quality of life and improve longer term health outcomes.

The programme will work alongside existing weight management services provides a greater choice for service users.

The programme aims to reduce health inequalities by providing additional human coaching for people with characteristics that suggest they may be less likely to complete behavioural and lifestyle change programmes to reduce and manage their weight. This includes people of younger (working) age, people from black, Asian, and ethnic minority backgrounds, men, and people living in more deprived communities.

Community Pharmacies (CP) represent the most commonly utilised part of primary care. CPs are pivotal in the provision of healthcare services within our system and to the health and wellbeing of our population, providing services to prevent disease, promote health and reduce inequalities.

Data shows on average, a community pharmacy consults with 19.2 patients per day. Therefore, across the 145 CPs in C&P, there are approximately 16,704 consultations per week (6 days per week) or, nearly 868 608 per year. For our system, this represents an avoidance of over 432,566 GP appointments per year by patients having access to their local community pharmacy.

Community pharmacy teams are increasingly delivering a wide range of public health interventions such as healthy living services, blood pressure checks, stopping smoking support, sexual health services, alcohol interventions, flu and covid immunisations and more.

There is widespread recognition of the role of community pharmacy teams in improving health. With their presence in most high streets, many rural communities, and in the places where people shop, access healthcare, and enjoy leisure time, community pharmacy teams are a local health and social asset interwoven with people's daily lives.

Whilst the delivery of prevention programmes in primary care continue in the mainstream sense, and by utilising new and evolving methodologies to optimise the approaches, data demonstrates the need to reach more people in places and ways that suit them. This requires co-production and creativity.

In September 2023, co-working with the North Place Partnership, ICB, Peterborough City Council and the Light Project Peterborough, prevention programmes will start to roll out in more accessible ways to homeless populations across Peterborough via the Health Outreach Bus.

The Peterborough Health Outreach Bus will provide health and care assessments to those experiencing homelessness as well as giving on-going access and referrals to a range of necessary NHS health and care services, provided by NHS Cambridgeshire and Peterborough, part of the Integrated Care System.

Typical treatment aboard the bus will range from dry blood spot testing (for what people will not know what you to flu vaccinations, and basic eye tests to minor medical treatments such as dressing wounds and treating infections.

The Health Outreach Bus is led by Light Project Peterborough and was originally funded by NHS Charities Together. NHS Cambridgeshire and Peterborough and Peterborough City Council are continuing to fund the mobilisation of the bus to

Other Prevention

Prevention does not end with primary care, whilst the majority of secondary prevention is delivered within this setting, programmes of prevention are being delivered in acute settings:

Alcohol Care Team Optimisation is part of the NHS Long Term Plan aiming to provide teams of alcohol specialist clinicians based in acute hospitals to provide specialist support, predominantly to alcohol-dependent patients. Working in partnership with local authority funded community

alcohol services, alcohol care teams in general district hospitals can reduce length of time spent in hospital, reduce alcohol related admissions, and improve outcomes for patients, their families, and their communities.

In 2021 Cambridge University Hospitals NHS Foundation Trust was selected to become a Wave 2 site for the ACT optimisation by NHSE; the programme started in October 2021 and expands the current specialist alcohol treatment team (Liaison Psychiatry) at Addenbrookes hospital, provided by CPFT. A review of the ACT at CUH is underway with an ambition of establishing something similar at NWAFT in the future.

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'.

5. CONSULTATION

- 5.1 Consultations have been undertaken that relate to different interventions described in this paper.

6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 The ambition for this Report is that it will secure the support of members for the described programmes described and identify any support that they can provide when working with their communities.

7. REASON FOR THE RECOMMENDATION

- 7.1 It is a statutory requirement that the NHS must comply with any requests from the Local Authority to scrutinise any of its services.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 N/A

9. IMPLICATIONS

Financial Implications

- 9.1 N/A

Legal Implications

- 9.2 N/A

Equalities Implications

9.3 These are described in the body of the report.

Rural Implications

9.4 These are described in the body of the report.

10. BACKGROUND DOCUMENTS

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

10. The NHS 5 Year Plan
1

11. APPENDICES

N/A

This page is intentionally left blank

ADULTS & HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
19 SEPTEMBER 2023	PUBLIC REPORT

Report of:	Stephen Taylor – Executive Director Adults Services	
Cabinet Member(s) responsible:	Councillor Fitzgerald – Leader of the Council and Cabinet Member for Adults Services and Public Health	
Contact Officer(s):	Wendy Crosson-Smith, ASC Workforce Strategy Lead Oliver Hayward, Assistant Director Commissioning and Commercial Operations	Tel. 07825 001941

UPDATE ON SOCIAL CARE WORKFORCE

RECOMMENDATIONS	
FROM: Scrutiny Committee	Deadline date:
<p>It is recommended that Adults & Health Scrutiny Committee:</p> <ol style="list-style-type: none"> Review and comment on the progress, next steps and outcomes of the Adult Social Care Provider Workforce Support Plan 2023-2028. 	

1. ORIGIN OF REPORT

1.1 This report is being submitted scrutiny following the recent Adult Social Care (ASC) Workforce Programme Board approval of the Provider Workforce Support Plan. It is being shared with scrutiny members to ensure there are regular and consistent updates on the progress of the programme.

2. PURPOSE AND REASON FOR REPORT

2.1 A five-year Adult Social Care Provider Workforce Support Plan has been jointly developed across Cambridgeshire and Peterborough and approved by the ASC Workforce Programme Board. It is an internal working document which sets out our vision and objections and a working plan to implement initiatives to resolve some of the issues related to recruitment and retention.

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

3. TIMESCALES

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

4. BACKGROUND AND KEY ISSUES

4.1 Background

As a local authority we have a statutory responsibility to provide care and support to people who are eligible. The council fulfils much of this responsibility by commissioning independent providers who offer care in people's own homes, extra care housing, supported living and residential settings.

Within Cambridgeshire and Peterborough Skills for Care report there are 380 care providers across both local authority areas, of which the Councils contract to 288. Many of our providers operate across both Cambridgeshire and Peterborough and therefore this plan includes data from both areas and all initiatives will be accessible to all providers. Across all providers there are 14,100 individuals in direct care roles (care workers, support workers, senior care workers) and 1,550 individuals in managerial positions¹. We also provide direct payments to approximately 850 individuals across Cambridgeshire and Peterborough who manage their own care and support, which may include employing personal assistants.

Increasing demand for services:

Population demographics and characteristics are driving up demand for adult social care and, in turn, driving the need for a larger and more skilled workforce. According to the State of Ageing 2022 report there are currently almost 11 million people aged 65 and over in England; this equates to 19% of the total population. In 10 years' time, this number will have increased to almost 13 million people or 22% of the population. In Cambridgeshire and Peterborough, the age group 65+ is estimated to increase by 48% from 199,190 to 294,801, of which 85+ by 110% from 28,980 to 60,858 between 2021-2041.

As life expectancy increases, the numbers of people who will have social care and health support needs will increase². Living longer can also lead to more complex needs, which will also increase the cost of providing the care needed. Based on the increase in demand on services because of an aging population, in 2021 the Health Foundation predicted that up to 627,000 extra social care staff would be required, representing a 55% growth in the next ten years.³ This would equate to 7,755 extra care workers across Cambridgeshire and Peterborough if our demographics grew in the same way.

Although older people demographics are a large factor in the increasing demand for care, 50% of ASC spend is on adults aged 18 – 64 with Learning Disabilities, Physical Disabilities and Mental Health issues. The number of younger adults with care needs is growing quickly and is projected to grow significantly over the coming years. The proportion of younger adults reporting a disability across England has increased from 14% in 2007/08 to 18% in 2017/18. When combined with population growth, the number rose by 35%. The number of people with severe learning disabilities is projected to increase by 34% between 2017 and 2027⁴. The number of learning-disabled younger adults in LA funded residential care is predicted to rise by 56% between 2018-2038 (Centre for Workforce Intelligence, 2016).

State of the Adult Social Care Workforce in PCC and CCC:

In total the care workforce in England is larger than the NHS workforce⁵ but is fundamentally different in its skills, employment status and recognition. It currently experiences a large turnover of staff, high vacancy rates and a weak baseline of skills which impacts negatively on the quality of some care provision. There is a need for long-term investment and support to recognise and value people working in social care, to develop their skills and offer career

¹ [Peterborough Summary \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk/peterborough-summary), [Cambridgeshire Summary \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk/cambridgeshire-summary)

² [United Kingdom: life expectancy 1765-2020 | Statista](https://www.statista.com/statistics/1102117/united-kingdom-life-expectancy-1765-2020/)

³ <https://www.health.org.uk/news-and-comment/news/over-a-million-more-health-and-care-staff-needed-in-the-next-decade>

⁴ [Social care for adults aged 18-64 \(health.org.uk\)](https://www.health.org.uk/news-and-comment/news/social-care-for-adults-aged-18-64)

⁵ [Adult social care workforce in England - House of Commons Library \(parliament.uk\)](https://www.parliament.uk/libraries/commons/libraries/commons/2018/04/20180418-adult-social-care-workforce-in-england)

pathways.

Staff turnover rate in both CCC and PCC remains high. It has been above 35% for the past five years in a row. Vacancy rates are high in Peterborough City Council at 12.6%. The national average in October 2022 reached 10.9%. We need to support our providers and develop the market to respond to this growth in need and workforce issues, or risk not being able to meet our statutory responsibilities. We seek to maximise opportunities to strengthen skills and retention in the social care workforce to improve the quality-of-care provision and, in turn, improve outcomes for people in our communities, both care workers and recipients of care.

Case for change:

Locally, we know that many of our providers struggle to recruit and retain staff with the right skills, and that this impacts on the quality of care they can offer. This is not unique to Cambridgeshire and Peterborough, and nationally the government are implementing policies to begin to address the challenges care providers face. However, this will take time and at present it is not clear exactly what support and funding will be made available to local authorities or the independent sector. The £500m investment in the social care workforce pledged as part of Social Care Reform in 2021 was halved this year to £250m. 'Recognising skills for careers in care' is still a key ambition, and an implementation plan specifically for the workforce has been set out proposing to invest in qualifications, training, career pathways and international recruitment, although many of the policies are not due to be implemented until after the next general election.

In the meantime, Cambridgeshire and Peterborough are delivering a plan to support the workforce now, developing local initiatives to strengthen the workforce whilst keeping in mind the specific challenges faced by care professionals and providers in the area. The national policies (including the care certificate qualification and career pathway) will take time to implement, and this plan aims to strengthen care delivery in Cambridgeshire and Peterborough, so providers and care professionals are in the best possible position to access new funding and qualifications when they become available.

Based on background research and further investigation and engagement with providers around the key issues (see section 4.2) the workforce support plan proposes a vision for the Adult Social Care workforce across Cambridgeshire and Peterborough which is focused on individual care staff:

The social care workforce across Cambridgeshire and Peterborough feels able and supported to build a 'career in care' which will lead to better outcomes for the people we support.

4.2 Key issues

Provider focus groups took place in April to further explore the specific challenges facing providers in Cambridgeshire and Peterborough. The table below summarises the top common themes arising from both national research and from local providers for both residential and homecare.

	Top common themes	How we propose to address these
1	Shortages of quality staff	To develop with providers a comprehensive marketing plan across the region
2	Training & skills	To standardise delivery and assessment of the Care Certificate through recommended training providers To establish a support model for delivering and recording training e.g. Care Academy
3	Pay linked to funding	To work up options for local pay scales To develop and promote realistic 'Career Pathways'
4	Role expectations	To develop with providers a comprehensive marketing plan across the region
5	Wellbeing	To promote and support the development of a culture of wellbeing, amongst care sector leadership
6	Communication	The regional international recruitment programme, which we are linked into, is providing tools including cultural training and ESOL which will support international recruits with communication.

Along with shortage of staff one of the key issues is the skill levels of staff when they are recruited. There are no entry requirements to join the sector as a care worker. The Care Certificate is designed to provide a baseline of skills for care workers but is not accredited or mandatory. Due to this there are issues with its delivery and assessment including:

- inconsistency in delivery and quality – often delivered by very short on-line learning;
- lack of portability when moving to another care provider, leading to repetition of training;
- challenges including time and cost commitments; and
- challenges involved in the use of agency staff and international recruits not being sufficiently trained.

4.3 Progress so far

To address these issues, the programme has been split into three workstreams:

- Recruitment & Retention
- Learning & Development
- Career Pathways.

A high-level two-year action plan has been developed to implement initiatives and skills has been prioritised as it emerged as the top issue.

We have recruited two members of staff to develop a hybrid Care Certificate training offer for all carers and care providers, including assessment training and ongoing support. This is aimed at:

- Improving the delivery and assessment of the Care Certificate
- Offering hybrid options at low cost to providers

- Working closely with commissioners
- Having oversight of a learner's journey
- Offering continued support and development to assessors

We are in the process of procuring a portal to be free access to all carers and care providers across Cambridgeshire and Peterborough to:

- provide information on training and a list of recommended training providers;
- provide a mechanism for individuals and care providers to log training achieved;
- provide incentives for individuals and care providers to participate in recommended training;
- provide a mechanism for quality assuring the delivery and assessment of the Care Certificate that our contracted care providers are carrying out.

This approach is fairly unique across our region although Hertfordshire run a similar model via their Care Association and Nottinghamshire have also invested in the model for their providers. The government are looking to develop a national 'care portal' and an accredited Care Certificate.

4.4 **Next Steps**

The 'care portal' and the new hybrid Care Certificate package will be launched in November '23. Two face-to-face events will take place one in Peterborough and one in Cambridgeshire. The launch event will also include keynotes from speakers across workforce development programmes, including Skills for Care to share information on funding sources and the adult social care data set, the Integrated Care System (ICS) Health and Social Care Academy, the ASC International Recruitment East programme and a spokesperson on Apprenticeship including Nursing Associates.

The launch will be promoted to all care providers across Peterborough and Cambridgeshire and we are particularly working on reaching Personal Assistants who often work independently and are harder to reach.

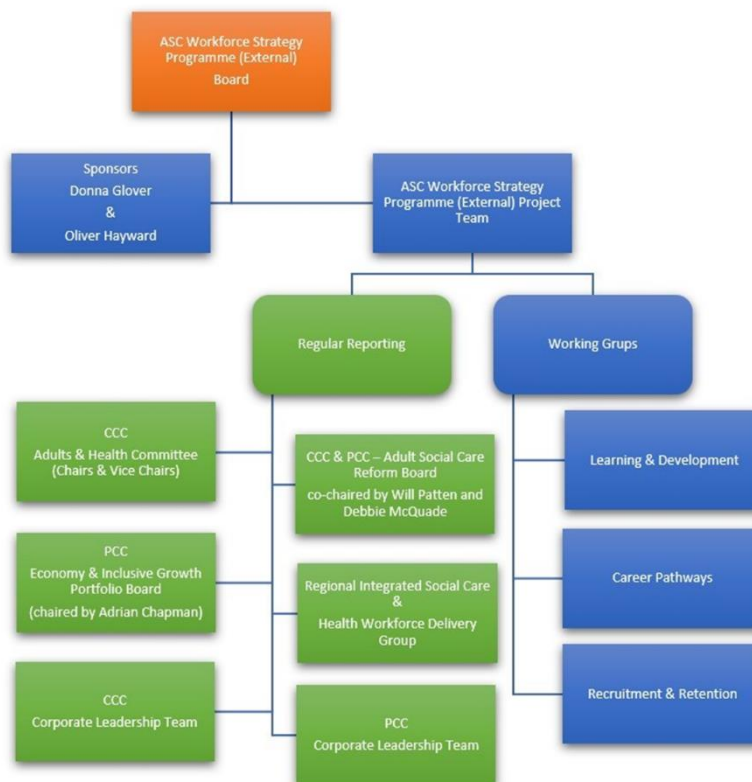
5. **CORPORATE PRIORITIES**

5.1 The Workforce plan links to the Council's Corporate Priority:

1. The Economy & Inclusive Growth (the lead officer reports into this Portfolio Board)
 - Jobs and Money – improving the skills, recruitment and retention of the care workforce

6. CONSULTATION

- 6.1 The following governance structure has been set up including a programme board jointly chaired with the Cambridgeshire and Peterborough Combined Authority - to ensure links to the wider skills agenda and maximise potential funding streams:



Provider focus groups took place in April '23 which highlighted the issues discussed in section 4.2.

- 6.2 Regular engagement is taking place with contracted providers. A launch event is planned for November where we will also run another survey.

7. ANTICIPATED OUTCOMES OR IMPACT

- 7.1 This programme will deliver improvements that will strengthen the workforce and hence increase the quality of care provided to our residents.
- 7.2 The tables below show the KPIs that have been set:

Council	Council Ambition	Qualitative KPI	Measure
Cambridgeshire	Ambition 4: Health, Safe & Independent Lives - Drive up the quality and dignity of care work	Improved perception of care work as a desirable career	Carers survey at start and end of pilot period
		Improved confidence to cope with the role	Carers survey at start and end of pilot period
Peterborough	...upskilling and attracting more workers into the local care sector	Intention to stay in the sector for the next 5 years	Carers survey at start and end of pilot period

Council	Quantitative KPI	Baseline (Oct 22)	England average	Target Year 1
Cambridgeshire	Staff turnover*	39.9%	29%	↓
	Vacancy rate*	9.8%	10.7%	↓
	Achieved or working towards Care Cert	43%	48%	↑
Peterborough	Staff turnover*	36.9%	29%	↓
	Vacancy rate*	12.6%	10.7%	↓
	Achieved or working towards Care Cert	50%	48%	↑

Workstream	Project	Quantitative KPI	Target	Qualitative KPI	Measure
Learning & Development	Care Certificate	Uptake of packages **	450 / year (year 1) 900 / year (year 2)	Learner satisfaction rate	Post course learner surveys
		% gold standard	50%	Improved competency level	Annual provider survey
	Care Academy	% of providers signed up	50% over 2-year pilot	Improved training management	Annual provider survey
		% of carers signed up	50% over 2-year pilot	Benefits package satisfaction	Annual carers survey via CA

8. REASON FOR THE RECOMMENDATION

- 8.1 This programme will deliver improvements that will strengthen the workforce and hence increase the quality of care provided to our residents.

9. ALTERNATIVE OPTIONS CONSIDERED

- 9.1 Soft market testing for the portal showed it would be cheaper to procure than develop and implementation time would be vastly reduced.

Care Certificate options already on the market were found to be either of very poor quality and online only or expensive and time consuming for face-to-face options. A list of recommended training providers as well as our in-house offer will be promoted through the 'care portal'.

10. IMPLICATIONS

Financial Implications

- 10.1 A funding grant from Health Education England of £451k to Cambridgeshire and £143k to Peterborough has been used to finance this programme. The programme budget has been split proportionately but all initiatives will be equally accessible to all providers and care workers across Cambridgeshire and Peterborough.

Legal Implications

- 10.2 Legal have been consulted regarding the T&Cs for the 'care portal' and are fully aware of the procurement process. Peterborough City Council wishes to delegate the function to Cambridgeshire County Council, who will enter into the contract, with the successful tenderer, on behalf of Peterborough City Council. Therefore, the Councils will enter into a Delegation Agreement with each other.

Equalities Implications

10.3 An EqIA has been carried out and approved. The 'care portal' and training will be accessible to all.

11. BACKGROUND DOCUMENTS

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

11.1 [Peterborough Summary \(skillsforcare.org.uk\)](#), [Cambridgeshire Summary \(skillsforcare.org.uk\)](#)
[Adult social care workforce in England - House of Commons Library \(parliament.uk\)](#)
[United Kingdom: life expectancy 1765-2020 | Statista](#)
<https://www.health.org.uk/news-and-comment/news/over-a-million-more-health-and-care-staff-needed-in-the-next-decade>
[Social care for adults aged 18-64 \(health.org.uk\)](#)

12. APPENDICES

12.1 **N/A**

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 9
19 SEPTEMBER 2023	PUBLIC REPORT

Report of:	Val Thomas, Deputy Director of Public Health	
Cabinet Member(s) responsible:	Councilor Wayne Fitzgerald, Leader of the Council and Cabinet Member for Adults Services and Public Health	
Contact Officer(s):	Val Thomas, Deputy Director of Public Health	Tel. 07884 183374

JOINT HEALTH AND WELL BEING (HWB) /INTEGRATED CARE PARTNERSHIP (ICO) STRATEGY - PRIORITY ENVIRONMENTS FOR HEALTHY LIVING – OBESITY UPDATE REPORT

RECOMMENDATIONS	
FROM: Val Thomas, Deputy Director of Public Health	Deadline date: N/A
<p>It is recommended that Adults and Health Scrutiny Committee</p> <ol style="list-style-type: none"> 1. Consider the progress that has been made in addressing the HWB/ICP Priority Environments for Health Living – Obesity and make comments as it sees fit for future service delivery 	

1. ORIGIN OF REPORT

1.1 This report is being made in response to a request by the Director of Public Health by the Group Representatives.

2. PURPOSE AND REASON FOR REPORT

2.1 This report is to ensure that members are fully informed of the progress made against the Joint HWB/ICB Strategy priority Environmental for Healthy Living – Obesity

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 –

2. The Health and Wellbeing including the Health and Wellbeing Board; and

3. Scrutiny of the NHS and NHS providers;

2.3 Addressing childhood obesity is key ambition for the Children in Care Promise. We know that rates of obesity are high amongst vulnerable children. Any interventions will ensure that the needs of these children are met.

3. TIMESCALES

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

4. BACKGROUND AND KEY ISSUES

- 4.1 The Cambridgeshire and Peterborough Joint Health and Well Being Strategy/Integrated Care Partnership Strategy has four priorities. The report describes progress made against the 2023/24 delivery plan for its priority: the Environmental impact upon health, which focuses upon obesity. The action plan and its progress are outlined in the slides attached to this paper.
- 4.2 The Environment/Obesity Action in its first year is focused upon children and young people along with obesity related cardio-vascular risk factors.
- 4.3 This first year is about collecting intelligence to inform and develop interventions but also engagement with partner organisations from across the system that have key roles in delivering the obesity ambition.
- 4.4 We reviewed the evidence base for interventions especially in relation to environmental factors that influence behaviours. In support of this we have commissioned behavioural insight research that will provide an understanding of the motivators for health-related behaviours. Later in the year we will be undertaking a needs assessment for the re-commissioning of our current behaviour change services that will include qualitative research which will increase the richness of the intelligence. These developments will be triangulated to inform interventions.
- 4.5 Schools are key environments for shaping children and young people's behaviours. We have completed a survey of the policies and practices relating to the school food environment in schools across Cambridgeshire and Peterborough. The key results can be found in the slides that accompany this paper.
- 4.6 In terms of new specific projects an innovation fund for primary schools across Cambridgeshire and Peterborough has been established for them to introduce physical activity and nutrition interventions in schools. Schools with projects that evaluate positively will receive an incentive payment.
- 4.7 In recent years there has been a focus upon Active Travel which has been further developed this year and a project that addresses car use in the vicinity of schools will shortly be launched.
- 4.8 Work is underway with planning authorities to influence their Local Plans, which can shape local food environments as well as opportunities for Active Travel. This however is a longer-term ambition due to the need to garner support from different stakeholders and schedules for new plans are long term and do necessarily align with the Strategy timetable.
- 4.9 Addressing obesity related clinical risk factors has been progressed through working with primary care. A GP contract has been developed whereby practices will weigh their patients and identify any high blood pressure (hypertension) and high cholesterol levels. This will receive final sign off by the Local Medical Committee and ICB in September for implementation from October.
- 4.10 The expansion and focus upon NHS Health Checks through different commissioning approaches and the NHS Forward Plan also impacts on obesity and associated risk factors.
- 4.11 The strategic approach for obesity is weighted towards prevention but it does include treatment. Additional weight management services/interventions have been commissioned for adults and children. For adult services this includes the introduction of new NICE approved drug treatments that are associated with improved outcomes but there are concerns about demand and cost along with the potential for longer term treatment being considered.
- 4.12 Also planned for this year.
- NHS/LA workforce programme: workplace support for weight management
 - NHS food environment: reducing fast food options.

- 4.13 Securing the support of partners across the system and identifying leads from different sectors has been part of the process of ensuring system wide support and participation in delivering the action plan. These leads represent the key areas and will review and reflect on the information collected during this first year to develop and implement plans for subsequent years.

To socialise this work across the system we are planning a Summit for the autumn/new year that will bring together our collected local evidence with national and local leads from academia along with organisations that have implemented innovative new approaches. It will provide the opportunity to review and reflect on the intelligence which will inform and clarify our focus, interventions, and the barriers.

- 4.14 The evidence/intelligence that we have collected, and the planned interventions require support from the HWB and ICP along with the wider system. The immediate priorities are found in the accompanying slide set and include organisational/planning policies, specific interventions, and engagement challenges.

There are system wide challenges that all organisations and local communities are experiencing. Workforce capacity and cost living/inflation pressures can be demotivating and affect the development of new initiatives. These cost-of-living pressures also affect the choices people make about what they eat and the activities in which they participate. The Local Plans that can shape the built and food environments have lengthy timescales and considerable efforts are necessary to ensure that all partners support any evidence-based recommendations.

- 4.15 A challenge shared by all the priorities is to ensure that their interdependencies are identified. That there is a commitment where ambitions are shared to delivering interventions that complement and increase impact across the different priorities. Work has commenced but delivery groups are at different stages which makes it important that communication between the priority groups is proactive and transparent.

5. CORPORATE PRIORITIES

- 5.1
1. *The Economy & Inclusive Growth*
 - *Environment: Overall, the impact of this Report will be neutral. However, in two key areas, active travel and increases in physical activity in the city, the impact will be an overall positive decrease on reliance of transport that produces carbon emissions.*
 - *Homes and Workplaces*
Obesity is long term health condition and is associated with work absenteeism and unemployment. We will work with employers to ensure that they are able to support those experiencing obesity to improve their health and remain in employment.
 - *Jobs and Money*
Addressing adult obesity will reduce the risk of unemployment of sickness absenteeism.
 2. *Our Places & Communities*
 - *Places and Safety (including any rural implications)*
There is stigma attached to obesity with children and adults experiencing bullying and exclusion. Addressing obesity will include work to reduce stigma and the associated behaviours.
 - *Lives and Work*
Addressing obesity will increase the number of people in work and reduce sickness absence.
 - *Health and Wellbeing*
Obesity is associated with poor health outcomes reflecting unhealthy behaviours and increased risk of poor clinical risk outcomes. Preventing and treating those who are obese will contribute to an overall improvement in health outcomes.
 3. *Prevention, Independence & Resilience*
 - *Educations and Skills for All*

There is a focus in the priority on the prevention of obesity. Childhood obesity is associated with poor physical and mental health along with poor attainment at school. Similarly, obesity in adults it is associated with poor health and more limited opportunities to take up education and skills development. Adults who are obese are more likely to experience poor health along with decreased mobility and independence. The interventions aim to prevent obesity and poor health, which will ensure independence and resilience.

- *Children: Tackling childhood obesity is essential to prevent poor physical and mental health to ensure that can maximise their ability to learn and become independent resilient adults.*

4. Sustainable Future City Council

- *How we Work: We know that obesity requires the whole system including the Council to work together as the causes are multifaceted. We can increase the impact of interventions if the whole Council works to address obesity of its staff and communities along with its partner organisations.*
- *How we Serve: The Council can ensure that its structures and services support the prevention and management of obesity.*
- *How we Enable: The Council collects data on obesity that helps inform how it puts communities at the centre of its interventions to address obesity.*

6. CONSULTATION

6.1 In the development of the actions to address obesity partner organisations have been consulted and this will be ongoing.

6.2 Also planned is behavioural science research that will involve working with community members to identify the barriers and motivators for adopting healthier lifestyles.

7. ANTICIPATED OUTCOMES OR IMPACT

7.1 This Report is to ensure that members are aware of the progress that is being made against the obesity priority area and to identify how they might work with their communities to engage them in supporting this work.

8. REASON FOR THE RECOMMENDATION

8.1 The committee is asked to consider this report for it:

- To be assured that progress is being made against the Joint HWB/ICP Environment Impacts upon health – obesity.
- To increase support for any interventions amongst communities in Peterborough.

9. ALTERNATIVE OPTIONS CONSIDERED

9.1 N/A

10. IMPLICATIONS

Financial Implications

10.1 This report does not include any financial information or implications.

Legal Implications

10.2 This report does not include any financial information or implications.

Equalities Implications

10.3 In Peterborough:
Around 60% of adults are overweight or obese.
Around 37% of 11-year-olds are overweight or obese.

Although this suggest that obesity is affecting all the population, we know that there are higher rates associated with deprivation, certain groups, and cultures.

The interventions are shaped to address any particular needs found amongst groups where obesity rates are higher.

Children and Care Leavers.

- 10.4 Vulnerable Children are at risk of higher rates of obesity. It will be important to consider their needs when developing interventions.

11. BACKGROUND DOCUMENTS

- 11.1 Cambridgeshire and Peterborough Joint Health and Well Being / Integrated Care Strategy (Priority 2 Strategy and Action Plan)
[Joint Health and Wellbeing Integrated Care Strategy - Cambridgeshire County Council](#)

NHS Forward Plan. [NHS England » NHS Long Term Plan](#)

A Review into Early Years & School Food Provision June 2023. PAG Consultancy - not yet published.

12. APPENDICES

- 12.1 Appendix 1 - Presentation Slides Environmental Health Impacts upon Health/Obesity

This page is intentionally left blank

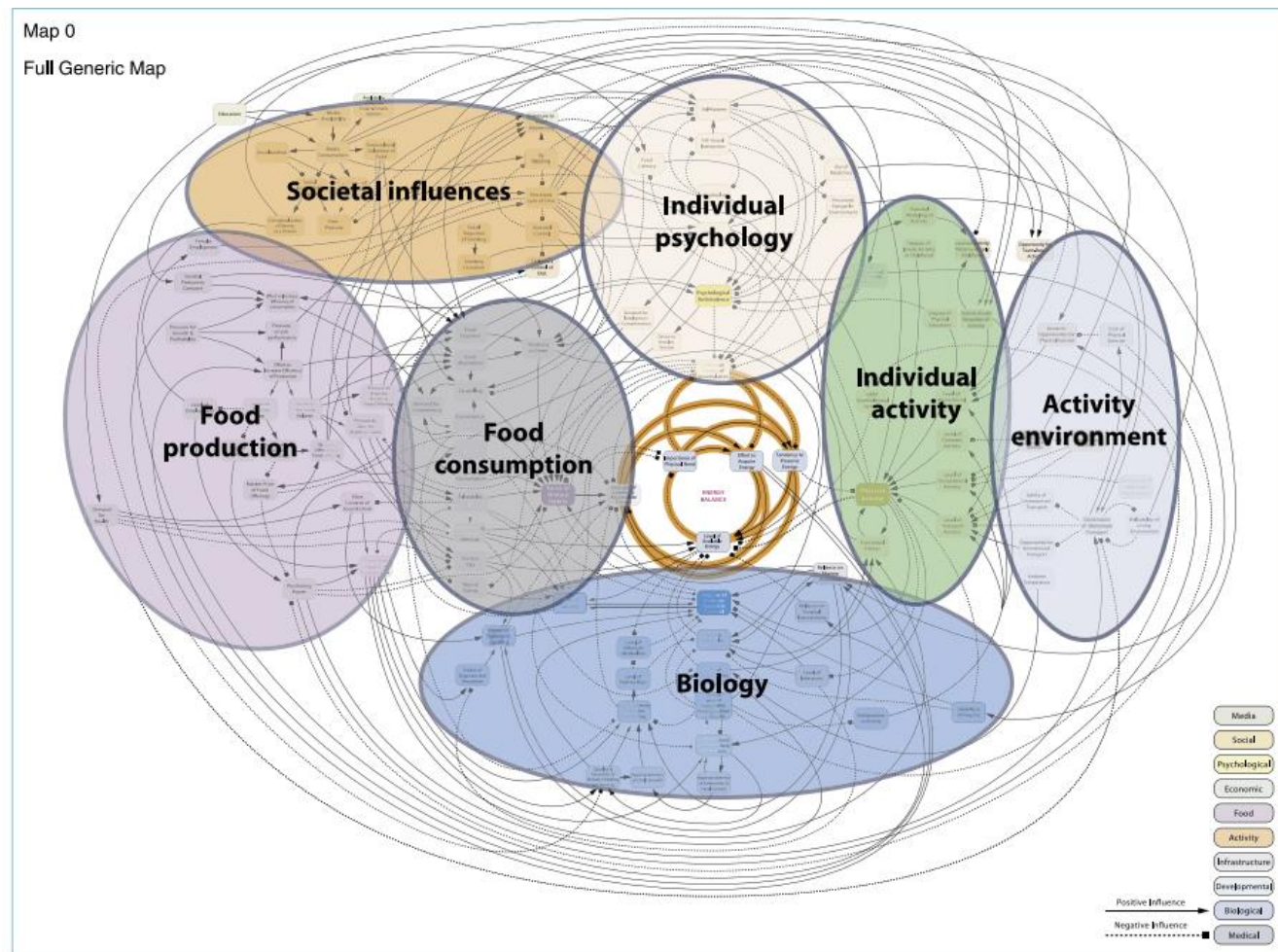
Health and Well Being Board and Integrated Care Partnership

Progress Report Priority 2
Environment/Obesity

Peterborough City Council
Adult and Health Scrutiny
Committee

19th September 2023

61



What the Strategy says:

Our approach

Pragmatic approach to universal and targeted approaches that meets the needs of the population and different communities.

Adoption of local strategies, policies and investment that tackle the obesogenic environment and support the adoption of healthier behaviours

Develop and establish interventions based on evidence based behavioural insights that drive positive health related behaviours .

Early years and school-based interventions to:

- Improve the internal and external food environment: school food survey, fast food free zones, reduction in local advertising.
- Increase physical activity in schools: active travel.

Identify the financial, cultural, emotional, peer pressure etc. barriers to adopting healthy behaviours:

- Commission behavioural insights research to identify barriers to behaviour change.
- Develop Behaviour Insight research-based interventions that have impact and traction on health behaviours.

Increase the identification and management of obesity and related health conditions:

- Establish in primary care routine weighing of patients.
- Develop integrated evidence-based interventions for the behavioural and clinical treatment/management of obesity and associated clinical risk factors and mental health.

Preparing for delivery 2023/24

Focus

- Children and Young People
- Obesity and clinical risk factors

Target setting and evidence

- Evidence review
- Behaviour science research
- School Food Survey
- Needs assessment

Engagement

- Key partners, oversight delivery group
- Summit Autumn 2023

New interventions

In place and planned

Refining our targets

Achieve a 5% decrease in childhood overweight/obesity by 2030.

Reduce childhood overweight/obesity rates to pre-COVID-19 pandemic levels by 2026.

Reduce adult overweight/obesity rates to pre-COVID pandemic levels by 2030.

20% more children meet the physical activity recommendations by 2030.

Achieve a 10% increase in the number of adults who undertake 150 minutes of physical activity per week by 2030.

Reduce inequalities in overweight/obesity.

Evidence for Change



What have we done so far?



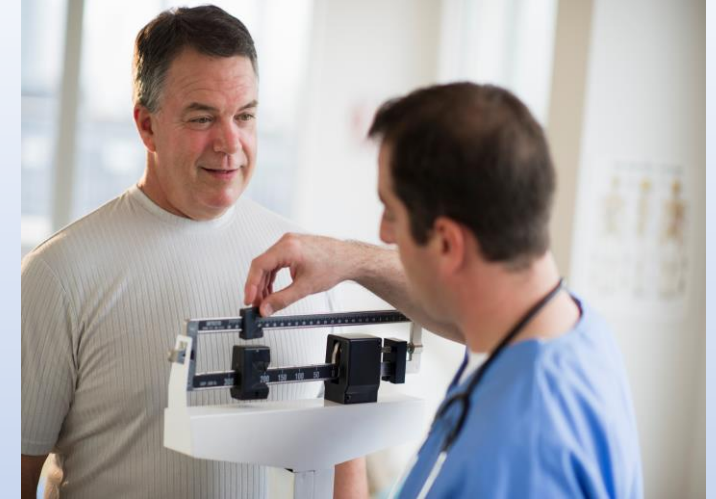
Evidence review: the built & food environments

- Built e.g. active travel
- Food e.g. schools, hospitals



Behaviours

- Behaviour science research commissioned: motivators for behaviour
- Behaviour change services needs assessment: qualitative information
- School Food Survey



Obesity related clinical risk factors

- GP Local Enhanced Services contract – patient weighing BP and cholesterol
- NHS Health Checks expanded
- NHS Forward Plan – focus on obesity and risk factors

Engaging partners

- Organisation leads identified to form Delivery Oversight Group
- Project incentives
- Planned Summit for Autumn 2023

What else this year?



In place

- Expansion of Active Travel programmes
- School based innovation fund for physical activity
- Increase in children's and adult weight management intervention/services: additional commissioned services, very low-calorie diets pilot, new drug therapies

Planned

- NHS/LA workforce programme: workplace support for weight management
- NHS food environment: reducing fast food options
- Autumn Summit – bring together national and local expertise/evidence to plan priorities and actions for 2024 onwards

**Built and Food Environments:
Content and timelines for Local Plans**

**System wide issues:
e.g. cost of living/inflation,
workforce capacity**

Changing policies and practice: e.g. schools including academies, special schools, food concourses e.g. NHS Services

**NHS/LA workforce:
onsite access to weight management, physical activity, healthy food options**

**CHALLENGES!
Our immediate priorities
that require Board and
system-wide support for
implementation**

Obesity and associated risk factors: primary care active engagement

**Interdependencies across the priorities:
Embedding, owning,
differing development stages**

**Autumn Summit:
commitment to attendance and subsequent action**

Challenge example: School Food Survey and implications for schools

Positives

- Onsite school provision overall healthy & pupil-centred
- Whole school approach

Challenges

- Shorter lunchtimes (learning time demands) impacting mealtime environment and food provision
- External food environments
- Financial pressures impacting on food provision. Some evidence that areas of deprivation experience them more, but the pressures are universal

Support required for mitigation/change

- Good nutrition key to learning outcomes – investment in school meals
- Increased engagement with parents/carers, increased information, monitoring/incentives of packed lunches. Penalizes low-income families.
- Producing larger numbers of meals makes each meal cheaper
- Shared catering with other schools, reduction in fixed costs and buying power increased
- Market research analysis for best catering options and to secure best value for money
- “Smart” cooking allows food to be carried over to another day, measuring wastage to gauge meal popularity to inform planning and reduce costs
- Increase uptake of school meals – 4,642 pupils eligible for school meals do not take them up, new approach to promoting them is required.
- External food environment: planning authorities

ADULTS AND HEALTHS CRUTINY COMMITTEE	AGENDA ITEM No. 10
94 SEPTEMBER 2023	PUBLIC REPORT

Report of:	Adesuwa Omoregie, Interim Head of Legal and Deputy Monitoring Officer	
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 684628

MONITORING SCRUTINY RECOMMENDATIONS REPORT

RECOMMENDATIONS	
FROM: Interim Head of Legal and Deputy Monitoring Officer	Deadline date: N/A
It is recommended that the Adults and Health Scrutiny Committee:	
1. Considers the responses from Cabinet Members and Officers to recommendations made at previous meetings as attached in Appendix 1 to the report and provides feedback including whether further monitoring of each recommendation is required.	

1. ORIGIN OF REPORT

1.1 In accordance with the constitution Scrutiny Committees may make reports and recommendations to the Cabinet and/or full Council and/or any Committee in connection with the discharge of any of the Council's functions. This report is therefore provided as part of this process to ensure the monitoring of any recommendations which have been made by this committee.

2. PURPOSE AND REASON FOR REPORT

2.1 The report enables the Scrutiny Committee to monitor and track progress of recommendations made to the Executive or Officers at previous meetings.

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

The Scrutiny Committees will:

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

3. TIMESCALES

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

4. BACKGROUND AND KEY ISSUES

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

5. ANTICIPATED OUTCOMES OR IMPACT

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

6. REASON FOR THE RECOMMENDATION

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

7. BACKGROUND DOCUMENTS

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

- 7.1 Minutes of the Adults and Health Scrutiny Committee meeting held on 11 July 2023.

8. APPENDICES

- 8.1 Appendix 1 – Monitoring Scrutiny Recommendations Report
Appendix 2 – Officer’s Recommendation Response

APPENDIX 1

MONITORING SCRUTINY RECOMMENDATIONS REPORT 2023/24

ADULTS AND HEALTH SCRUTINY COMMITTEE

Updated: 11/09/2023

73

Meeting date of Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
11 July 2023	Leader of the Council and Cabinet Member for Adults Services and Public Health Public Health	Integrated Tobacco Control in the Peterborough and Cambridgeshire System	The Adults and Health Scrutiny Committee resolved to recommend to amend proposed actions, to include the exception of vaping intervention, until a follow up briefing note is provided giving an overview and evidence of health outcomes with reference to vaping and links to smoking cessation.	Members were sent the recommendation response on 29 August 2023. The response detailed work around smoking cessation and the justifications for the inclusion of vaping in the programme.	Completed

This page is intentionally left blank

APPENDIX 2

SCRUTINY COMMITTEE REQUESTING RESPONSE	Adults and Health Scrutiny Committee
OFFICER REQUESTED TO PROVIDE RESPONSE	Val Thomas, Deputy Director Public Health
RECOMMENDATION	The Adults and Health Scrutiny Committee recommended to amend the proposed actions, to include the exception of vaping intervention, until a follow up briefing note is provided giving an overview and evidence of health outcomes with reference to vaping and links to smoking cessation.

RESPONSE:

Leading health and public health organisations including the Royal College of General Practitioners (RCGP), British Medical Association (BMA), Cancer Research UK, and Office for Health Improvement and Disparities (OHID) agree, based on available evidence, that although not risk-free, e-cigarettes are far less harmful than smoking.

The Royal College of Physicians has concluded that the hazard to health arising from long-term e-cigarette use is unlikely to exceed 5% of the harm from smoking, and switching completely from smoking to e-cigarettes conveys both substantial short-term and probable longer-term health benefits¹

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. The absolute risks of e-cigarette use are therefore unknown, but nevertheless should be put in the context of the substantial harm associated with smoking. Unlike cigarette smoking, e-cigarette use does not involve combustion, and while some of the toxicants present in tobacco smoke have been detected in e-cigarette aerosol, they are present at levels which are much lower²

The 2022 Office for Health Improvement and Disparities Nicotine vaping in England evidence update³ concluded that there is significantly lower exposure to harmful substances from vaping compared with smoking, as shown by biomarkers associated with the risk of cancer, respiratory and cardiovascular conditions.

The Cochrane Review 'Electronic cigarettes for smoking cessation'⁴ included 78 completed studies, representing 22,052 participants, of which 40 were RCTs. There was moderate-certainty evidence that the rate of occurrence of adverse events was similar in those randomised to nicotine e-cigarette than in those randomised to nicotine replacement therapy (NRT).

The same Cochrane Review 'Electronic cigarettes for smoking cessation' found that there was high-certainty evidence, that quit rates were higher in people randomised to nicotine electronic

¹ Royal College of Physicians [Nicotine without smoke: tobacco harm reduction](#). 2016

² Hajek P, Etter J-F, Benowitz N et al [Electronic cigarettes: review of use, content, safety, effects on smokers and potential for harm and benefit](#). 2014.

³ Public Health England: [Nicotine vaping in England: an evidence update including health risks and perceptions, 2022](#). September 2022.

⁴ Hartmann-Boyce, J., Lindson, N., Butler, A., et al. [Electronic Cigarettes for smoking cessation](#). 2022.

cigarettes than in those randomized to NRT. The review concluded nicotine e-cigarettes work better than NRT and that people are more likely to stop smoking for at least six months using nicotine e-cigarettes than using NRT.

A major UK clinical trial⁵ involving 900 participants who attended a local stop smoking service found e-cigarettes, when combined with face-to-face behavioural support, to be twice as effective, and one fifth of the cost, for quitting smoking as combination nicotine replacement therapy (NRT). The main findings were:

- One year sustained validated quit rates were 18% in the e-cigarette group and 10% in the NRT group. When participants who quit smoking using non-allocated products were excluded (i.e., participants in the NRT group who used an e-cigarette and vice versa), the quit rates were 18% vs 8%.
- Participants who had quit smoking in the e-cigarette group were more likely to still use their allocated product at 1 year than those in the NRT group (80% vs 9%).
- E-cigarette users experienced less urges to smoke and withdrawal discomfort.
- Among smokers who did not manage to stop smoking, those in the e-cigarette arm reduced their cigarette consumption and smoke intake significantly more than those in the NRT arm.
- People who quit smoking using e-cigarettes had a greater reduction in coughs and phlegm than those who quit with NRT; e-cigarette ingredients may protect vapers from airborne infections.
- As e-cigarettes were more effective and less costly than NRT, they are also much more cost-effective.

There is also real-world evidence from population surveys in England that smokers who use an e-cigarette in a quit attempt are more likely to succeed in that attempt. Changes in the prevalence of e-cigarette use through to 2022 have been associated with increases in the success rate of quit attempts. This suggests that e-cigarettes have helped in the region of 30,000 to 50,000 additional smokers to successfully quit each year in England since 2013.⁶

Public Health England's Vaping in England Evidence Review⁷ found that there is strong evidence that nicotine vaping products are effective for smoking cessation and reduction. Combining vaping products (the most popular source of support used by people making a quit attempt in the general population) with stop smoking service support (the most effective type of support) should be an option available to all people who want to quit smoking.

⁵ 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.

⁶ Beard E, West R, Michie S, Brown J. Association of prevalence of electronic cigarette use with smoking cessation and cigarette consumption in England: a time-series analysis between 2006 and 2017. *Addiction*. 2020 May;115:961-74.

⁷ Public Health England. [Vaping in England Evidence Review](#). 2021.

Adults and Health Scrutiny Committee Work Programme 2023/2024

Updated: 11/09/2023

Meeting Date	Item	Comments
Meeting Date: 11 July 2023 Draft report deadline: 20 June Final report deadline: 28 June	Appointment of Co-opted Members 2023/2024 Contact Officer: Charlotte Cameron	
	Integrated Tobacco Control in the Peterborough and Cambridgeshire System Contact Officers: Martin Whelan, Val Thomas	
	Reablement Overview Report Contact Officer: Belinda Child	
	Review of 2022/23 and Work Programme for 2023/24 Contact Officer: Charlotte Cameron	
	Forward Plan of Executive Decisions Contact Officer: Charlotte Cameron	

Meeting date: 19 September 2023 Draft report deadline: 29 August Final report deadline: 6 September	Forward Plan of Executive Decisions Contact Officer: Charlotte Cameron	
	Cancer Pathway, Delayed Treatment and Impact on Mortality Contact Officer: Paul Denton	
	Prevention in Primary Care Contact Officers: Val Thomas and Simon Howard	
	Update on Social Care Workforce Contact Officer: Wendy Crosson-Smith	
	Joint Health and Well Being (HWB) /Integrated Care Partnership (ICO) Strategy - Priority Environments for Healthy Living – Obesity Update Report Contact Officer: Val Thomas	
	Monitoring Scrutiny Recommendations Report Contact Officer: Charlotte Cameron	
	Work Programme 2023/2024 Contact Officer: Charlotte Cameron	

Meeting date: 7 November 2023 Draft report deadline: 17 October Final report deadline: 25 October	Winter Annual Planning Report - a holistic approach Contact Officer - Stacie Coburn	
	Midwifery Workforce Contact Officer – Paul Denton	
	Post Covid Service Provision Contact Officer – CPFT Lead, ICB for Commissioning element	
	Public Health Services - Annual Performance Report. Cabinet Member Contact Officer – Jyoti Atri	
	Monitoring Scrutiny Recommendations Report	
	Work Programme 2023/2024	

Meeting date: 16 January 2024 Draft report deadline: 22 December Final report deadline: 03 January	Forward Plan of Executive Decisions	
	Cabinet Member Portfolio Update Report Contact Officers - Stephen Taylor and Tina Hornsby	
	Safeguarding Adults Annual Board Report Contact Officer – Joanne Proctor	
	Pharmaceutical needs assessment, updates and supplementary statements Contact Officer – Ian Green	
	Committee Start Time Report 2023-2024	
	Monitoring Scrutiny Recommendations Report	
	Forward Plan of Executive Decisions	
	Work Programme 2023/2024	
Meeting date: 22 January 2024 Joint Meeting of the Scrutiny Committees – Budget		

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

Pending Items:

Healthwatch Report and GP Accessibility – November?

This page is intentionally left blank