

## ADULTS AND HEALTH SCRUTINY COMMITTEE

TUESDAY 17 SEPTEMBER 2024

6.00 PM

Bourges/Viersen Room - Town Hall

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

### AGENDA

Page No

1. **Apologies for Absence**
2. **Declaration of Interest and Whipping Declarations**

At this point Members must declare whether they have a disclosable pecuniary interest, or other interest, in any of the items on the agenda, unless it is already entered in the register of members' interests or is a "pending notification " that has been disclosed to the Solicitor to the Council. Members must also declare if they are subject to their party group whip in relation to any items under consideration.
3. **Minutes of the Adults and Health Scrutiny Committee Meeting held on 9 July 2024** 3 - 8
4. **Call in of any Cabinet, Cabinet Member or Key Officer Decision**

The decision notice for each decision will bear the date on which it is published and will specify that the decision may then be implemented on the expiry of 3 working days after the publication of the decision (not including the date of publication), unless a request for call-in of the decision is received from any three Members of a Scrutiny Committee. If a request for call-in of a decision is received, implementation of the decision remains suspended for consideration by the relevant Scrutiny Committee.
5. **Supplementary Appointment of Co-opted Members 2024/2025** 9 - 10
6. **Forward Plan of Executive Decisions** 11 - 30
7. **Update on the impact of additional Supplementary Funding on addressing Substance Misuse in Peterborough** 31 - 48
8. **Update on All Age Carers Strategy and the Carers Survey** 49 - 70
9. **The provision of NHS Dental Services in Peterborough** 71 - 78

**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 Town Hall. 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.*

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<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: Asif Shaheed, Mahmood, Boyce, Dowson, S Farooq, W Fitzgerald (Chair), N Iqbal, Rafiq, Ann Shaheed, Rangzeb and I Ali (Vice Chair)

Substitutes: Councillors: Sabir, Ormston, M Cereste, Day, Geraghty and B Rush

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

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING  
HELD AT 6.00PM, ON  
TUESDAY, 9 JULY 2024  
BOURGES/VIERSEN ROOM, TOWN HALL, PETERBOROUGH**

**Committee Members Present:** Fitzgerald (Chair), Boyce, Dowson, Iqbal, Mahmood, Rafiq Rangzeb, Ann Shaheed and Asif Shaheed.

Youth Councillor: Mohammad Akhtar

**Officers Present:** Madia Afzal, Democratic Services Officer  
Charlotte Cameron, Senior Democratic Services Officer  
Alison Clowes, Local Systems Influencing Manager, Alzheimer's Society  
Debbie McQuade, Service Director Adults and Safeguarding  
Mike Robinson, Interim Director of Public Health Peterborough  
Martin Whelan, Head of Governance and Data Protection Officer  
NHS Cambridgeshire and Peterborough

**Also Present:** Cllr Shabina Qayyum, Cabinet Member for Adults and Health.

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Imtiaz Ali and Saqib Farooq.

Co-opted Members: Sandie Burns and Caroline Tyrrell-Jones.

**2. DECLARATIONS OF INTEREST**

No declarations of interest were received.

**3. MINUTES OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE MEETING HELD ON 12 MARCH 2024**

The minutes of the meeting held on 12 March 2024 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.

**SUPPLEMENTARY ITEM: QUESTIONS FOR THE CHAIR OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE**

The Adults and Health Scrutiny Committee received questions from the Alzheimer's Society in relation to the Dementia Resource Centre. The Local Systems Influencing Manager was in attendance and presented the questions on behalf of the Society. The questions are detailed below:

- Will this Committee hold Council Executives to account on what consultation has been done to decide on the budget percentage cut to adult social care provision, and what is being put in place to mitigate the impact on the most vulnerable residents in Peterborough?
- Will this Committee hold the Council Executives to account on how they will meet the needs of our growing and ageing population as part of the NHS Long Term Plan and stated in the Cambridgeshire and Peterborough ICS 2024-2029 Joint Forward Plan, if budget for the post diagnostic service for the UK's biggest killer, dementia, has been cut by 51%?
- Finally, will this Committee request transparency and accountability on behalf of the over 2,000 local residents living with dementia and their families who will be significantly impacted by a 51% budget cut in post diagnostic support services available to them; and has the Committee been provided with an impact assessment to properly understand the impact of this decision?
- The Service Director for Adults and Safeguarding updated Members on the current position.
- The Officer addressed the misconceptions around the Resource Centre's closure and confirmed that the Resource Centre was relocating and not closing.
- The importance of supporting and meeting the needs of vulnerable residents across the city was acknowledged.
- In terms of the 51% reduction in budget, it was noted that the authority was required to review its commitments annually as part of the budget consultation to meet the needs of its most vulnerable residents.
- The Service Director for Adults and Safeguarding recognised the valuable support the directorate had received from the Alzheimer's Society.
- It was confirmed that a Quality Impact Assessment had been carried out prior to the reduction in adult social care provision. The Committee were further advised that the Assessment was required to balance against the finances and the needs of residents.
- The Local Systems Influencing Manager was pleased to hear that budget processes had been adhered to.
- The Local Systems Influencing Manager queried the authority's plans for residents with Dementia given the cuts to the service and emphasised the need for adequate provision across the city.
- The Service Director reiterated the importance of accommodating and supporting vulnerable people and the proposed collaboration with the Alzheimer's Society and other organisations were detailed.
- The Chair noted that the authority had struggled to allocate funding for the provision. It was further advised that the resource had been at risk for many years.
- However, Members were assured that the current site would remain in place until a new site had been secured.
- The Committee were further advised that the shortfall in funding was being sourced from the NHS.
- The Chair requested that the Service Director for Adults and Safeguarding seek clarification from the budget team on the cuts to the provision.
- The Committee queried the Directorate's collaboration with the Resource Centre and clarification on the decision-making process was sought.
- The Service Director for Adults and Safeguarding agreed to update Members.
- Reference was made to support services such as the day centre for individuals with advanced dementia/needs.

- Furthermore, the Committee queried whether the impacted services had been confirmed. The Chair in response confirmed the reduction in the global budget.
- Members were updated on the authority's existing funding and how this was around the social care element. Members were further advised that the Directorate was working with Public Health to gain a better understanding of what they were seeking to commission.
- The Committee were advised that the responsibility for the provision lied with the Council and not Public Health as Health did not recognise dementia as a disease.

### **AGREED ACTIONS**

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

- The Committee requested a road map and assurance notes from officers relating to how the decisions were taken around the funding cuts, and ongoing plans to support the service users.

### **5. APPOINTMENT OF CO-OPTED MEMBERS 2024/2025**

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, Caroline Tyrrell-Jones and Chris De Wilde as Non-Voting Co-opted Members for the municipal year 2024/2025 to the Adults and Health Scrutiny Committee in accordance with Part 3, Section 4 – Overview and Scrutiny Functions.

The Democratic Services Officer introduced the report and explained that the nominations for 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, Caroline Tyrrell-Jones and Chris De Wilde as non-voting Co-opted Members for the municipal year 2024/25.

### **AGREED ACTIONS**

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

1. Appoint Sandie Burns to the Committee as an Independent Co-opted Member with no voting rights for the municipal year 2024/2025 Appointment to be reviewed annually at the beginning of the next municipal year.
2. Appoint Caroline Tyrrell-Jones to the Committee as an Independent Co-opted Member with no voting rights for the municipal year 2024/2025 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 2024/2025. Appointment to be reviewed annually at the beginning of the next municipal year.

### **6. REVIEW OF 2023/2024 AND DRAFT WORK PROGRAMME 2024/2025**

The Senior Democratic Services Officer presented the report which considered the 2023/2024 year in review and looked at the work programme for the new municipal year

2024/25 to determine the Committees priorities. Members also noted the Terms of Reference for the Committee.

The Cabinet Member for Adults and Health at the request of Committee Members was called on to present her priorities for the 2024/2025 municipal year.

- The Cabinet Member in her opening remarks highlighted that she looked forward to working with Cllr Fitzgerald in his capacity as Chair of the Adults and Health Scrutiny Committee.
- The Cabinet Member provided some background information on her skills and experiences.
- The Cabinet Member advised that she was employed as GP but committed to the role of Cabinet Member for Adults of Health.
- Members were also advised that the Cabinet Member had a strong track record of managing both roles.
- The Cabinet Member welcomed effective scrutiny, and an emphasis was placed upon collaborative and cohesive ways of working.
- Members were advised that a number of services were to be recommissioned including sexual health services and drug and alcohol community services.
- The Committee were reminded that budgets were tight, and that the directorate sought to secure funding from the new government.
- An emphasis was placed upon cross-directorate working and good health outcomes across all directorates.
- Members were advised that the directorate sought to review the authority's business contingency plan in the event of another pandemic.
- In terms of adult social care, it was noted that the directorate would be working towards a good Care Quality Commission (CQC) outcome.
- The Cabinet Member encouraged collaborative working with external organisations such as the local Integrated Care Board (ICB).
- Members were updated on the forthcoming review of the commissioning model.
- The Cabinet member reiterated the directorate's enthusiasm for scrutiny, questions and new ideas.
- Finally, Members were advised that the Cabinet Member sought to set about a new culture of collaboration with Members as well as the Chair and Vice-Chair of the Adults and Health Scrutiny Committee.

The Head of Governance and Data Protection Officer, NHS Cambridgeshire and Peterborough was invited to take questions from the Committee on the work programme items assigned to the ICB.

- It was noted that the Committee has previously requested an update on dentistry which had been provisionally scheduled for the September meeting.
- It was also noted that the ICB presents its Systems Winter Plan to the Committee in November and the Committee were asked to consider this at their next agenda setting meeting.
- Furthermore, reference was made to the ongoing recommendation from the January meeting in respect of current waiting list status for operations in hip and knee joint replacement and cognitive assessments.
- The Committee were asked to consider Right Care, Right Person, specifically its impact on emergency services and Councils at future meetings of the Adults and Health Scrutiny.
- The Chair also requested a report on its implications
- Moreover, reference was made to the National Care Service and what the timescale for this might be as well as its implications.
- The Officer outlined the work with partners in respect to Right Care, Right Person and confirmed that stage one had been implemented with limited implications.

- Members were also advised that there was an extensive programme around this including strategic and operational meetings.
- Furthermore, the directorate welcomed the Chair's request on the update report and confirmed that this could be presented to Members in the next 6-12 months.

### **AGREED ACTIONS**

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

1. Considers items presented to the Adults and Health Scrutiny Committee during 2023/2024 and make recommendations on the future monitoring of these items where necessary.
2. Determines its priorities and approves the draft work programme for 2024/2025 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.

### **7. MONITORING SCRUTINY RECOMMENDATIONS REPORT**

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

### **AGREED ACTIONS**

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

### **8. FORWARD PLAN OF EXECUTIVE DECISIONS**

The Chair 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.

It was noted that the Healthy Child Programme Commissioning Approach – KEY/03JUNE24/03 decision was a public health matter although it had been assigned to the Children and Education Scrutiny Committee.

### **AGREED ACTIONS**

The Adults and Health Scrutiny Committee considered the current Forward Plan of Executive Decisions and RESOLVED to:

1. Considers the current Forward Plan of Executive Decisions included at Appendix 1 and identifies any relevant items for inclusion within their work programme or request further information.

### **9. DATE OF NEXT MEETING**

The date of the next meeting was noted as being 17 September 2024

CHAIR

Meeting started at 6.00pm and finished at 6:48pm



<b>ADULTS AND HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 5
<b>17 SEPTEMBER 2024</b>	<b>PUBLIC REPORT</b>

Report of:	Neil McArthur, Director for Legal and Governance and Monitoring Officer	
Contact Officers:	Charlotte Cameron Senior Democratic Services Officer	Tel: 01733 384628

**SUPPLEMENTARY APPOINTMENT OF CO-OPTED MEMBERS 2024/2025**

<b>RECOMMENDATIONS</b>
<p>It is recommended that the Adults and Health Scrutiny Committee:</p> <ol style="list-style-type: none"> <li>1. Appoint Parish Councillor Dierdre Hardy as an Independent Co-opted Member with no voting rights to represent the rural area for the municipal year 2024/2025. Appointment to be reviewed annually at the beginning of the next municipal year.</li> </ol>

**1. ORIGIN OF REPORT**

1.1 The report is presented to the Committee on behalf of the Director for Legal and Governance and Monitoring Officer and the Senior Democratic Services Officer.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this report is to request that the Committee appoint Parish Councillors Dierdre Hardy as Non-Voting Co-opted Members for the Municipal year 2024/2025 to the Adults and Health Scrutiny Committee in accordance with Paragraph 4.3 Part 3, Section 4 – Overview and Scrutiny Functions:

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

**3. TIMESCALES**

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

**4.1 Parish Council Co-opted Members**

Each Scrutiny committee has the ability to co-opt up to four non-voting co-opted members one of which will be a Parish Councillor representing the rural area to ensure the voice of the rural communities are reflected.

Parish Councillor co-opted members are nominated through a process which is handled by the Parish Council Liaison Committee Working Group. Any expressions of interest the Working Group receive are assessed and final nominations are then put forward to the relevant committee for approval. The Parish Council Liaison Working Group has therefore proposed that Parish Councillor

Dierdre Hardy be nominated as the substantive co-opted member to represent the rural area on the Adults and Health Scrutiny Committee.

#### **4.2 NEXT STEPS**

If the Committee agree to appoint the above nomination from 17 September, they will be able to attend and take part in all meetings of the Committee and any Task and Finish Groups that the Committee agree that they may be assigned to with no voting rights.

#### **5. CONSULTATION**

The Chair, Vice Chair and Group Representatives of the Committee are all aware and support the appointments outlined above.

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

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

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

7.1 The recommendation is made to the Scrutiny Committee to formally appoint the Independent Co-opted Members. The Committee are required to approve the appointment before the co-optees can take part as non-voting members of the Committee.

#### **8. ALTERNATIVE OPTIONS CONSIDERED**

8.1 Not having co-opted members. This option was considered by the Chair, Vice Chair and Group Representatives determined that this would not benefit the work of the Committee.

#### **9. IMPLICATIONS**

##### **9.1 Financial Implications**

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

##### **9.2 Legal Implications**

The formal appointment of a co-optee onto a Scrutiny Committee is provided for in the Local Government Act 2000 and the Local Authorities (Committee System) (England) Regulations 2012 sets out the powers of committees, including those of co-opted members

##### **9.3 Equalities Implications**

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

##### **9.4 Rural Implications**

None.

#### **10. BACKGROUND DOCUMENTS**

None.

#### **11. APPENDICES**

None.

<b>ADULTS AND HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 6
<b>17 SEPTEMBER 2024</b>	<b>PUBLIC REPORT</b>

Report of:	Neil McArthur, Director for Legal and Governance and Monitoring Officer	
Contact Officer(s):	Charlotte Cameron, Senior Democratic Services Officer	Tel. 01733 384628

**FORWARD PLAN OF EXECUTIVE DECISIONS**

<b>RECOMMENDATIONS</b>	
<b>FROM:</b> Director for Legal and Governance and Monitoring Officer	<b>Deadline date:</b> N/A
<p>It is recommended that the Adults and Health Scrutiny Committee considers the current Forward Plan of Executive Decisions included at Appendix 1 and identifies any relevant items for inclusion within their work programme or request further information.</p>	

**1. ORIGIN OF REPORT**

1.1 The report is presented to the Committee to enable the Scrutiny Committee to consider the Forward Plan of Executive and consider what action if any should be taken in respect of those decisions by the Scrutiny Committee.

**2. PURPOSE AND REASON FOR REPORT**

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

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

The Scrutiny Committees will:

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

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

**3. TIMESCALES**

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

4.1 The latest version of the Forward Plan of Executive Decisions is attached at Appendix 1. The Forward Plan contains those Executive Decisions which the Leader of the Council believes that the Cabinet or individual Cabinet Member(s) can take and any new key decisions to be taken after 7 October 2024.

- 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: 6 SEPTEMBER 2024

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

<b>KEY DECISIONS FROM 7 OCTOBER 2024</b>								
<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS REPORT AUTHORS</b>	<b>DIRECTORATE</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</b>
<b>Delivery of Hydro Pool Conversion to SEN classrooms at Heltwate St Georges – KEY/07OCT24/01</b> - Allow officer decision to award a contract for the delivery of works for the conversion of the hydropool to SEN classrooms for use of the Heltwate St Georges SEN school following a competitive tender process through the Pagabo Medium Works Framework	<b>Cllr Cole, Cabinet Member for Children’s Services</b>	<b>October 2024</b>	Children and Education Scrutiny Committee	Dogsthorpe	None required this is delivery of works. Approval already provided for the decision to convert.	Rachael Hunns - rachael.hunns@peterborough.gov.uk	<b>Corporate Services</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>Visitor Economy Strategy – KEY/07OCT24/02</b> Requesting approval of a new Peterborough Visitor Economy Strategy.	<b>Cabinet</b>	<b>15 October 2024</b>	Growth, Resources and Communities Scrutiny Committee	All Wards	The strategy was developed in collaboration with members of the Peterborough Tourism Collective	<a href="mailto:tom.hennessy@opportunitypeterborough.co.uk">Tom Hennessy, Head of Economic Growth and Development, 07950960108, tom.hennessy@opportunitypeterborough.co.uk</a>	<b>Place and Economy</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

**PREVIOUSLY ADVERTISED KEY DECISIONS**

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DIRECTORATE</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</b>
<p><b>1. CCTV Surveillance System Service - maintenance contract award – KEY/18DEC23/01</b> - Maintenance contract award by Peterborough City Council following a joint procurement of Peterborough City Council and Fenland District Council's CCTV Surveillance System whereby Fenland District Council delegate the function of this contract to Peterborough City Council to act as lead local authority.</p>	<p><b>Cllr Thulbourn - Cabinet Member for Growth and Regeneration</b></p>	<p><b>September 2024</b></p>	<p>Growth, Resources, And Communities Scrutiny Committee</p>	<p>All wards.</p>	<p>Not required.</p>	<p>Aarron Locks, CCTV Shared Service Manager, Tel: 07894 913503, Email: aarron.locks@peterborough.gov.uk</p>	<p><b>Place and Economy</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>2. To procure a contract for Electric Vehicle Charging Infrastructure - KEY/15JAN24/03</b> - The Council is working in partnership with the Combined Authority and Cambridgeshire County Council to procure a supplier who will roll out Electric Vehicle Charging Infrastructure from late 2024/25 onwards. Successful procurement and submission of a business case will also ensure that the Council receives grant funding to support the roll-out of chargers across Peterborough.</p>	<p><b>Councillor Jamil, Cabinet Member for Environment and Transport</b></p>	<p><b>September 2024</b></p>	<p>Growth, Resources, And Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Future public consultation will be undertaken</p>	<p>Lewis banks, Transport &amp; Environment Manager Tel: 01733 317465 Email: lewis.banks@peterborough.gov.uk</p>	<p><b>Place and Economy</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>3. Approval of draft Local Nature Recovery Strategy (LNRS) before public consultation - KEY/08APRIL24/03</b> - Approval of draft LNRS to allow it to go out for wider public consultation.</p>	<p><b>Cabinet</b></p>	<p><b>1 November 2024</b></p>	<p>Climate Change and Environment Scrutiny Committee</p>	<p>All Wards</p>	<p>The draft LNRS will be formed by broad stakeholder consultation across Peterborough and Cambridgeshire.</p>	<p>Darren Sharpe, Natural &amp; Historic Environment Manager, darren.sharpe@peterborough.gov.uk</p>	<p><b>Place and Economy</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>4. Delay and Deferral Policy – KEY/20MAY2024/01</b> - A new policy for delaying or deferring a school place application.</p>	<p><b>Cllr Cole, Cabinet Member for Children's Services</b></p>	<p><b>September 2024</b></p>	<p>Children and Education Scrutiny Committee</p>	<p><b>All Wards</b></p>	<p>This policy will comply with the requirements of the School Admissions Code and all the relevant legislation. External consultation is not required.</p>	<p>Isabel Clark, Interim Head of School Place Planning. Email: isabel.clark@peterborough.gov.uk Tel : 07711804965</p>	<p><b>Children and Young People's Service</b></p>	<p>The Delay and Deferment policy  It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p><b>5. Peterborough Domestic Abuse Safe Accommodation Strategy 2024-2027 - KEY/20MAY2024/02</b> - There is requirements for Tier 1 Local Authorities to have a Safe Accommodation Strategy for victims of domestic abuse. The Strategy for 2021-2024 requires a refresh and publication. The new Strategy will be 2024/2027</p>	<p><b>Cllr Alison Jones - Cabinet Member for Housing and Communities</b></p>	<p><b>September 2024</b></p>	<p>Growth, Resources, And Communities Scrutiny Committee</p>	<p><b>All Wards</b></p>	<p>Domestic Abuse &amp; Sexual Violence Partnership Board - January 2024</p>	<p>Danae Evans, Safe Accommodation Programme Manager, Email: danae.evans@cambridgeshire.gov.uk</p>	<p><b>Place and Economy</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
6. <b>Recommissioning of Integrated Drug and Alcohol Treatment Contract – KEY/03JUNE24/04</b> - To seek approval for the procurement of a new Integrated Drug and Alcohol Treatment Contract for Peterborough for Adults and Children.	Cabinet	15 October 2024	Adults and Health Scrutiny Committee	All Wards	Relevant internal and external stakeholders.	Commissioning Team Manager for Substance Misuse.	Public Health	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
7. <b>Culture and Leisure Contract - Indexation - KEY/17JUNE24/01</b> -Increase in value due to annual indexation.	Cllr Thulbourn, Cabinet Member for Growth and Regeneration	September 2024	Growth, Resources and Communities Scrutiny Committee	City Wide	N/A	Rob Hill; Service Director Housing and Communities; 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.
8. <b>Peterborough Economic Strategy - KEY/17JUNE24/02</b> - To review and approve the Peterborough Economic Strategy.	Cabinet	17 September 2024	Growth, Resources and Communities Scrutiny Committee	All	N/A	Tom Hennessy, Head of Economic Growth and Development, tom.hennessy@opportunitypeterborough.co.uk	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
9. <b>Draft Local Plan - KEY/17JUNE24/03</b> -To approve the draft version of the Peterborough Local Plan for public consultation.	Cabinet	17 September 2024	Growth, Resources and Communities Scrutiny Committee	All	Six weeks public consultation on the Draft Local Plan to take place in August/September 2024	Gemma Wildman, Principal Strategic Planning Officer Email: gemma.wildman@peterborough.gov.uk, Tel: 01733 863824.	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
10. <b>Contract Award to Milestone for construction of Lincoln Road Improvement KEY/29JUL24/01</b> Award of contract to Milestone for the construction of the Lincoln Road regeneration project.	Cabinet	17 September 2024	Climate Change and Environment Scrutiny Committee	Central	Consultation has been undertaken to inform the scheme design. Any construction specific consultation will take place shortly prior to works being completed.	<a href="#">Amy Petrie, Principal Programme and Project Officer, 452272, amy.petrie@peterborough.gov.uk</a>	Place and Economy	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.



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
11. <b>Education IT System Award - KEY/12AUGUST24/01</b> - Award of a contract for the provision of an Education IT System.	Cllr Jamil, Deputy Leader and Cabinet Member for Finance and Corporate Governance	September 2024  OUT FOR CONSIDERATION	Children and Education Scrutiny Committee	N/A	N/A	Tony Drath, Senior Project Manager ITDS, Tony.Drath@cambridgeshire.gov.uk, 07785 778417	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.
12. <b>Millfield, New England, Eastfield and Embankment Public Spaces Protection Order - KEY/12AUGUST24/02</b> - Proposal to extend the Millfield, New England, Eastfield and Embankment Public Spaces Protection Order for 3 more years.	Cllr Alison Jones - Cabinet Member for Housing and Communities	13 September 2024  OUT FOR CONSIDERATION	Growth, Resources and Communities Scrutiny Committee	Central, Park, North and East Wards	Public consultation online and in paper form by request from 8th July 2024 to 4th August 2024. Direct consultation with statutory consultees, ward councillors and key interested parties during the public consultation period.	Laura Kelsey, 07920 160642, laura.kelsey@pet-erborough.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.
13. <b>St Georges Hydro Pool Conversion - KEY/12AUGUST24/04</b> - To approve the contractor (following a competitive tender process) to deliver the conversion of the St Georges Hydro Pool to classrooms for St Georges SEN school.	Cllr Thulbourn - Cabinet Member for Growth and Regeneration	8 September 2024	Growth, Resources and Communities Scrutiny Committee	Dogsthorpe	N/A.	rachael.hunns@pet-erborough.gov.uk	Corporate Services	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
14. <b>City Centre Advertising Boards Contract - KEY/12AUGUST24/05</b> - This is to award a contract for the provision of digital advertising boards in the city centre.	Cllr Thulbourn - Cabinet Member for Growth and Regeneration	September 2024	Growth, Resources and Communities Scrutiny Committee	Central	N/A.	Amanda Rose - 07572 463889	Corporate Services	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
<p><b>15. Approval to Award the Care and Support Contract to the Extra Care Housing Schemes St Edmunds Court and Bishopsfield Court – KEY/26AUG24/01</b> - Approval to award the care and support contract for two extra care schemes in Peterborough; St Edmunds Court and Bishopsfield Court. The existing contractual arrangements are due to end on 28th February 2025.</p> <p>Agreement is being sought to award for both of the above services for an initial 2 years and 1 month period until 31st March 2027, with the inclusion for a possible extension of the provision for a further 2 years.</p> <p>The initial contract period of 2 years and 1 month ensures that all extra care housing schemes in Peterborough expire on the same date in the same year. This will enable commissioners to retender all five schemes simultaneously, resulting in less resource for commissioning, legal and procurement and the opportunity for providers to achieve economies of scale thus creating efficiencies.</p> <p>The total yearly cost of this contract is £988,856 per annum based on current service utilisation. Considering possible annual uplifts and increases in care, the total estimated contract value across five years is £5,250,000.</p>	Cabinet	15 October 2024	Adults and Health Scrutiny Committee	Paston and Walton and Hampton Vale	A survey of the residents of the extra care housing schemes will be used to inform the specifications for the tender. In addition, soft market testing was undertaken in August 2023 to understand the market appetite for extra care, and this will still be concurrent enough to inform the method questions for this procurement.	Ruth Miller, Senior Commissioner, 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><b>16. Award of the Care in the Community Contract – KEY/26AUG24/02</b> - Approval to award the Care in the Community contract. Total contract value for the whole framework over ten years is £570,899,013. Values over ten years per lot below:  Lot 1 – Standard Homecare - £227,082,507  Lot 2 – Complex Homecare - £25,231,390  Lot 3 – Standard Supported Living - £244,924,736  Lot 4 – Complex Supported Living - £27,213,860  Lot 5 – Extra Care Housing - £36,446,520  Lot 6 – floating Support and Community Outreach - £10,000,000</p>	Cabinet	April 2025	Adults and Health Scrutiny Committee	All	Provider engagement: forums, events, workshops, surveys, groups. Service users: partnership boards, extensive surveys both online and paper, workshops, 121 sessions, feedback from SWs. Internal operational teams etc.	Ruth Miller, Senior Commissioner, 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.

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>17. <b>Interpretation and Translation Services - Contract Award – KEY/26AUG24/03</b> - Translation services are part of the Council's Public Sector Equality Duty. The service meets this obligation by ensuring accessibility for people and communities that we serve. For those people who have difficulties communicating in English, whether due to Language barriers or disability, access is enabled through the use of interpretation and translation services.</p>	<p><b>Cabinet</b></p>	<p><b>12 November 2024</b></p>	<p>Growth, Resources, And Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Feedback from some of the services who use the Interpretation and Translation service was gained and taken into consideration when writing this report.</p>	<p>Jo Leggett, Commissioning Manager for Children in Care, Email: joanne.leggett@petborough.gov.uk</p>	<p><b>Corporate Services</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>18. <b>Cuckoos Hollow Bridges KEY/09SEP24/01</b> - Approval to award contract up to £600k to Milestone Infrastructure Services for the delivery of Cuckoos Hollow Bridges.</p>	<p><b>Cllr Thulbourn - Cabinet Member for Growth and Regeneration</b></p>	<p><b>30 September 24</b></p>	<p>Growth, Resources, And Communities Scrutiny Committee</p>	<p>Werrington and Gunthorpe</p>	<p>There has been ongoing communication with Councillors from both wards and information placed in the public domain when appropriate.</p>	<p>Amy Petrie, Principal Programme and Project Officer, amy.petrie@petborough.gov.uk 01733 452272</p>	<p><b>Place and Economy</b></p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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

<b>DECISIONS TO BE TAKEN IN PRIVATE</b>								
<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**

<b>KEY DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DIRECTORATE</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</b>
<b>1. Academy Conversion</b> - The Council has received an academy order for the conversion of Primary School B.	<b>Cabinet</b>	<b>17 September 2024</b>	Children and Education Scrutiny Committee	Eye, Thorney and Newborough Ward	No consultation is required other than TUPE consultations.	Isabel Clark, Interim Head of School Place Planning, 07711804965, <a href="mailto:isabel.clark@peterborough.gov.uk">isabel.clark@peterborough.gov.uk</a>	<b>Children and Young People's Service</b>	Paragraph 3 of Part 1 Schedule 12A of the Local Government Act 1972, as amended, and that it would not be in the public interest for this information to be disclosed. (Relating to the financial or business affairs of any particular person).
<b>2. Review of Service Delivery KEY/15JUL24/02</b> To seek authority from Cabinet to review Service Delivery across specific council functions.	<b>Cabinet</b>	<b>15 October 2024</b>	Growth, Resources and Communities Scrutiny Committee	All Wards	N/A	Adrian Chapman, Executive Director Place and Economy	<b>Place and Economy</b>	This item will be fully exempt.  Paragraph 3 of Part 1 Schedule 12A of the Local Government Act 1972, as amended, and that it would not be in the public interest for this information to be disclosed. (Relating to the financial or business affairs of any particular person).
<b>3. Proposals for Replacement Regional Pool - KEY/12AUGUST24/03</b> - Approve direction for replacement of Regional Pool.	<b>Cabinet</b>	<b>15 October 2024</b>	Growth, Resources and Communities Scrutiny Committee	Central	Detailed consultation will take with a wide range of internal/external stakeholders once direction for replacement agreed.	<a href="mailto:rob.hill@peterborough.gov.uk">Rob Hill - rob.hill@peterborough.gov.uk</a>	<b>Place and Economy</b>	Exempt appendices will be submitted for the financial submissions on the contract award prices. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).

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KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DIRECTORATE	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES
<p><b>4. Healthy Child Programme Recommissioning Approach - KEY/09SEP24/02</b> - a. To commission a Universal 0-19 Healthy Child Programme including Health Visiting and School Nursing that follows national commissioning guidance, has a focus on improving outcomes and reducing inequalities and allows flexibility to adapt to local needs by working in place-based integrated teams with other Local Authority (Education, Social Care and Community), Public Health and NHS services.</p> <p>b. For Peterborough City Council to enter into a Section 75 Partnering Agreement with Cambridgeshire Community Services for delivery of this service starting on 1st April 2025 for a duration of 2 years with the option to extend for 2+2 years (Total 6 years).</p> <p>c. To agree the annual budget of £4,092,144.00 p.a.</p> <p>d. To delegate authority to the Director of Public Health to exercise the option to extend the Section 75 Partnering Agreement after each 2-year period.</p>	Cabinet	17 September 2024	Adults and Health Scrutiny Committee	All Wards	Relevant internal and external stakeholder processes	Saurabh Gupta, Public Health Consultant, saurabh.gupta@peterborough.gov.uk, 07950143524	Public Health	<p>Exempt appendices will be submitted for the financial submissions on the contract award prices. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p> <p>PCC Cabinet HCP recommissioning options 02082024 Supporting paper - Detailed options appraisal for recommissioning approach - Healthy Child Programme Legal Advice Healthy Child Programme (exempt appendices - sensitive information) 0-19 services letter to CPFT CEO (23072024) - (exempt appendices - sensitive information) 0-19 services letter to DPHs (12072024) - (exempt appendices - sensitive information) Joint Venture Review - Health Child Programme - November 2023 - (exempt appendices - sensitive information)</p>
<p><b>5. Fletton Quays Hotel Business Case - KEY/09SEP24/03</b> - To inform Cabinet of the outcome of the soft market testing of the hotel, and update on the work to inform the costs and process if the council decides to develop the hotel itself.</p>	Cabinet	17 September 2024	Growth, Resources and Communities Scrutiny Committee	Fletton and Stanground	Soft market testing has taken place	Jill Evans, Service Director- Corporate Finance, jill.evans@peterborough.gov.uk, 01733 453569	Corporate Services	<p>Exempt appendices will be submitted for the financial submissions on the contract award prices. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>
<p><b>6. Disposal of Rural Estate: KEY/23SEPT24/01</b> Proposed disposal of rural estate as individual holdings and larger scale sale</p>	Cabinet	15 October 2024	Growth, Resources, And Communities Scrutiny Committee	Newborough and Thorney	Previously taken to Cabinet as in principle agreement to dispose of the estate but individual sales to be brought back to Cabinet. Continued consultation with CLT etc	<a href="mailto:felicity.paddick@peterborough.gov.uk">Felicity Paddick - Head of Estates</a> felicity.paddick@peterborough.gov.uk 07801 910971	Corporate Services	<p>Exempt appendices will be submitted for the financial submissions on the contract award prices. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

**PART 3 – NOTIFICATION OF NON-KEY DECISIONS**

<b>DECISIONS FROM SEPTEMBER 2024</b>								
<b>DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DIRECTORATE</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</b>
<b>None</b>								



**PREVIOUSLY ADVERTISED DECISIONS**

<b>DECISION REQUIRED</b>	<b>DECISION MAKER</b>	<b>DATE DECISION EXPECTED</b>	<b>RELEVANT SCRUTINY COMMITTEE</b>	<b>WARD</b>	<b>CONSULTATION</b>	<b>CONTACT DETAILS / REPORT AUTHORS</b>	<b>DIRECTORATE</b>	<b>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT ANNEXES</b>
<b>1. Approval of the Peterborough Sufficiency Strategy</b> Every top tier local authority is required to publish a sufficiency strategy. This must set out how we seek to avoid children coming into care through the provision of family support services and identify steps that we are taking to ensure that we have sufficient placements for children in care in our area, so that as many children and young people in care can live locally, provided that this is in their best interests.	<b>Councillor Qayyum, Cabinet Member for Adults and Health</b>	<b>December 2024</b>	Children and Education Scrutiny Committee	All Wards	There has been widespread consultation including with children and young people in care.	Helene Carr, Head of Service - Children's Services - P&C Children's Commissioning, helene.carr@peterborough.gov.uk	<b>Adults</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>2. Direct award of Public Health Primary Care Contracts (GP's and Pharmacies) - To directly award primary care contracts in line with the regulations found in the new Provider Selection Regime from 2024/25.</b>	<b>Councillor Qayyum, Cabinet Member for Adults and Health</b>	<b>September 2024</b>	<b>Adults and Health Scrutiny Committee</b>	All	N/A	Val Thomas, Deputy Director of Public Health, 07884 183374, Val.Thomas@cambridgeshire.gov.uk	<b>Public Health</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>3. Disposal of Surplus Land - Approval to dispose of property for best consideration.</b>	<b>Councillor Jamil, Deputy Leader and Cabinet Member for Finance Corporate Governance</b>	<b>September 2024</b>	Growth, Resources and Communities Scrutiny Committee	Fletton and Stanground	None.	Sarah Cracknell, Principal Estates Manager, 07512 193207 sarah.cracknell@peterborough.gov.uk	<b>Corporate Services</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>4. Peterborough Skills and Employment Strategy - Bringing forward the draft Peterborough skills and employment strategy for members to approve and delegate authority to proceed with the 5-year implementation plan.</b>	<b>Cabinet</b>	<b>17 September 2024</b>	Growth, Resources, And Communities Scrutiny Committee	All	The process to create the skills strategy will have engaged with the Peterborough Skills and Employment Partnership Board, employers, skills providers and the public	Tanya Meadows, Head of Skills and Employment (secondment) - Email: tanya.meadows@peterborough.gov.uk - Tel: 07912763078	<b>Place and Economy</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
<b>5. New Classroom at Academy</b> New classroom at Academy to support additional intake in pupils.	<b>Cllr Katy Cole, Cabinet Member for Children's Services</b>	<b>September 2024</b>	Children And Education Scrutiny Committee	East	N/A	Chris Pike, Principal Development Surveyor	<b>Children And Young People's Service</b>	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.



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. <b>Draft Renewals Policy 2025 to 2027</b> - Draft of the refreshed Renewals Policy governing the award of Disabled Facility Grants from 1st April 2025 to 31st March 2027	Cabinet Member for Adults and Health - Councillor Shabina Qayyum	November 24	Adults and Health Scrutiny Committee	None	Council Website	Sharon Malia - Housing Programmes Manager	Adults	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
7. <b>Update on Ken Stimpson</b>	Cabinet	Called in and being reconsidered	Children and Education Scrutiny Committee	Werrington	Called in and being reconsidered	Simon Lewis Service Director Commercial, Property and Asset Management Email: <a href="mailto:simon.lewis@pet-erborough.gov.uk">simon.lewis@pet-erborough.gov.uk</a>	Children And Young People's Service	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
8. <b>Operationalisation post separation of the Public Health Directorate between Peterborough City Council and Cambridgeshire County Council</b>	Cabinet Member for Adults and Health - Councillor Shabina Qayyum	September 2024	Adults and Health Scrutiny Committee	N/A	CLT, Public Health Directorate etc.	Emily Smith, Consultant in Public Health, <a href="mailto:emilyr.smith@cambridgeshire.gov.uk">emilyr.smith@cambridgeshire.gov.uk</a>	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 D Jones (Leader of the Council); Cllr Qayyum; Cllr Cole; Cllr Jamil, Cllr A Jones, Cllr Ellis and Cllr Thulbourn.

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 [democratic.services@peterborough.gov.uk](mailto:democratic.services@peterborough.gov.uk), Democratic Services. 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 Democratic Services at email: [democratic.services@peterborough.gov.uk](mailto:democratic.services@peterborough.gov.uk).

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

## **DIRECTORATE RESPONSIBILITIES**

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

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

Financial and Resources

Internal Audit, Insurance and Investigations

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

Communications

Commercial & Property

Registration and Bereavement Services

Commercial & Property

Delivery and Transformation

Health & Safety

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

Digital, Data Analytics, Risk & IT Services

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

Performance and Information (Performance Management, Systems Support Team)

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

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

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

### **ADULTS** Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

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

Business Management and Commercial Operations (Commissioning)

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

Corporate Lawyers

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

Information Governance, (Freedom of Information and Data Protection)

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

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

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

Housing and Homelessness

Highways and Transport (Network Management, Highways Maintenance, Street Naming and Numbering, Street Lighting, Design and Adoption of Roads, Drainage and Flood Risk Management, Transport Policy and Sustainable Transport, Public Transport)

Employment and Skills

Community Safety

Regulatory Services

Emergency Resilience & Planning

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

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

Health Protection, Health Improvements, Healthcare Public Health.

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

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

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

Councillor Dennis Jones	Leader of the Council
Councillor Mohammed Jamil	Deputy Leader and Cabinet Member for Finance and Corporate Governance
Councillor Nick Thulbourn	Cabinet Member for Growth and Regeneration
Councillor Shabina Qayyum	Cabinet Member for Adults and Health
Councillor Katy Cole	Cabinet Member for Children's Services
Councillor Alison Jones	Cabinet Member for Housing and Communities
Councillor Angus Ellis	Cabinet Member for Environment & Transport

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

Your comment or query:

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

Name .....

Address .....

.....

Tel: .....

Email: .....

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

<b>ADULTS AND HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 7
<b>17 SEPTEMBER 2024</b>	<b>PUBLIC REPORT</b>

<b>Report of:</b>	Mike Robinson, Interim Director of Public Health	
<b>Cabinet Member(s) responsible:</b>	Councillor Dr Shabina Cabinet Member for Adults and Health	
<b>Contact Officer(s):</b>	Kathy Hartley, Consultant in Public Health Joseph Keegan, Substance Misuse Commissioning	Tel. 07795 557595

**Update on the impact of additional Supplementary Funding on addressing Substance Misuse in Peterborough**

RECOMMENDATIONS	
<b>FROM:</b> Substance Misuse Commissioning	<b>Deadline date:</b> September 2024
<p>It is recommended that Adults and Health Committee review the improvements in the Substance Misuse service offer since the award of Supplementary Grants and the outcomes achieved, and to support the continuation of delivery where there is impact.</p>	

**1. ORIGIN OF REPORT**

- 1.1 Following a meeting of the Group Representatives, the Committee has requested that this report comes to the committee.

**2. PURPOSE AND REASON FOR REPORT**

2.1 *The purpose of the report is:*

1. To provide an overview of the need, process and outcome of substance misuse services in Peterborough.
2. Explain how services are funded and to describe the service developments which have been funded by the Supplementary Substance Misuse and Treatment Recovery Grant (SSMTRG) since it started on the 31<sup>st</sup> of March 2022
3. To assess the impact of the SSMTRG on outcomes

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:

1. Public Health;
4. Adult Social Care; and
5. Safeguarding Adults.

### 3. TIMESCALES

3.1

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

4.1 This section provides an overview of drug and alcohol needs/gaps in Peterborough, the services to support those with drug and alcohol problems and some of the historic funding challenges resulting in pressure on services, before the supplementary substance misuse and treatment recovery grant.

#### 4.2 Drug and Alcohol Needs

Drug and Alcohol misuse is a significant public health issue in Peterborough as it is nationwide. A comprehensive drug and alcohol needs assessment was completed in January 2023, which included a review of data from 21/22. The following sections summarise the findings of the needs assessment.

#### 4.2.1 Table 1 – Summary of key alcohol needs taken from the 2023 drug and alcohol needs assessment

Metric	Need in Peterborough compared to England																																											
% of the Peterborough population needing alcohol treatment compared to England.	Peterborough has a higher rate of (15.2 per 1000 population) needing alcohol treatment compared with England (13.7 per 1000 population).																																											
% of people in Peterborough accessing alcohol treatment compared to England.	24% of the people needing treatment in Peterborough were in treatment compared to 20% in England.																																											
% Admission rates to hospital for alcohol related conditions.	<p>There were 819 hospital admissions in 2021/22 for alcohol related conditions in Peterborough, however the rate of admissions is lower than that of England</p> <table border="1"> <thead> <tr> <th rowspan="2">Area</th> <th colspan="3">Persons</th> </tr> <tr> <th>Number</th> <th>Rate</th> <th>Trend</th> </tr> <tr> <th></th> <th colspan="2">2021/22</th> <th>to 2020/21</th> </tr> </thead> <tbody> <tr> <td>Cambridge</td> <td>521</td> <td>480.0</td> <td>→</td> </tr> <tr> <td>East Cambridgeshire</td> <td>340</td> <td>374.8</td> <td>→</td> </tr> <tr> <td>Fenland</td> <td>538</td> <td>499.9</td> <td>→</td> </tr> <tr> <td>Huntingdonshire</td> <td>777</td> <td>420.1</td> <td>→</td> </tr> <tr> <td>South Cambridgeshire</td> <td>599</td> <td>368.6</td> <td>→</td> </tr> <tr> <td>Cambridgeshire</td> <td>2,774</td> <td>420.0</td> <td>→</td> </tr> <tr> <td>Peterborough</td> <td>819</td> <td>435.5</td> <td>↓</td> </tr> <tr> <td>England</td> <td>270,774</td> <td>494.0</td> <td>→</td> </tr> </tbody> </table>	Area	Persons			Number	Rate	Trend		2021/22		to 2020/21	Cambridge	521	480.0	→	East Cambridgeshire	340	374.8	→	Fenland	538	499.9	→	Huntingdonshire	777	420.1	→	South Cambridgeshire	599	368.6	→	Cambridgeshire	2,774	420.0	→	Peterborough	819	435.5	↓	England	270,774	494.0	→
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#### 4.2.2 Table 2 - Summary of key drug needs taken from the 2023 drug and alcohol needs assessment

Metric	Need in Peterborough compared to England where possible
Rates of people with Opiate and Crack Cocaine use in Peterborough compared with England.	<p>Prevalence of Crack Cocaine use in Peterborough is estimated to be 6.9 per 1000 compared with 5.1 nationally.</p> <p>Prevalence of Opiate use in Peterborough is estimated to be 11.47 per 1000 compared to 7.37 nationally</p>



	Prevalence of concurrent Opiate and Crack in Peterborough is estimated to be 13.77 per 1000 compared to 8.85 nationally
% of people in Peterborough accessing drug treatment compared to England.	48% of people in need of treatment were accessing drug treatment in Peterborough compared with 46% nationally  54% of those needing help for Crack Cocaine use in Peterborough were in treatment compared with 46% in England
Substances	Main substances used are Opiates, Cannabis, Cocaine and Crack Cocaine 70% of drug clients are using opiates e.g. heroin, comparable to findings nationally
Length of time in treatment (shorter is regarded as better)	People are in treatment for less time in Peterborough with 49% in treatment for less than 2 years compared with 42% nationally
Offending	Around two thirds of the criminal justice clients in community treatment had previously been in prison.

#### 4.2.3 **Qualitative feedback from drug and alcohol service users and stakeholders – From Tonic Report Completed November 2022.**

In addition to the quantitative needs identified, the Council consulted with staff, service users and local stakeholders. The following service gaps were identified.

- Lack of detox and rehab in Peterborough
- Need more housing support options
- Need better access to employment
- Need more support in recovery
- Need to improve prescribing capacity
- More awareness of young person's service
- Earlier interventions for those on criminal justice pathway
- The size of caseloads at CGL (number of clients per worker) was too high impacting on quality

Summary of drug and alcohol needs at the beginning of 2023:

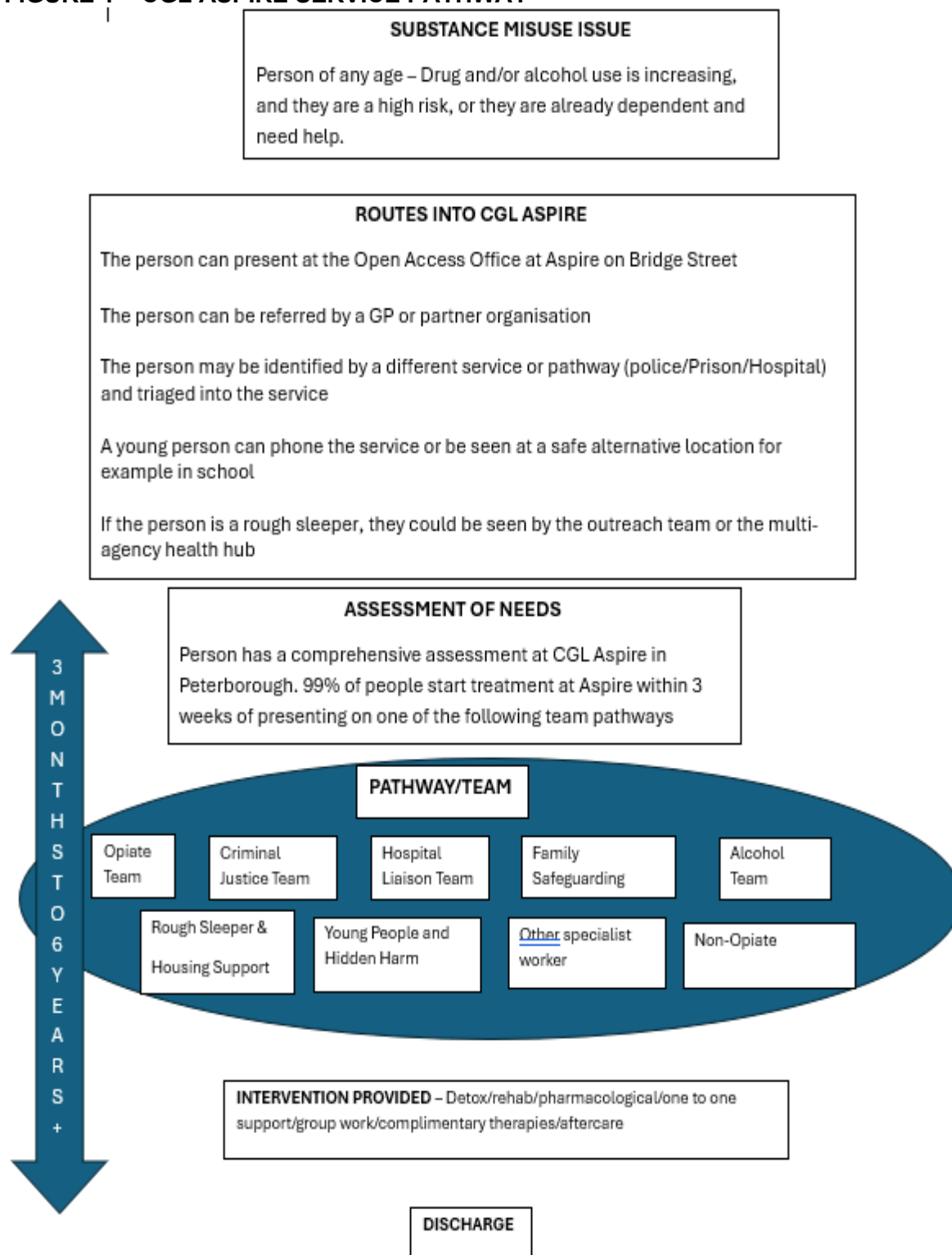
- Peterborough has a more complex client group compared to England – higher number of clients using crack cocaine, significant housing problems and a high-risk offender profile and limited early intervention
- Peterborough was doing well at supporting clients into drug and alcohol treatment compared with England but still more than half of people needing drug treatment were not in treatment and for every 100 people needing alcohol treatment only 24 were in treatment at a given time
- The service lacked key funding to address wider public health determinants e.g. access to work, stable housing and opportunities to sustain and support recovery.

#### 4.3 **Process for accessing drug and alcohol services in Peterborough**

The process for accessing drug and alcohol services in Peterborough is very simple. There is one main provider of support covering adults and young people, which helps them with both drug and alcohol issues. The provider is Change Grow Live (CGL). Locally the service is known as

CGL Aspire. Aspire was a name chosen by service users locally. Figure 1 shows a basic pathway and journey through treatment:

**FIGURE 1 – CGL ASPIRE SERVICE PATHWAY**



The CGL Aspire service is very easy to access:

- People can directly go to the service and be seen via open access
- Professionals can refer clients to the service
- People can be seen at drop-in and outreach sessions including in hospital.

There are no waiting lists for the service or thresholds which delay or prevent care. The service helps people with relatively straightforward presentations requiring help with one substance that has recently developed into a problem, to more complex presentations with decades of use using multiple substances impacting on all aspects of their life and outcomes.

If people have increasing but not higher risk alcohol drinking, there is one other service separately commissioned by the Council called Everyone Health which provides short-term alcohol brief interventions. This is for people with lower-level needs not requiring specialist treatment.

#### 4.4 **Funding of services before the Supplementary Grants Programme**

Funding for drug and alcohol services nationally and locally was significantly impacted during the continuing austerity period affecting public services. During this period there was no ring-fence on the budget for drug and alcohol services and it was not possible to give inflationary uplifts on contracts. As an example, the CGL Aspire Core contract in Peterborough has a base budget for 24/25 of £2,482, 510. This is lower than the original contract value of £2, 636, 416 when the current CGL contract began eight years ago on the 1<sup>st</sup> of April 2016. During this period there has of course been considerable cost of living rises. This situation has been mirrored nationally.

#### 4.5 **Dame Carol Black Review**

Following concerns about the impact of drug abuse in England and the impact of cuts to drug and alcohol services, the government asked Dame Carol Black to undertake a review of the state of drug and alcohol services in England. The review was published in 2020 and found the following:

- There was a need to reform the funding model for drug and alcohol services
- A whole system approach was required encompassing health, housing, criminal justice and employment
- There was a need to strengthen harm reduction services
- There was a need to expand and upskill the workforce
- There is significant stigma experienced by people with drug and alcohol issues
- There is a need to recognise the link between co-occurring mental health and substance misuse

Following Dame Carol Black's review the national government published the 10 Year National Drugs Strategy "From Harm to Hope". More details are provided below.

#### 4.6 **National 10 Year Drugs Strategy – "Harm to Hope"**

The National Drugs Strategy was published in 2021, which addressed the following key priority areas:

- Breaking drug supply chains
- Delivering a world-class treatment and recovery system
- Achieving a generational shift in the demand for drugs

To accompany the delivery of the strategy, central government committed £900m worth of additional funding over 3 years. Each authority was asked to set up a Combatting Drugs Partnership to oversee the local delivery and a Senior Responsible Officer (SRO). For Peterborough the role of the Combatting Drugs Partnership is taken by the High Harms Board and the SRO is Police and Crime Commissioner, Darryl Preston. These are supported by the Countywide Drug and Alcohol Delivery Board. Given the overlapping drug and alcohol issues in Cambridgeshire and Peterborough and footprint of local public services (Police/Probation, Integrated Care Board and at the time Public Health) these groups operate countywide across Cambridgeshire and Peterborough.

As part of the roll out of the National Strategy, Peterborough has received a set of 4 supplementary grants.

#### 5.0 **Supplementary Substance Misuse and Treatment Recovery Grants (SSMTRG).**

To support the roll out of the National Drugs Strategy the Council has been awarded 4 additional grants.

**Table 3 - Summary of Grants**

Grant	2024/25 (Peterborough)
Supplementary Substance Misuse Treatment & Recovery Grant (SSMTRG)	£1,116,875
Rough Sleeper Drug & Alcohol treatment grant (RSDATG)	£734,803
Individual Placement & Support (IPS)	£108,006
Housing Support Grant	£662,754
Total	<b>£2,622,438</b>
Inpatient detox (regional commissioned beds-consortium independent from local LA budgets)	+ £58,315*

\*The inpatient bed money is part of a regional collaboration, and this money is paid direct to the provider and does not come via Peterborough City Council

The total supplementary grant fund of £2, 622, 438 compares with the core grant £2, 482, 510. Combined the total investment in drug and alcohol services in Peterborough is now £5, 104, 948. The Council is currently in the 3<sup>rd</sup> year of these the Supplementary Grants. **See Appendix 1 for more detail on each grant.** The central government funding has been very welcome and has completely transformed services for the public in Peterborough.

### 5.1 Service offer BEFORE the Supplementary Grants

Prior to this additional funding, CGL Aspire was outperforming England in the percentage of the potential treatment population engaged in treatment. Each service user received the following help:

- Comprehensive assessment
- Allocation to treatment pathway that most closely addressed their needs
- An allocated Recovery Co-ordinator which oversees their care and their personal plan
- Prescribing interventions (drug and alcohol only) by CGL clinicians
- Group interventions and one to one where possible
- Complimentary therapies like acupuncture
- Limited access to inpatient detox

But due to the shortage of funding, many issues were identified:

- limited preventative criminal justice work for those involved in or at risk of drug related crime
- only one worker who could help rough sleepers
- staff with excessive caseloads (some had 80+ per worker)
- limited support for clients at high risk of losing their housing
- no protection for clients as risk of being cuckooed by drug dealers
- a restricted offer for young people
- prescribers under pressure and a lack of flexibility to meet client needs
- very limited detox and no rehab
- limited support around benefits
- challenges for different diverse community members facing additional stigma
- limited pathways into employment
- inability to help those in recovery following discharge from treatment.

The gaps in service provision were very much reflected by the qualitative needs assessment report from 2022, as outlined in section 4.1.3.

## 5.2 The current service offer WITH the Supplementary Grants

With the addition of the four Supplementary Treatment Grants, there has been a complete transformation of the drug and alcohol service offer to the residents in Peterborough. Council Commissioners have had an opportunity to radically develop and reshape the offer, using the funding available. Figure 2 below depicts this as an image. The boxes in GREEN summarise the additional areas funded by the extra grants.

**Figure 2 – Additional services provided by the Supplementary Treatment and Recovery Grants.**



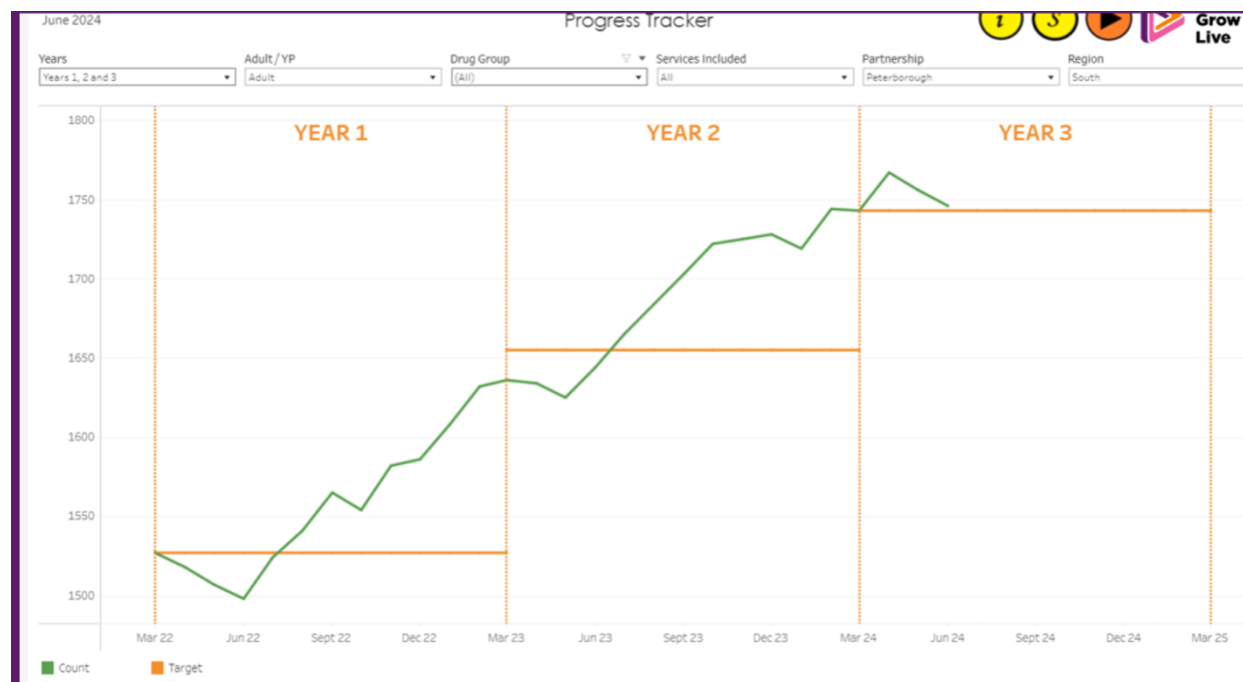
## 5.3 Assessing the impact on outcomes of the SSMTRG

5.3.1 Now midway through year 3, we are still only in the early stages of the 10 Year National Drug Strategy from Harm to Hope. The grants were released at different stages with the most recent, Individual Placement and Support starting in January 2024 and the Housing Support starting in October 2023. The earliest release of money was the Rough Sleeper Drug and Alcohol Treatment Grant which preceded the other grants, and the longer length of time has enabled a full external evaluation. Appendix 1 provides detail on all 4 grants and what has been achieved.

The top ambition in the Harm to Hope Strategy is to increase the numbers in drug and alcohol

treatment. Peterborough was set a target to increase the total numbers in treatment to 1747 from 1522 by 31st March 2025. Thanks to innovation and dedication CGL achieved the target a year early. Graph 1 below details:

**GRAPH 1 - Key headline measure - Numbers in treatment**



Furthermore, Peterborough was visited in January 2024 by the Office of Health Improvement and Disparities (OHID) and was congratulated on its progress in reaching this target where many other authority areas did not. OHID wanted to learn from Peterborough how this has been achieved; the consensus was early mobilisation and the creation of specific specialist teams within the overall service, as described above.

The achievement increasing the numbers in treatment, whilst a headline measure, is only part of the story so far. Other benefits realised as a result of the investment are detailed in Appendix 1 and summarised below.

**Service Quality Improvements**

- With additional staff in place, it has been possible to reduce the average number of clients from 38 per worker in March 2022 to 27 in April 2024. This has provided more time for one-to-one interventions and support to help address patient needs
- Training 1082 front line workers in drug and alcohol awareness, trauma informed approaches and Naloxone use and administration (Naloxone can be used to save lives and reverse the effects of an opiate overdose)

**Investment in detox and rehab (known as Tier 4)**

- More patients have benefited from inpatient detox - an increase from 11 in 21/22 to 27 in 23/24 and there are 7 rehab places for Peterborough where previously this could not be afforded at all

**Clinical improvements**

- The money has funded a new Prescribing Doctor, who can offer more clinical time to support with increased patient numbers
- CGL have recruited a Health Care Assistant. This has helped to increase testing and treatment of Hepatitis C. Positivity of HEP C has reduced from 44% in 21/22 to an average of 18% in 23/24
- 15 clients are now on a new Opiate Substitution Treatment called Buprenorphine, a monthly depot injection, which is providing to be more effective at helping clients to feel better and not need heroin. It is also helping to giving them greater independence by not needing to have daily or weekly pickups of prescriptions. This helps with preparing and returning to work and prevents them mixing unnecessarily with other drug users.

### **Greater prevention work**

-Funding has been provided for prevention and early intervention for those on the criminal justice pathways. The Criminal Justice case load sat at 364 in March 2024 a 66% increase from March 2022, with a greater proportion of preventative work for people just entering the criminal justice system

-Extra investment has been made to identify patients in Peterborough City Hospital who will need support around drug and alcohol use. Brief interventions doubled in 23/24 to 1132 compared with 668 the previous year 22/23. During the same period there has been a near trebling of people picked up by the CGL community service following hospital discharge up to 44 from 16 over the same timescale

-A new Community Engagement Worker is supporting up to 20 clients who may face additional cultural challenges in engaging in treatment by reaching out to them and offering greater awareness of drug and alcohol issues to different community groups

### **Transformation of joint housing and substance misuse work**

-A new Floating Support Team is targeting around 150 drug and alcohol users who are struggling to maintain or might lose their housing and is providing a combined housing and drug and alcohol package of support.

-The Cuckooing Worker is protecting up to 15 vulnerable clients who are being 'cuckooed' by drug dealers using their homes and is working with the Police to prevent them from harm and homelessness.

-The Council is funding 3 posts in the Homelessness Team to support people on the housing register to engage in drug treatment in tandem with progressing their housing applications

-The Housing Support Grant has contributed to the costs of running the Homeless Health Hub at the Garden House. CGL have provided 350 visits to the Health Hub since Jan 2024. The independent review of the rough sleeper team found 85% of clients engaged by the team are reducing their primary drug use and 65% moved into accommodation during the period being supported.

### **Employment support work and welfare benefits**

- The new Individual Placement and Support Service (IPS) has helped 15 people in structured drug and alcohol treatment secure employment since January 2024.

-Between the 1<sup>st</sup> of October 2023 and the 31<sup>st</sup> of March 2024 115 people received support from the dedicated CAB worker with a total £138,730 income gained for clients against a worker cost of 20k over the timescale.

### **Recovery HUB**

-A new Recovery HUB is being offered for those who have completed their structured treatment but want facilitated mutual support to keep them free of substances and prevent a return to addiction. This is an important safe space open now 3 days per week and attended by 15-20 people at each session.

### **Client Feedback**

The following quote is from a client who has been helped by joint work between the Homelessness Team and Aspire and is a good example of the holistic support now being provided:

"My housing officer and Aspire worked great together and helped me come from the lowest of low to the best I've felt in a long time I'm so grateful of them both...I've gone from the streets a heroin user to being completely clean passing every drug test I'm now on an injection that stops me from relapsing to having my own place and best of all a decent job so grateful thank you so much I'm super buzzing on life right now!"

Some additional quotes from service users:

"Without PCC, and Aspire, I would be homeless. Earlier this year I could see nowhere out of my

situation, but thanks from the guidance and support I received I am now on the road to recovery. Thanks to all that has helped me”

“Tenant advised that from October through to December he would normally be in prison, however, in 2024 he managed to stay out of prison with ongoing support.”

## **6.0 CORPORATE PRIORITIES**

### **6.1 Environment and Growth**

Carbon Impact Assessments have been completed for each commissioned service.

#### **Homes and Jobs**

This funding is helping to prevent around 150 people currently from losing their homes via the Floating Support Service which gives help to people struggling to maintain their homes due to their drug and alcohol use. The funding also directly helps people to find employment and so far, 15 people have been helped to find employment.

#### **Health and Wellbeing**

Substance misuse addiction can cause and exacerbate a very wide range of illnesses also impacting on psychological health and wellbeing. Treating people for substance misuse can significantly help to improve their health and wellbeing. Also, by sending people to rehabilitation the service is helping to explore the underlying reasons leading to substance misuse in the first place.

#### **Prevention, Independence and Resilience**

The services funded by the grants are identifying individuals in different settings e.g first time entrants into the criminal justice system, in education settings, people admitted into hospital, families identified via Early Help or identified by the Councils homeless team with drug and alcohol issues. Individuals in these settings are offered the opportunity to be screened for drugs and alcohol needs and offered a pathway into treatment services.

## **7. CONSULTATION**

7.1 *See above qualitative insights obtained through the Needs Assessment 2022.*

## **8. ANTICIPATED OUTCOMES OR IMPACT**

8.1 Support from Adults and Health Scrutiny Committee will strengthen the case for continuing funding.

## **9. REASON FOR THE RECOMMENDATION**

9.1 To continue improved health and wellbeing of substance misuse service users

## **10.0 ALTERNATIVE OPTIONS CONSIDERED**

10.1 The Grants are intended to be spent on activity related to supporting those in structured drug and alcohol treatment or helping people to access that treatment. Each proposal had to be signed off the Office of Health Improvement and Disparities (OHID) and was completed after consultation with OHID. This activity falls within the scope of the Drug and Alcohol Treatment Contract so no alternative options were considered.

## **11. IMPLICATIONS**

### **11.1 Financial Implications**

11.1.1 No direct financial implications from the recommendations in this report. An announcement of continuation of the Supplementary Grants is expected in December 2024



12.0 **Legal Implications**

12.1 Supplementary Grant funding awarded to the Council to date has been used to modify the Drug and Alcohol Treatment Services contract in accordance with the Public Contracts Regulations 2015.

13.0 **Equalities Implications**

13.1 Continued development of substance misuse services will improve equalities as clients have more protected characteristics than the population overall

Health inequalities within Peterborough will consequently be reduced.

14.0 **BACKGROUND DOCUMENTS**

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

14.1 Substance Misuse Needs Assessment 2023 [Cambridgeshire & Peterborough Insight – Drugs and alcohol needs assessment 2023 \(cambridgeshireinsight.org.uk\)](https://cambridgeshireinsight.org.uk)

Rough sleepers drug and alcohol evaluation Peterborough 2023 [RSDATG-Peterborough-Evaluation-Report-FINAL-07.12.23.pdf \(cambridgeshireinsight.org.uk\)](https://cambridgeshireinsight.org.uk)

15.0 **APPENDICES**

15.1 *Appendix 1: Details of use of grant*

## APPENDIX 1 – OVERVIEW SUMMARY OF EACH SUPPLEMENTARY RECOVERY AND TREATMENT GRANT AND WHAT HAS BEEN ACHIEVED

A brief overview of what each grant stream is provided below:

### Supplementary Substance Misuse Treatment & Recovery Grant (SSMTR)

This grant was received by all Local Authorities in line with the ambitions set out in the National Drugs Strategy ‘From Harm to Hope’. Local authorities had to set out annual local spend plans investing in activity that increased the capacity and quality of local treatment and recovery systems. Local Authority plans have had to be signed off by OHID and are robustly monitored quarterly through the national team.

<b>Grant</b>	<b>2024/25 (Peterborough)</b>
Supplementary Substance Misuse Treatment & Recovery Grant (SSMTRG)	£1,116,875

### SSMTRG Peterborough- How the grant was invested.

Profile Peterborough	Resource	Impact
Mainstream front line recovery workers & team leaders	1 x FTE Community connector role 1 x FTE Recovery Coordinator Alcohol worker 1 x FTE Alcohol Brief Extended interventions worker 1 x FTE Entry into service Recovery Coordinator 1 x FTE Hospital Liaison Practitioner	Numbers in specialist treatment (adults) has risen by 18% from 21/22 to 23/24 (increase of 260 clients) Average Caseload of CGL Peterborough workers has dropped from an average of 38 in March 2022 to 27 in April 2024. Peterborough is one of the best performing services in the country and has met its 3 year target for numbers in treatment 1 year early!
Young person’s service provision	1 x FTE YP Resilience worker	Numbers in treatment have risen by 32% (x38) from 21/22 compared to 23/24.
Criminal justice team	2 x FTE Recovery Coordinator 0.6 x FTE Recovery Coordinator 1 x FTE Criminal Justice Single Point of Access 1 x CJ Team Leader 0.3 CJ Project Manager	Overall numbers of CJIT clients rose from 219 in March 2022 to 364 in March 2024 A 66% increase  All Alcohol Treatment Requirements (ATR) and Drug Rehabilitation Requirements (DRR’s) ambitions met or exceeded.

Buvidal-long acting opiate substitution (alternative to methadone which is daily/more frequent)	£55,440 funding allocation for 20 clients to receive Buvidal.	Currently 15 Buvidal prescribed patients. This is a new type of drug requiring only 1 dose per month, as opposed to daily visits at pharmacy. This is transforming the lives of clients promoting stabilisation and recovery in their lives.
Enhanced Pharmacy Costs, Naloxone provision & prescribing provision.	72K funding allocation £63940.24 funding allocation for 1 x FTE clinical fellow £55505 allocation to fund additional prescribing Doctors Clinics (staff time) 0.8 FTE Healthcare Assistant	Increase in number of Opiate Substitute Therapy (OST) clients and therefore increase in clinical capacity to meet need of increased case load with 28 additional opiate clients in treatment  Health care Assistant helping the service toward goal of elimination of HEP C which is expected to be achieved this year.  Over 300 clients have been issued Naloxone. This reverses the effects of an opiate overdose and is being used every day to save lives in Peterborough.
Quality Assurance	£3333.36 funding for externally provided training for frontline staff	Contributed to delivery of 1082 training places via 72 training sessions. These included drug and alcohol awareness training, Naloxone training which is a drug that can be used by front line workers to prevent drug related deaths and trauma informed training.
Residential Rehabilitation placements	£112665 funding allocated to 12wk rehab placements. 1 x FTE Tier 4 Specialist worker to support the roll out of increase drug and alcohol rehabilitation for service users	Increase in rehab placements from 0 in 21/22 to 7 (March 2024). Target met in 23/24.
Inpatient detox	£58300 funding allocation to secure inpatient detox bed at Park house. This is for detoxes only and separate from the rehab work above.	11 clients accessed inpatient detox in 21/22. This has increased to 27 in 23/24.
Blood Borne Viruses Treatment incentivisation scheme	£6708.56	Hep C testing has increased from an average of 43% in 21/22 to 66% in 23/24. PCR positive Hep c tests have reduced from 44% in 21/22 to an average of 18% in 23/24.

Citizens Advice Bureau	1 x FTE CAB worker.	Between 1 <sup>st</sup> of October 2023 and 31 <sup>st</sup> of March 2024 over 115 people with drug and alcohol problems were supported by the CAB in Peterborough, totalling of £138, 730 for unclaimed welfare benefits or grants to support independence for a post costing £40,000 per year
Recovery support provision enhancement	1 x FTE Recovery Service Worker £13k contribution towards independent service user involvement. £17k contribution to Fletton & Recovery services hub rent which are new components to our service.	New Recovery Post in Peterborough to strengthen and develop the Recovery offer and interventions. Expansion and development of the Fletton Recovery HUB. Funds to support the Sun Network to enhance the service user voice in Peterborough.
PH Behavioural Insights Research	£10k contribution to Behavioural insights research	Funding research to help understand behavioural insights in Peterborough in respect to alcohol for higher risk drinkers. Work being during 2024/25.

### Rough Sleeping Drug & Alcohol Treatment Grant (RSDATG).

The purpose of the grant is to ensure that people rough sleeping, homeless and ‘at risk’ of homelessness can access drug and alcohol services and to engage those in treatment who have not yet done so (engagement and access). To meet this objective a specialist drug and alcohol rough sleeping team is provided by CGL and funded by the grant.

Grant	2024/25 (Peterborough)
Rough Sleeper Drug & Alcohol treatment grant (RSDATG)	£734,803

### Peterborough-How the RSDATG grant was invested.

Profile Peterborough	Resource	impact
Mainstream front line recovery workers & team leaders	2 x FTE Team leaders 5 x FTE Outreach workers 1 x EU Outreach worker 2 x FTE Transitional workers 1x FTE PSI Group workers 1 x Peer Navigator 1 x Data administrator	Dedicated rough sleeper treatment team with current case load of 145. Conducting outreach all over Peterborough to help rough sleepers come off the streets, take assessments/access to

		service and prescribing interventions direct to service users. Provided 350 visits to Homeless Health Hub in Peterborough since Jan 2024. 85% of clients engaged by the team are reducing their primary drug use and 65% moved into accommodation during the period being supported. Independent evaluation found this to be excellent performance given the rough sleeper client group.
Inpatient detox and Residential rehab	£62888 funding allocation for detox and rehab placement	A total of 10 clients had an inpatient detox in 23/24 and 1 had a rehab placement. The numbers are projected to increase further during 24/25. (extra to detox and rehab in supplementary table)
Dedicated Social Worker role	1 FTE social worker	Provided interventions to 47 clients between 1 <sup>st</sup> of Sep 2023 and 31 <sup>st</sup> of March 2024. Assisting clients to access social care support who may be struggling.
Project management/ commissioning	1 x FTE Project Manager	Manages Rough Sleeping Team and Housing Support Team. Oversees budget and prepares quarterly grant returns. Leads on key harm reduction areas in Peterborough a key role in preventing harm from newly emerging drugs in Peterborough.
Clinical prescribing capacity	Dedicated 0.6 Prescribing Nurse	Providing rapid prescribing direct to client group via an outreach capacity.

### C) Individual Placement Support (IPS)

The IPS grant was received by both Peterborough and Cambridgeshire Local Authorities in 2023/24. The purpose of the grant is to enable people with complex substance use problems to

achieve paid employment and enjoy a good quality of life through the benefits associated with paid employment, including independence, social inclusion, better recovery and reduced health inequalities. CPFT deliver the integrated service, in close partnership with CGL, across Cambridgeshire and Peterborough. The service is in the early infancy phase and went live in January 2024.

Grant	2024/25 (Peterborough)
Individual Placement & Support (IPS)	£108,006

Peterborough how the IPS grant is invested.

Profile	Resource	impact
Front line IPS workers & team leader	2 WTE staff	From Jan to July. A total of 15 people in structured drug and alcohol treatment have secured paid employment since supported by IPS service.

#### D) Housing Related Support

This grant was only received in Peterborough (from 23/24). Operational Delivery of the grant began in Autumn 2023. The purpose of the grant is to provide a holistic housing support offer to improve the recovery outcomes for people in treatment for drug/alcohol dependency.

**Peterborough-how the housing related support grant is invested.**

Grant	2024/25 (Peterborough)
Housing Support Grant	£662,754

Profile	Resource	impact
Housing Support for drug and alcohol dependant service users	X1 Team Leader X5 Floating Support Workers X1 Cuckooing Worker X4 Womens House Workers X1 off the street's worker X3 Housing Officers X1 HAP Coordinator X1 Commissioning Manager	440 cases referred and supported to date across whole Housing Support Service.  47 new drug and alcohol presentations to Aspire up to 31.3.24 Due to the housing support service being offered.  37 cases have reported positive housing outcomes because of support provided (up to 7.8.2024).  Floating support team having supported 151 tier 3 drug and alcohol dependant individuals (up to 7.8.2024) who are

		<p>vulnerably housed.</p> <p>Additional cuckooing specialised post with 15-person caseload.</p> <p>Pilot Women's House Project for vulnerable females at risk of exploitation with a local connection.</p> <p>Best practice standards on partnership working procedures embedded between PCC Outreach teams and Aspire, leading to transformative system change.</p>
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<b>ADULTS AND HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 8
<b>17 SEPTEMBER 2024</b>	<b>PUBLIC REPORT</b>

Report of:	Stephen Taylor, Executive Director for Adults, Health and Commissioning	
Contact Officers:	Tina Hornsby – Head of Adult Performance and Strategic Development	Tel: 07484 520845

**Update on All Age Carers Strategy and the Carers Survey**

RECOMMENDATIONS
<p>It is recommended that the Adults and Health Scrutiny Committee:</p> <ol style="list-style-type: none"> <li>1. Review and comment on the self-reported experience of unpaid carers as reflected in the national survey of carers 2023/24.</li> <li>2. Review the ongoing work to improve the experience of unpaid carers being undertaken in line with the co-produced recommendations from the All-Age Carers Strategy 2023-26.</li> </ol>

**1. ORIGIN OF REPORT**

1.1 The report is presented to the Committee on behalf of the Executive Director of Adults, Health and Commissioning following a request at the Group Representatives meeting.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this report is to present to the Committee the findings of the statutory biannual survey of unpaid adult carers and to update on progress in delivery of the All-Age Carers Strategy. This is an information only item.

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

**4.1 The All-Age Carers Strategy**

4.1.1 Peterborough published the All-Age Carers Strategy in 2023. This All-Age Carers strategy document was created in collaboration with Experts by Experience and our Health Partners in conjunction with unpaid carers of Cambridgeshire and Peterborough. It builds on our successes, sets out where we can make improvements and draws together the views of carers, local organisations, and community groups.

4.1.2 A comment from an Expert with Experience said “As a carer representative who has been closely involved in the development of this strategy, the local authorities have involved carers themselves in identifying priorities for improving support over the next three years and we are pleased to know our voices have been heard”. The measure of the success of the strategy will be how much difference it makes for carers and carers want to see rapid progress in making support accessible and adaptable to their needs.

4.1.3 There are 6 strategic priorities, and the Council are continuing to work with Expert’s by Experience, Carers and system partners to co-produce the work programme and make the difference for local carers through a Carer’s Strategic Overview Group.

- Support for Parent carers and young carers to be supported when moving into adulthood.
- Support for carers at risk of domestic abuse.
- Supporting the emotion and psychological wellbeing of all carers.
- Joint working across health and social care for all carers; and
- Ensuring our webpages support easy access to information.

4.1.4 The clear focus on carers has already led to evidenced changes in practice, in the last 12 months there have been 1565 carers conversations recorded throughout the service and the Quality Overview Panel has seen a range of good practice in supporting carers, alongside consistencies in consideration of carers needs. There has been a 35% increase in take up of carers breaks in the community and a 12% increase in overnight respite breaks.

4.1.5 We have begun to see an improvement in carers experience through our national carers survey which most areas being responded to more positively than the England and regional averages. A summary of responses from the survey is provided below with a detail report in Appendix 1.

## 4.2 **Summary of findings from the 2023/24 survey of unpaid adult carers.**

4.2.1 Every two years NHS Digital, the analytics function in the Department of Health and Social Care, directs Local Authorities to conduct a national survey of unpaid adult carers. The previous survey took place in the Autumn of 2021. The results were published nationally in late June 2022. This analysis provides an update from the provisional results of the survey carried out in Autumn 2023, with national benchmarking published in June 2024.

4.2.2 We sent out 638 surveys in the autumn of 2023, and received back 232 responses, a response rate of 36.4%. This was a lower response rate than for the survey undertaken in 2021, which had a response rate of 45%, but close to the rate for the 2018 survey (37%).

4.2.3 Following the co-production of our All-Age Carers Strategy there has been a real focus on supporting carers and listening to their needs and wishes. Although early in our delivery of the recommendations the survey shows some evidence of how changes we have made are having a positive impact. Some key findings from the detail of the survey set out in this report are listed below:






- The carers responding in 2023 were slightly younger than in 2021 with growth in the percentage aged 35-44, 55-64 and 65-74 and a reduction in those aged 75-84 and 85+. The percentage aged 45-54 remained the same as in 2021. The percentage aged 18-24 was higher than previously but remained small at 1.1%.
- An increased proportion of carers were in paid work, 29.1% in 2023 compared to 21.3% in 2021. Nearly 10% fewer carers were retired and 4% fewer were not in paid employment than in 2021.
- While the most common reason for the cared for person needing care remains due to a physical disability (53.5%), the largest growth was due to learning disabilities or difficulties (up from 13.9% to 22.8%). Mental health had also increased from 17.1% to 21.1%. This does reflect the changing demography of people presenting to the Council with care and support needs.
- An increased proportion of carers in Peterborough declared themselves not to have a long-standing health condition or disability (43.8% up from 36.7%). This is a shift in the opposite direction of the national trend, where a substantially lower proportion declared no long-term

health condition or disability than in 2021, 38.9%.

- 76.5% of carers had not had an assessment or review within the last year. This is due to the shift away from formal assessments in favour of a more personalised, lighter-touch approach as a route into carers support.
- An increased proportion of carers had accessed a service to give them a break (76.5% up from 68.2% in 2021), and a slightly increased percentage had support from a carers group but this was lower than England overall. Fewer carers than in 2021 and England had accessed training.
- Overall, carer satisfaction with services received improved (for carers who were 'extremely satisfied' or 'quite satisfied, with a corresponding reduction in those who were 'quite dissatisfied'). However, there was a small increase in those who were extremely dissatisfied and a small decrease in those who were very satisfied.
- A slightly increased proportion of carers reported feeling as though they had control over daily life, with fewer reporting insufficient control over daily life.
- An increased proportion of carers reported financial difficulties in 2023 compared to 2021 with increases both in those having some extent of financial difficulties and those having significant financial difficulties.

### 4.3 National Carers Experience Measures

4.3.1 The national survey of adult carers provides valuable local insight into carers and their experiences, but it also informs a number of national indicators within the Adult Social Care Outcomes Framework. The table below gives the results for Peterborough, compared to the results for the Eastern Region overall. The carers experience indicators improved in all areas in the 2024 published results.

ASCOF carer experience indicator	2018	2022	2024	Change	2024 Region
Carers quality of life (high is good)	7.4	6.8	7.7		7.5
Carers with as much social contact as they would like	32.2%	21.3%	32.5%		29.4%
Overall satisfaction of carers with social services	39.8%	40.7%	41.1%		37.6%
Proportion of carers who report that they have been included or consulted.	67.7%	60%	68.4%		69.1%
Carers who find it easy to find information about services	63.6%	56.3%	64.2%		61.9%

### 4.4 Analysis of comments from unpaid carers

4.4.1 Free text boxes for comments were included through the survey below is some analysis of the comments provided, categorised by key theme.

#### 4.4.2 Positive Experiences with care and support:

- Many carers had positive experiences with their care workers. One comment mentioned, "My carer has been very helpful. The organisation \*\*\*\* have been pro-active".
- Another carer shared, "We have carers (2) coming in 4 times a day, and they are very friendly & helpful, which makes a great difference".

#### 4.4.3 Support and Communication:

- Many carers expressed frustration with the lack of support and communication from across all services and difficulties accessing support to avert a crisis. One carer mentioned, "It would be good & helpful if we had a better service, instead of me having to chase up"
- A carer shared, "Life was really difficult in the beginning with little help until \*\*\*\*\* started wandering and getting lost and I had to collect her from the Police. It was only then that services began to help".
- Carers suggested providing training and emergency cover for family members who are willing to care for their loved ones. One carer mentioned, "Training given by social services. My family members would be happy to care for their loved ones and be at ease as well".

#### 4.4.4 **Financial Strain:**

- Carers highlighted the financial impact of caring for family members. One comment stated, "When looking after/caring family members does have a financial impact on the carer. If the payments are given to the carer, instead of employing a carer from an agency or social services, it would be better".
- Another carer mentioned, "Due to cost of caring I only get limited amount of help with personal care for my wife. The sitting service (3hs per week) is helpful for me. We are finding it difficult to obtain funding for a new wheelchair for my wife as her present one is worn out".

#### 4.4.5 **Emotional and Physical Strain:**

- Carers expressed the emotional and physical toll of their responsibilities. One carer said, "I don't get enough sleep as I wake up or my wife wakes me to help her go to toilet".
- Another carer shared, "I have a history of fainting. I take care not to slip, trip or fall".

#### 4.4.6 **Challenges with Healthcare Services:**

- Many carers reported challenges with access to healthcare services as a key factor increasing the stress of caring.
- Carers expressed the need for better access to healthcare services, including home visits for vaccinations and improved GP services. One carer stated, "I have found it impossible to arrange for flu and covid vaccinations at home"

### 4.5 **Progress on recommendations from the All-Age Carers Strategy**

#### 4.5.1 **Public information and the Bridgit app**

To ensure that the best possible service is provided, we have created a public information strategy and will be working with a range of experts by experience to focus on continued improvements in content and accessibility. With a specific focus on better access to information for carers a Peterborough City Council is partnering with Bridgit Care to offer a digital platform where carers can build personalised support plans, access signposting specific to their needs, have 24/7 AI chat support, and be referred to additional services and support where needed. The implementation of the Bridgit app will ensure that systems and services are joined up, so that the app interfaces not only with Adult Services providers in a way that avoids carers needing to repeat their stories unnecessarily, but also helps identify carers to GP practices and others for more comprehensive support. Accessibility features will ensure that the app is easy to use and can be accessed in a range of languages.

#### 4.5.2 **Statutory responsibilities**

We have also refocused on our statutory responsibilities. As such, we are committed to increasing support to practitioners to undertake meaningful carers conversations and assessments. Although the number of carers assessments have continued to decrease from 2021 to 2023, there has been a corresponding increase in carers conversations. These conversations aim to offer carers the support they need at the level they need it without the initial formality of a carers assessment, with the option to then undertake a carers assessment if additional support is needed, and we believe this range of offerings better meets the needs of carers. Service and signposting uptake remains high, showing these assessments and conversations are having the necessary impact.

#### 4.5.3 **Carers being consulted**

Carers conversations and carers assessments aim, among other goals, to create spaces where carers can express their needs and ensure that carers' perspectives are at the centre of the services which are offered to them. This refocus on carers conversations and carers assessments will continue to ensure that carers are consulted and that services can best fit their needs. Additionally, a review of practice guidance has aimed to better support practitioners to understand how they can support our informal carers. This guidance lays out the range of support options available and guides practitioners to identifying the services which would be most helpful to the carer, while working with the individual to ensure they feel their needs are being met effectively.

#### 4.5.4 **Satisfaction with services**

We are in the early stages of introducing additional feedback mechanisms, such as feedback forms. However, there has been low uptake of submitting feedback, so we are also exploring other modes of feedback, such as through less formal conversations. Some of these modes of feedback may include meeting carers in their spaces and on their terms, looking to gather feedback in ways they are most comfortable with. Within specific services with more established feedback processes, we will be conducting a co-produced review of the system for feedback. We are also committed to learning from complaints. Whilst operational managers respond and react to complaints, the quality practice team are focussing on sharing lessons learned across Adult Social Care services and the wider organisation.

#### 4.5.5 **Social contact**

We support informal carers in increasing their social contact by offering respite care. This can take a variety of forms, ranging from a brief sit-in service to allow a carer to attend a club or other social event, to day services which allow the carer more regular time to engage with work, friends or community outside their caring responsibilities, and more.

#### 4.5.6 **Commissioned Carers Support**

We have 2 commissioned providers that provide a range support that specifically targets our unpaid carers. Caring Together provides support to the adult population as a whole, with Making Space providing specialist support to those who care for people with mental health conditions. They provide a range of support including information and advice, training, support groups, workshops, what if plan design and activations, and day trips. The support is not just limited to these 2 services with our carers also being able to access other commissioned providers. The Dementia Resource Centre provides a welcoming hub and peer to peer support specifically for those who care for people with Dementia. Our Befriending service seeks to alleviate some of the loneliness and isolation its users are experiencing. The Advocacy service ensures everyone can have their voice heard. There is also the Lifeline service which enables our carers to have peace of mind that their cared for can easily raise an alarm should they need to at any point.

4.5.7 Carers can also purchase flexible support through direct payments, e.g., through employing a personal assistant, arranging respite care or hiring a cleaner. Further work is planned to clarify the direct payment offer for carers

#### 4.5.8 **Integration with health system**

Carers frequently need to navigate the complex interfaces between the health and social care systems. To simplify this process and to ensure carers receive the best services possible, we are working with primary care providers and social prescribers to identify carers and work to provide a more cohesive offer. The Bridgit app, which offers a one-stop-shop for carer support, will help in this process by helping identify carers to GP practices and provide more seamless integration between systems. Adult Social Care have recently recruited to a Carers Lead role and a key focus of the role will be navigating and breakdown the complex interfaces and further developing an integrated approach.

#### 4.5.7 **Further co-production work to prioritise our next actions**

To help deliver further on the recommendations with in our All-Age Carers Strategy we have engaged with a co-production process called Working Together for Change. This will help facilitate conversations exploring the difference between carers' priorities and what services are currently offering, while also providing training to continue these conversations into the future. This collaborative process will build relationships and trust in a co-productive space, while being scalable to the needs of people and community contexts. Additionally, the new Carers Lead will coordinate how we work with partners and communities, and how we pull all work supporting carers into a more cohesive package.

### 5. **CONSULTATION**

5.1 The All-Age Carers Strategy was widely consulted on and the national survey of adult carers is sent to a wide sample of carers known the council. Further consultation work with carers is facilitated through our Carers Strategic Group with membership from local carers organisations,

and our Carers Partnership Board. Further co-production work, Working Together For Change, will take place between September and November 2024.

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

- 6.1 The aim of our work with carers is to deliver upon the co-produced recommendations from the All-Age Carers Strategy in partnership with unpaid carers and carers organisations. The national survey of adult carers is one way of tracking impact of this work for carers in Peterborough.

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

- 7.1 To monitor the work being done to improve the experience of unpaid carers as part of the recommendations from the All-Age Carers Strategy 2023-26.

## **8. ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 To not provide the committee with an update on the progress of recommendations within the strategy. This option was not considered as the Scrutiny Committee should be informed of all progress.

## **9. IMPLICATIONS**

### **9.1 Financial Implications**

The recommendations from the All Age Carers Strategies do have associated costs which are built into the annual budget planning for Adults, Health and Commissioning.

### **9.2 Legal Implications**

Support for unpaid adult carers is a statutory duty under the Care Act 2014. The Care Act places “wellbeing at the heart of care and support”. Councils are directed to apply this wellbeing principle to adult carers, young carers, and parent-carers who fall within scope of the Care Act. Section 10 of the Care Act 2014 sets out specific duties relating to Carers Assessment

### **9.3 Equalities Implications**

The All Age Carers Strategy was subject to an Equalities Impact Assessment prior to sign off. The national survey of carers is sent to a stratified sample of carers which takes account of a range of protected characteristics. Full details can be found in Appendix 1

### **9.4 Rural Implications**

None.

## **10. BACKGROUND DOCUMENTS**

Peterborough All Age Carers Strategy - [All-Age Carers Strategy 2022-26 \(openobjects.com\)](https://openobjects.com)  
National benchmarking for the 2023/24 carers survey – interactive report - [Microsoft Power BI](#)

## **11. APPENDICES**

Appendix 1 – National Survey of Adult Carers 2023/24 Analysis for Peterborough

## **APPENDIX 1 - Survey of Adult Carers Experience – Peterborough 2023-24**

### **Introduction**

Every two years NHS Digital, the analytics function in the Department of Health and Social Care, directs Local Authorities to conduct a national survey of unpaid adult carers. The previous survey took place in the Autumn of 2021. The results were published nationally in late June 2022. This analysis provides an update from the provisional results of the survey carried out in Autumn 2023, with national benchmarking published in June 2024. [Microsoft Power BI](#)

We sent out 638 Surveys in the autumn of 2023, and received back 232 responses, a response rate of 36.4%. This was a lower response rate than for the survey undertaken in 2021, which had a response rate of 45%, but close to the rate for the 2018 survey (37%).

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

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

### **Executive summary**

The carer's survey results provide important insights into the lived experience of people who provide unpaid care for others. The analysis presented below sets this out in the context of the shift in responses between the 2018 and 2023 surveys and against responses in the wider Eastern region (provisional results only). Following the co-production of our All Age Carers Strategy there has been a real focus on supporting carers and listening to their needs and wishes. Although early in our delivery of the recommendation the survey shows some evidence of how changes we have made are having a positive impact. Some key findings from the detail of the survey set out in this report are listed below:

- The carers responding in 2023 were slightly younger than in 2021 with growth in the percentage aged 35-44, 55-64 and 65-74 and a reduction in those aged 75-84 and 85+. The percentage aged 45-54 remained the same as in 2021.
- An increased proportion of carers were in paid work (29.1%) in 2023 than in 2021. Nearly 10% fewer carers were retired and 4% fewer were not in paid employment than in 2021.
- While the most common reason for someone needing care remains due to a physical disability (53.5%), the largest growth in needing care was due to learning disabilities or difficulties (up to 22.8%).
- An increased proportion of carers in Peterborough declared themselves not to have a long-standing health condition or disability (43.8%). This is a shift in the opposite direction of the national trend, where a substantially lower proportion declared no long-term health condition or disability than in 2021, 38.9%.
- 76.5% of carers had not had an assessment or review within the last year. This is due to the shift away from formal assessments in favour of a more personalised, lighter-touch approach.

- An increased proportion of carers had accessed a service to give them a break (76.5% up from 68.2% in 2021), and a slightly increased percentage had support from a carers group but this was lower than England overall. Fewer carers had accessed training.
- Overall, carer satisfaction with services received improved (for carers who were 'extremely satisfied' or 'quite satisfied', with a corresponding reduction in those who were 'quite dissatisfied'). However, there was a small increase in those who were extremely dissatisfied and a small decrease in those who were very satisfied.
- A slightly increased proportion of carers reported feeling as though they had control over daily life, with fewer reporting insufficient control over daily life.
- An increased proportion of carers reported financial difficulties in 2023 compared to 2021 with increases both in those having some extent of financial difficulties and those having significant financial difficulties.

Results from the survey will be used to inform our carers delivery plan and improvement plan.

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

The national survey of adult carers provides valuable local insight into carers and their experiences, but it also informs a number of national indicators within the Adult Social Care Outcomes Framework. The table below gives the results for Peterborough, compared to the results for the region overall. The carers experience indicators improved in all areas in the 2024 published results.

ASCOF carer experience indicator	2018	2022	2024	Change	2024 Region
Carers quality of life (high is good)	7.4	6.8	7.7	↑	7.5
Carers with as much social contact as they would like	32.2%	21.3%	32.5%	↑	29.4%
Overall satisfaction of carers with social services	39.8%	40.7%	41.1%	↑	37.6%
Proportion of carers who report that they have been included or consulted.	67.7%	60%	68.4%	↑	69.1%
Carers who find it easy to find information about services	63.6%	56.3%	64.2%	↑	61.9%

### Who were the carers?

#### Demographics

The demography of the carers known to the Council has always been predominantly female; the 2021 survey found a slightly higher percentage of male carers responding, rising from 33.1% in 2018 to 39.3% in 2021, but in 2023 the percentage swung back to being 33.8% male. Nationally the respondents in 2023 were 30% male and 70% female, the same split as in 2021. The biggest groups of carers were aged 55-64 (27.8% up from 23.3%) with the next biggest group being those aged 65-74 (22.6% up from 20%). The percentage aged 75-84 had dropped slightly from 23% to 17.6%, with the percentage aged 85+ also dropping from 11.3% to 6.3%.

The percentage of carers in the sample who were white dropped significantly from 79.6% to 69.4%, however this was mostly due to an increase in the percentage choosing not to say (16.4%). There was growth in the percentage of Asian / Asian British respondents from 6.3% to 10.7% and this was the next largest group.



## Employment

**57.9%** of carers responding were retired, a decrease from 67.4% in 2018 and 63.8% in 2021, but slightly higher than England overall at 55.9%. **29.1%** are employed / self-employed full time or part time, an increase on the 17% in 2018 and the 21.3% in 2021, and higher than England overall 20.2%. **4%** were doing voluntary work, a decrease on 7.2% in 2018 but similar to 4.4% in 2021. **19.4%** were not in paid employment, a decrease from 21.4% in 2018 and 23.1% in 2021.

**16.7%** indicated that they were not in employment because of their caring responsibilities, this was a decrease from 17.8% in 2018 and 19.7% in 2023. This was lower than percentage for England overall, 20.4%.

**14.4%** stated they were in paid employment and felt supported by their employer, (up from 7% in 2018 and 11.2% in 2021). However, there was also an increase in the percentage who stated they were in employment but did not feel support by their employer (**3.7%**), up from 2.6% in 2018 and 2% in 2021. The percentage who were self-employed and unable to balance their work and varying responsibilities was down from 2.6% in 2021 to **0.9%** in 2023

Thinking about combining your paid work and caring responsibilities, which of the following statements best describes your current situation?	2018	2021	2023	England
I am not in paid employment because of my caring responsibilities.	17.8%	19.7%	16.7%	20.4%
I am not in paid employment for other reasons (e.g. retired)	65.8%	61.8%	57.9%	55.9%
I am in paid employment and feel supported by my employer	7%	11.2%	14.4%	12.5%
I am in paid employment but don't feel supported by my employer	2.6%	2.0%	3.7%	3.5%
I do not need support from my employer to combine my responsibilities	2.3%	0.7%	3.7%	3.5%
I am self-employed and able to balance my responsibilities	2.9%	2.0%	2.8%	2.7%
I am self-employed and unable to balance my responsibilities	1.5%	2.6%	0.9%	1.5%

## Health

**43.8%** of carers declared themselves to have no long-standing health condition or disability, an increase from 36.7% in 2018 and 33.6% in 2021. **26.5%** of carers stated that they have a long-standing illness (less than 30% in the 2018 survey and 27.6% in 2021). **16.9%** had a physical impairment or disability (less than the 22.7% in 2018 and 27.6% in 2021). **19.2%** had sight or hearing loss (down from 20% in 2018 and 21.1% in 2021). **10.5%** had a mental health problem or illness, (up from 10.3% in 2018 and 9.2% in 2021) and **2.7%** had a learning disability or difficulty (the same as in 2018 but higher than 1.3% in 2021).

Nationally there was a decrease in carers disclosing a mental health problem or illness reducing to **13.4%**, from **19.8%** in 2021 and **16.3%** in 2018. Peterborough is still therefore notable for having a lower level, although our direction of travel was slightly upward as opposed to the steep decrease nationally. Nationally the proportion declaring no health condition or disability was lower than Peterborough at **38.9%**, a marked decrease on 57.5% in 2021. Peterborough's direction of travel upwards for people declaring no health conditions for themselves was directly opposed to the downward trend in England overall.

The self-reported impact of caring on the respondents' health was in the main less harmful in most areas. Rises were seen in loss of appetite and other. In some areas, although there was improvement from 2021, the impacts were still more common than in 2018, including disturbed sleep, general feeling of stress, physical strain and other.

Impact on health	2018	2021	2023	Change
Feeling tired	78.6%	79.2%	75.7%	↓
Feeling depressed	42.5%	50.3%	42.0%	↓
Loss of appetite	13.7%	10.7%	11.1%	↑
Disturbed sleep	65.2%	73%	65.9%	↓
General feeling of stress	52.4%	71.7%	55.3%	↓
Physical strain (e.g. back)	31.9%	39%	33.2%	↓
Short tempered / irritable	39.3%	42.8%	37.2%	↓
Had to see own GP	25.4%	25.2%	19.5%	↓
Developed my own health condition	23.6%	23.9%	17.3%	↓
Made an existing condition worse	18.8%	32.7%	16.8%	↓
Other	2.3%	1.9%	3.1%	↑
No, none of these	9.1%	2.5%	9.7%	↑

### Caring arrangements

**74.9%** of carers lived with the person they were caring for, down from 84.2% in 2018 and 78.8% in 2021.

A higher percentage of respondents had been caring for the person they cared for 20 years or more **24.8%** compared to 15.6% in 2018 and 19.9% in 2021. This was now the most common response for Peterborough carers. Nationally the percentage caring for over 20 years, was the largest group of respondents, also at 24.8%. The next most common response in 2023 was 5-10 years **22.1%** compared to 20.5% in both 2021 and 2018. The percentage caring for 3-5 years was **16.8%** in 2023 compared to 23.6% in 2018 and 14.9% in 2021. **12.4%** had been caring for between 1-3 years, compared to 17.4% in 2021 and 18.2% in 2018.

The largest percentage of respondents, **42.1%**, care for someone for 100 or more hours a week although this is no longer the majority (2018 51.3% and 54.4% in 2021). This was also the most frequent response nationally at **36.2%**. There was a comparatively even split between other caring hour ranges, with the next most common being 10-19 hours (9.3%) and 0-9 hours (7.5%).

In relation to the type of care provided, the highest results were for 'other practical help' (**90.8%**) although this was down from 94% in 2018 and 98.8% in 2021. The next by a narrow margin was 'keeping an eye on them to see if they are all right' (**90.4%**) down on 94% in 2018 and 93.8% in 2021. Next common were helping with dealing with care services and benefits (**89%**). Helping with paperwork or financial matters at **86.8%** was also common. **71.9%** provided personal care, a slight increase from 71.6% in 2018 but down from 80.9% in 2021. The % providing physical help (**58.8%**) was down from 61.2% in 2018 but up from 56.8% in 2021. There was a more marked reduction in the percentage giving medicines (**78.1%**) down from 90.1% in 2021 and 84.5% in 2018.

### Who were they caring for?

In all survey years the largest age groups cared for were aged **75-84**, (34.7% in 2018 and 31.3% in 2021) but this percentage was smaller in 2023 (**28.6%**). The next largest percentage in all surveys was those aged **85+** (27.2% in 2018 and 25.2% in 2021), with a small growth in 2023 (**26.8%**). There has been an incremental growth in the % cared for aged **25 –34** (3.1% 2018, 5.5% 2021 and **7.1% 2023**) and those aged **35-44** (3.1% 2018, 5.5% 2021 and **8.5% 2023**). The percentage aged **18-24** has remained quite static as has those aged **45-54**. There has been a reduction in those aged **65-74** (15.6% 2018 and 16.6% 2021) down to **12.1%** in 2023.

How old is the person you care for?	2018	2021	2023	Change	England
18-24	3.6%	3.7%	3.1%	↓	5.6%
25-34	3.1%	5.5%	7.1%	↑	7.7%
35-44	3.1%	5.5%	8.5%	↑	5.7%
45-54	5.8%	4.3%	4%	↓	5.9%
55-64	6.9%	8.0%	9.8%	↑	8.5%
65-74	15.6%	16.6%	12.1%	↓	13.3%
75-84	34.7%	31.3%	28.6%	↓	27.6%
85+	27.2%	25.2%	26.8%	↑	25.6%

The most common reason for the cared for person requiring support was due to a physical disability. This was the same in the previous two surveys, however the percentage has decreased from 57.1% in 2018, 54.4% in 2021 down to **53.5%** in 2023. The main growth between 2018-2021 was in those caring for someone with dementia, which increased from 41.2% to 46.8%, however this returned to **41.2%** in 2023. The biggest growth in 2023 was in the percentage with a learning disability or difficulty, 12.7% in 2018, 13.9% in 2021 and **22.8%** in 2023. The most notable reduction in 2021 was in those with a long-standing illness, reducing from 42.7% to 31% in 2021, this did increase again slightly to **35.5%**. The other main reduction in 2021 was and problems connected with ageing, reducing from 40.1% to 33.5%, this too increased slightly again in 2023 to **36%**. The other percentage which increased in 2023 was mental health problems, increasing from 17.1% to 21.1%

Does the person you care for have	2018	2021	2023	Change	England
Dementia	41.2%	46.8%	41.2%	↓	36.7%
Physical Disability	57.1%	54.4%	53.5%	↓	50.3%
Sight of Hearing Loss	32.9%	29.7%	27.6%	↓	28.4%
Mental Health Problem	21.6%	17.1%	21.1%	↑	22.5%
Problems Connected To Ageing	40.1%	33.5%	36%	↑	32.6%
Learning Disability or Difficulty	12.7%	13.9%	22.8%	↑	22.5%
Long Standing Illness	42.7%	31.0%	35.5%	↑	37.3%
Terminal Illness	7.2%	6.3%	6.1%	↓	5.8%
Alcohol or Drug Dependency	0.3%	0.6%	0.9%	↑	1.8%

## Carers support

**8.5%** of carers had been joint assessed or reviewed with the person they cared for, down from **14.8%** in 2021 and **36%** in 2018. **15%** had received a separate carers assessment, down from **58.2%** in 2021. **76.5%** had not had either an assessment or a review within the

year, up from 27% and reflecting the move toward lighter touch carer’s conversations as a route for carers support.

**48.8%** reported having received information, advice or signposting to universal services in the last 12 months, down from **53.9%** in 2021 but an increase from **41.6%** in 2018. **76.5%** had received some form of break, either planned in in an emergency, up from **68.2%** in 2021 and **45.7 %** in 2018. **20.7%** reported having had support from a carers group in the last 12 months, up from **20.4%** in 2021, this was notably lower than England overall at 32.4%. Only **2.6%** reported having accessed training for carers, down from **3.5%** in 2021. **7.1%** had support to keep them in employment, up from **3.7%** in 2021 and higher than England overall at 2.7%.

<b>Support services accessed in the last 12 months</b>	<b>2021</b>	<b>2023</b>	<b>Change</b>	<b>England</b>
Information, advice or signposting to universal services	53.9%	48.8%	↓	52.8%
Emergency breaks service	13.7%	19.4%	↑	11.7%
Overnight (24 hour +) breaks service	11.9%	22.3%	↑	15.8%
A break service for less that 24 hours / sitting service	42.7%	34.8%	↓	21.2%
Support from carers group / talk in confidence	20.4%	20.7%	↑	32.4%
Training for carers	3.5%	2.6%	↓	4.2%
Support to keep you in employment	3.7%	7.1%	↑	2.7%

### **Carers experience – Headline results.**

All national outcome measures from the carers survey improved in 2023.

**Overall satisfaction with services received by the carer and cared for person.** - The percentage who were “extremely satisfied” increased from **8.3%** in 2021 to **12.5%** in 2023. However, the percentage who were “very satisfied” decreased slightly from **26.8%** in 2021 to **24.6%** in 2023. The percentage who were “quite satisfied” increased from **24.8% in 2021 to 33.5%** in 2023. The percentages who were quite dissatisfied (**3.6%**) decreased from **5.1%** in 2021. However, the percentage who were very or extremely dissatisfied increased from **5.1%** to **5.4%**. There was a further decrease in those that said they had not received any support at all, which was down from **14%** to **9.8%**, a further decrease from **25.7%** in 2018.

How we compare

<b>Overall how satisfied or dissatisfied are you with the support of services you and the person you care for have received?</b>	<b>England</b>	<b>Peterborough compared to England</b>	<b>Change since 2021</b>
We haven’t received any support from social services in the last 12 months	25.6%	9.8% <b>Better</b>	↓
I am extremely satisfied	9.7%	12.5% <b>Better</b>	↑
I am very satisfied	17.7%	24.6% <b>Better</b>	↓
I am quite satisfied	22.7%	33.5% <b>Better</b>	↑
I am neither satisfied or dissatisfied	12.9%	10.7%	↓
I am quite dissatisfied	5.5%	3.6% <b>Better</b>	↓
I am very dissatisfied	2.6%	3.6% <b>Worse</b>	↑
I am extremely dissatisfied	3.2%	1.8% <b>Better</b>	↓

**Access to information and advice** – A lower percentage of carers had sought information and advice, in 2021 **21.7%** of carers said they had not tried to find information and advice which in 2023 increased to **28.7%**. An increased percentage stated that they found it very easy to find information and advice, up from **8.7%** in 2021 to **9.4%** in 2023. An increased percentage stated that they found information and advice fairly easy to find **35.4%** in 2021 and **36.3%** in 2023. Lower percentages found it difficult to find, down from **24.2%** in 2021 to **17.5%** in 2023. There was also a decrease in the percentage who found it very difficult to find, down from **9.9%** in 2021 to **8.1%** in 2023.

How we compare

In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits.	National	Peterborough compared to England	Change since 2021
I have not tried to find information or advice in the last 12 months	30.4%	28.7%	↑
Very easy to find	9.4%	9.4% Same	↑
Fairly easy to find	31.7%	36.3% Better	↑
Fairly difficult to find	19.6%	17.5% Better	↓
Very difficult to find	8.8%	8.1% Better	↓

**Helpfulness of information and advice** – Although there were improvements in the ease of access to information experience on the helpfulness of information and advice was less positive, although this needs to be seen in the context of the higher percentage not seeking information and advice. The percentage stating that information and advice had been very helpful had reduced from **18.1%** in 2021 to **15.8%** in 2023. The percentage of those finding it quite helpful, rose from **36.3%** in 2021 to **38%** in 2023. Those finding it quite unhelpful fell **7.5%** to **3.2%**, and those finding it very unhelpful also fell from **4.4%** to **2.7%**.

How we compare

In the last 12 months, how helpful has the information and advice you received been?	National	Peterborough compared to England	Change since 2021
I have not tried to find information or advice in the last 12 months	33.1%	40.3%	↑
Very helpful	19.0%	15.8% Worse	↓
Quite helpful	38.1%	38.0% Worse	↑
Quite unhelpful	7.2%	3.2% Better	↓
Very unhelpful	2.6%	2.7% Worse	↓

**Carers feeling consulted with** – Experience in relation to carers engagement with care and support planning for the person they supported was also more positive than the previous survey. The proportion who had not been aware of any discussions in the last 12 months had decreased from **26.3%** in 2021 to **20.6%** in 2023. The proportion of carers who said they were always involved or consulted had increased slightly from **24.4%** to **28.3%** with the percentage who stated that they were usually involved rising from **19.9%** to **26%**. The percentage who only sometimes felt involved or consulted had fallen from **22.4%** to **17.9%** and the percentage who never felt involved or consulted had stayed very similar, rising very slightly from **7.1%** to **7.2%**

In the last 12 months, do you feel you have been involved or consulted as much as you want to be, in discussions about the support provided to the person you care for?	National	Peterborough compared to England	Change since 2021
There have been no discussions that I am aware of, in the last 12 months	32.5%	20.6% Better	↓
I always felt involved or consulted	25.0%	28.3% Better	↑
I usually felt involved or consulted	20.0%	26.0% Better	↑
I sometimes felt involved or consulted	16.9%	17.9% Worse	↓
I never felt involved or consulted	5.6%	7.2% Worse	↑

**Being able to spend time doing the things I value or enjoy** – The percentage who said they were able to spend their time as they want, doing things they value or enjoy increased from **10.3%** to **19.3%**. A lower percentage of carers said that they could do some of the things they value or enjoy with their time but not enough, down from **71.2%** in 2021 to **65.8%** in 2023. A lower percentage stated that they did not do anything they value or enjoy with their time down from **18.5%** in 2021 to **14.9%** in 2023.

How we compare

Which of these best describes how you spend your time	National	Peterborough compared to England	Change since 2021
I am able to spend time as I want doing the things I value or enjoy	16.0%	19.3% Better	↑
I do some of the things I value or enjoy with my time but not enough	66.2%	65.8% Better	↓
I do not do anything I value or enjoy with my time	17.8%	14.9% Better	↓

**Having control over daily life** – The percentage having as much control over their daily life as they wanted increased from **16.4%** to **23.6%**, with those stating they had some control but not enough also increasing from **61%** to **62%** and those feeling they had no control decreasing from **22.6%** to **14.4%**

How we compare

Which of the following statements best describes how much control you have over your daily life?	National	Peterborough compared to England	Change since 2021
I have as much control over my daily life as I want	21.5%	23.6% Better	↑
I have some control over my daily life but not enough	63.3%	62% Better	↑
I have no control over my daily life	15.1%	14.4% Better	↓

**Looking after myself** – In respect of getting enough sleep or eating well more carers stated that they felt they looked after themselves, increasing from **39.4%** to **49.1%**, although this was not as high as 2018 when 55.2% responded positively. There was a small increase in the percentage saying they only sometimes looked after themselves well enough, **37.4%** in 2021 to **39.1%** in 2023. Those that stated they were neglecting themselves had fallen from **23.2%** to **11.7%**.

## How we compare

Thinking about how much time you have to look after yourself – in terms of getting enough sleep or eating well – which statement best describes your present situation?	National	Peterborough compared to England	Change since 2021
I look after myself	46.7%	49.1% Better	↑
Sometimes I can't look after myself well enough	33.1%	39.1% Worse	↑
I feel I am neglecting myself	20.2%	11.7% Better	↓

**Personal safety** – The percentage of carers with no worries about their personal safety increased from **77%** to **84.2%**. A smaller percentage had some worries about their personal safety **22.4%** in 2021 and **14.5%** in 2023. There was a slight increase in the percentage who were extremely worried about their personal safety rising from **0.6%** in 2021 to **1.3%** in 2023.

## How we compare

Thinking about your personal safety, which statement best describes your present situation?	National	Peterborough compared to England	Change since 2021
I have no worries about my personal safety	81.0%	84.2% Better	↑
I have some worries about my personal safety	17.2%	14.5% Better	↓
I am extremely worried about my personal safety	1.9%	1.3% Better	↑

**Social contact** – Unsurprisingly, given the impact of the pandemic on the previous survey, a higher percentage of carers in the 2023 survey felt they had as much social contact as they wanted with people they liked, up from **21.3%** to **32.5%**. This was just slightly above the 32.2% answering this way in the pre-pandemic survey in 2018. There was also an increase in the percentage who had some social contact but not enough from **53.1%** in 2021 to **57%** in 2023. There was a decrease in the percentage stating that they had little social contact and felt socially isolated, down from **25.6%** to **10.5%**.

## How we compare

Thinking about how much social contact you've had with people you like, which statement best describes your social situation?	National	Peterborough compared to England	Change since 2021
I have as much contact as I want with people I like	30.0%	32.5% Better	↑
I have some social contact with people but not enough	51.2%	57.0% Worse	↑
I have little social contact with people and feel socially isolated.	18.7%	10.5% Better	↓

**Encouragement and support in the caring role** - There was an increase in the percentage of carers stating they had encouragement and support in their role as carer from **28.34%** to **35.6%**. A lower percentage also felt they had some encouragement and support but not enough, down from **53.5%** to **50.2%**. Less carers felt they had no encouragement and support however, down from **18.2%** to **14.2%**



## How we compare

Thinking about encouragement and support in your caring role, which statement best describes your present situation?	National	Peterborough compared to England	Change since 2021
I feel I have encouragement and support.	32.4%	35.6% Better	↑
I feel I have some encouragement and support but not enough	46.5%	50.2% Worse	↓
I feel I have no encouragement or support.	21.1%	14.2% Better	↓

**Available time to care** – A higher percentage of carers felt they always had enough time for the people they care for, increasing from **51.4%** to **55.4%**. Those stating they only sometimes had enough time to care for other people reduced from **20%** to **18.9%**. The number feeling that they never had enough time dropped minimally from **22.9%** to **22.1%**. Those who felt they never had enough time reduced to **3.6%** and was better than England overall.

## How we compare

Thinking about the other people you have caring responsibilities for, which of the following best describes your current situation.	National	Peterborough compared to England	Change since 2021
I don't have caring responsibilities for anyone else	55.1%	55.4%	↑
I always have enough time to care for them	18.1%	18.9% Better	↓
I sometimes have enough time to care for them	21.1%	22.1% Worse	↓
I never have enough time to care for them	5.7%	3.6% Better	↓

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

**Financial difficulties** – The percentage of carers reporting no financial difficulties caused by their caring role in the last 12 months decreased from **59.2** in 2021 to **54.5%** in 2021. Those responding that they had faced a financial impact to some extent had increased from **32.5%** to **34.7%**. Those reporting a lot of financial difficulties had also increased slightly from **8.3%** to **10.8%**

## How we compare

In the last 12 months, has caring caused you financial difficulties?	National	Peterborough compared to England	Change since 2021
No financial difficulties	53.4%	54.5% Better	↓
Yes, to some extent	36.6%	34.7% Better	↑
Yes, a lot	10.0%	10.8% Worse	↑

## Local Questions



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

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

A higher percentage had sought support in 2023 than in 2021 with only 16.7% stating that they had not needed any support or services in the last 12 months. There was also an increase in the percentage reporting finding it very easy to get the support they needed, increasing from 10.4% to 17.7%. However, a similar percentage (11.6%) reported finding it very difficult to get the services that they need.

Response	Percentage 2021	Percentage 2023	Change
I did not need any support or services in the last 12 months	20.1%	16.7%	↓
Very easy	10.4%	17.7%	↑
Quite easy	31.8%	37.4%	↑
Quite difficult	26.0%	15.2%	↓
Very difficult	11.7%	11.6%	↓

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

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

It would be helpful for unpaid carers who are family members to know if/what information/support is available where there are a number of different scenarios to navigate. The website lists different categories, each with a long wait on the telephone, and the "advice" is very general and not tailored to the individual. A link to the person's GP, who and where to go for assessment of dementia, mobility, emergency support, respite.

Information provided in other languages, clear information on what is available, as it was confusing - I did not know exactly what was on offer.

There were two areas of support enquired about but made no progress: 1. Support allowing me to have a break of 24 hours or more to enable me to have a full night's sleep. 2. Visiting support with digital expertise to help my husband who has impaired sight.

Spent hours on the telephone to different organisations that either just want to talk or advise me of where to take my mother for a coffee morning there is little or no actual physical help being offered

More information at the beginning would have been helpful to know what is available. Information just came out drip by drip. Then having accessed one piece of information,

there were large gaps in accessing the next step. Departments didn't know what the others had done/were going to offer. "Joined up thinking".

### How is your health in general?

Response	2021	2023	Change
Very Good	6.9%	10.1%	↑
Good	26.3%	32.5%	↑
Fair	49.4%	41.7%	↓
Bad	16.3%	14.5%	↓
Very Bad	1.3%	1.3%	→

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

Response	2021	2023	Change
Internet	51%	62.6%	↑
Family and friends	41.9%	42.9%	↑
Telephone helpline	14.2%	12.3%	↓
Leaflets / newsletter	20%	13.7%	↓
Advice from a voluntary of community group	21.3%	18.3%	↓
Advice from a professional	20.6%	21%	↑
Other	10.3%	4.6%	↓
Not applicable	7.7%	5.5%	↓

### Analysis of Comments from carers

Free text boxes for comments were included through the survey below is some analysis of the comments provided.

#### Key themes from comments

##### 1. Lack of Support and Communication:

- Many carers expressed frustration with the lack of support and communication from healthcare services.
- A carer shared, "Life was really difficult in the beginning with little help until \*\*\*\*\* started wandering and getting lost and I had to collect her from the Police. It was only then that services began to help".

##### 2. Financial Strain:

- Carers highlighted the financial impact of caring for family members. One comment stated, "When looking after/caring family members does have a financial impact on the carer. If the payments are given to the carer, instead of employing a carer from an agency or social services, it would be better".
- Another carer mentioned, "Due to cost of caring I only get limited amount of help with personal care for my wife. The sitting service (3hs per week) is helpful for me. We are finding it difficult to obtain funding for a new wheelchair for my wife as her present one is worn out".

### **3. Emotional and Physical Strain:**

- Carers expressed the emotional and physical toll of their responsibilities. One carer said, "I don't get enough sleep as I wake up or my wife wakes me to help her go to toilet".
- Another carer shared, "I have a history of fainting. I take care not to slip, trip or fall".

### **4. Positive Experiences with care and support:**

- Some carers had positive experiences with their care workers. One comment mentioned, "My carer has been very helpful. The organisation \*\*\*\* have been proactive".
- Another carer shared, "We have carers (2) coming in 4 times a day, and they are very friendly & helpful, which makes a great difference".

### **5. Challenges with Healthcare Services:**

- Carers reported challenges with access to healthcare services.

## **Suggests for improvement from carers comments**

### **Better Weekend Coverage:**

- One carer suggested, "Weekends need better coverage" as they faced difficulties getting help on a Friday evening and had to wait until Monday

### **2. Improved Communication and Support:**

- Carers emphasized the need for better communication and support from healthcare services. One carer mentioned, "It would be good & helpful if we had a better service, instead of me having to chase up".
- Another carer shared, "I was told by the Duty Social Worker just after Christmas 2022 that our interview was a 'conversation', not an assessment. A full assessment would be a much better idea"

### **3. Financial Support for Carers:**

- Carers highlighted the financial strain and suggested that payments should be given directly to carers instead of employing agency carers.

### **4. Training and Emergency Cover:**

- Carers suggested providing training and emergency cover for family members who are willing to care for their loved ones. One carer mentioned, "Training given by social services. My family members would be happy to care for their loved ones and be at ease as well".

### **5. Better Access to Healthcare Services:**

- Carers expressed the need for better access to healthcare services, including home visits for vaccinations and improved GP services. One carer stated, "I have found it impossible to arrange for flu and covid vaccinations at home".
- Another carer mentioned, "If perhaps our GP service was of any effect in her condition I'm sure we would have been helped swifter"

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

Carers play an essential role in supporting the wellbeing of those they care for. However, we also recognise the impact that a caring role often has on carers' own health and wellbeing. Informed by the results of this survey as well as more localised consultation processes, we are working both on operational shifts and strategic direction to better support carers in supporting those they care for along with carers' own wellbeing.

## Information and Advice

### Public information offer

To ensure that the best possible service is provided, we have created a public information strategy and will be working with a range of experts by experience to focus on continued improvements in content and accessibility.

### Bridgit Care

A digital transformation project is underway to develop a one-stop-shop for carer support. Peterborough City Council is partnering with Bridgit Care to offer a digital platform where carers can build personalised support plans, access signposting specific to their needs, have 24/7 AI chat support, and be referred to additional services and support where needed.

The implementation of the Bridgit app will ensure that systems and services are joined up, so that the app interfaces not only with Adult Services providers in a way that avoids carers needing to repeat their stories unnecessarily, but also helps identify carers to GP practices and others for more comprehensive support. Accessibility features will ensure that the app is easy to use and can be accessed in a range of languages.

### Statutory responsibilities

We have also refocused on our statutory responsibilities. As such, we are committed to increasing support to practitioners to undertake meaningful carers conversations and assessments. Although the number of carers assessments have continued to decrease from 2021 to 2023, there has been a corresponding increase in carers conversations. These conversations aim to offer carers the support they need at the level they need it without the initial formality of a carers assessment, with the option to then undertake a carers assessment if additional support is needed, and we believe this range of offerings better meets the needs of carers. Service and signposting uptake remains high, showing these assessments and conversations are having the necessary impact.

### Carers being consulted

Carers conversations and carers assessments aim, among other goals, to create spaces where carers can express their needs and ensure that carers' perspectives are at the centre of the services which are offered to them. This refocus on carers conversations and carers assessments will continue to ensure that carers are consulted and that services can best fit their needs.

Additionally, a review of practice guidance has aimed to better support practitioners to understand how they can support our informal carers. This guidance lays out the range of support options available and guides practitioners to identifying the services which would be most helpful to the carer, while working with the individual to ensure they feel their needs are being met effectively.

### Satisfaction with services

We are in the early stages of introducing additional feedback mechanisms, such as feedback forms. However, there has been low uptake of submitting feedback, so we are also exploring other modes of feedback, such as through less formal conversations. Some of these modes of feedback may include meeting carers in their spaces and on their terms, looking to gather feedback in ways they are most comfortable with. Within specific services with more

established feedback processes, we will be conducting a co-produced review of the system for feedback.

We are also committed to learning from complaints. Whilst operational managers respond and react to complaints, the quality practice team are focussing on sharing lessons learned across Adult Social Care services and the wider organisation.

## Social contact

We support informal carers in increasing their social contact by offering respite care. This can take a variety of forms, ranging from a brief sit-in service to allow a carer to attend a club or other social event, to day services which allow the carer more regular time to engage with work, friends or community outside their caring responsibilities, and more.

## Commissioned Carers Support

We have 2 commissioned providers that provide a range support that specifically targets our cities unpaid carers. Caring Together provides support to the adult population as a whole, with Making Space providing specialist support to those who care for people with mental health conditions. They provide a range of support including information and advice, training, support groups, workshops, what if plan design and activations, and day trips.

The support is not just limited to these 2 services with our carers also being able to access other commissioned providers. The Dementia Resource Centre provides a welcoming hub and peer to peer support specifically for those who care for people with Dementia. Our Befriending service seeks to alleviate some of the loneliness and isolation its users are experiencing. The Advocacy service ensures everyone can have their voice heard. There is also the Lifeline service which enables our carers to have peace of mind that their cared for can easily raise an alarm should they need to at any point.

Carers can also purchase flexible support through direct payments, e.g., through employing a personal assistant, arranging respite care or hiring a cleaner. Further work is planned to clarify the direct payment offer for carers

## Integration with health system

Carers frequently need to navigate the complex interfaces between the health and social care systems. To simplify this process and to ensure carers receive the best services possible, we are working with primary care providers and social prescribers to identify carers and work to provide a more cohesive offer. The Bridgit app, which offers a one-stop-shop for carer support, will help in this process by helping identify carers to GP practices and provide more seamless integration between systems.

## Quality of life

Under the Care Act, we are responsible for promoting the wellbeing of not only the looked-after person, but also of their carers. To meet these responsibilities, Peterborough's All-Age Carers Strategy was coproduced with carers, health partners, and experts by experience. It highlighted four key messages from carers:

- Caring can have a detrimental impact on your health and wellbeing
- You can feel that neither you, nor the vital role you play in supporting the person/people you care for are recognised
- You would like better communication from, and with, professionals

- You and the person/people you care for do not feel you are getting the support that you need

On the basis of feedback from carers, the All-Age Carers Strategy sets out the following strategic intentions:

- Reaching and identifying parent carers
- Young carers are supported when moving into adulthood
- Supporting carers at risk of domestic abuse
- Supporting the emotional and psychological wellbeing of carers
- Joint working across health and social care for all carers
- Ensuring easy access to information

The strategy also identifies other areas of potential improvement, such as improving the Healthy You Programme, improving support offered to carers not currently employed, increasing carers conversations and assessments, and the achievement of sustainable lives in employment.

To help deliver these intentions, we will engage with a co-production process called Working Together for Change. This will help facilitate conversations exploring the difference between carers' priorities and what services are currently offering, while also providing training to continue these conversations into the future. This collaborative process will build relationships and trust in a co-productive space, while being scalable to the needs of people and community contexts.

Additionally, a new Carers Lead will coordinate how we work with partners, with communities, and how we pull all work supporting carers into a more cohesive package.

<b>ADULTS AND HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 9
<b>17 September 2024</b>	<b>PUBLIC REPORT</b>

Report of: Dental Commissioning Update	Cambridgeshire & Peterborough Integrated Care Board
Contact Officer(s):	Nicci Briggs, Chief Finance Officer

<b>THE PROVISION OF NHS DENTAL SERVICES IN PETERBOROUGH</b>
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<b>RECOMMENDATIONS</b>
It is recommended that Peterborough Adults and Health Scrutiny Committee:
<ol style="list-style-type: none"> <li>1. Are asked to note the content of the report.</li> <li>2. Cambridgeshire &amp; Peterborough Integrated Care Board want to assure members that we are working closely with Dental Providers who deliver an NHS dental contract in Peterborough to continue to recover and restore effective dental services, since the delegation of the commissioning of these service since 1 April 2023, whilst also exploring a longer-term strategy to support a model of sustainable NHS Dental service provision in Cambridgeshire and Peterborough.</li> </ol>

**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 further update regarding the current provision and access to NHS dental services in Peterborough.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this report is to

- (a) Provide an update regarding current dental provision.
- (b) Provide performance against local targets (where possible)
- (c) Signal the ICB's intention to develop a dental strategy that delivers a longer-term sustainable solution for NHS dental services in Cambridgeshire and Peterborough

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

3. Scrutiny of the NHS and NHS providers.

**3. BACKGROUND AND KEY ISSUES**

**3.1 Background**

3.1.1 Cambridgeshire and Peterborough Integrated Care Board (ICB) took on full delegated responsibility for NHS dental contracting, commissioning and performance on the 1 April 2023 and there are currently 75 General Dental Service (GDS) contracts and Personal Dental Agreements (PDA) delivering mandatory NHS dental services within

the C&P ICB system. 18 of these contracts cover Peterborough but for some of these contracts, services are delivered from main and branch sites.

- 3.1.2 Primary dental services are one of the four pillars of the primary care system in England, along with general practice, primary ophthalmic services (eye health) and community pharmacy. These services use a 'contractor' model of care, which means that almost all NHS primary care services are delivered by independent providers contracted to the NHS.
- 3.1.3 Dental practices are classed as independent contractors who can choose whether they wish to hold a contract to provide NHS dental services or not. Dental providers manage their own practice and can determine their own capacity to take on NHS work. This also means they can decide whether they are able to retain existing patients and/or accept new patients and therefore their lists can open and close on a frequent basis.
- 3.1.3 NHS Dental Services are provided through a national Dental Contracting Framework. This framework determines how services are commissioned and delivered which is largely based around units of dental activity (UDAs) linked to treatment bands. Sign up to deliver NHS dental services by an independent contractor is entirely voluntary, but performers who deliver this service, must be registered on the NHS England Performers List for England.
- 3.1.4 There is a long history of dissatisfaction with contracting in dentistry dating back to the inception of the NHS. Most of the dissatisfaction stems from the scraping of capitation-based approach due to unforeseen increase in demand and thus cost resulting in a fee cut of 7% in 1992/93. This has had a knock-on effect with dentists now moving to more private work. As concerns grew around access and waits for NHS treatment this led to a reform in contract 2006. The 2006 contract aligned NHS dentistry to other parts of the NHS and moved from a fee-for-service model to an activity targeted model.
- 3.1.5 The current funding model relies heavily on patient charges and contract-based payments to dental practices. This model presents several challenges, including limited financial incentives for preventative care, insufficient funding for complex treatments, and disparities in reimbursement rates between different types of treatments.
- 3.1.6 High Demand for NHS dental services frequently outstrips the supply of available appointments, resulting in prolonged waiting times for routine check-ups and treatments. This imbalance compromises access to care, impacting patient outcomes.
- 3.1.7 Against the backdrop of rising demand for dentistry, evolving patient needs, and resource constraints, the NHS dentistry sector grapples with complex challenges that span access barriers, workforce, funding discrepancies, and quality of care concerns. These challenges are exacerbated by socioeconomic disparities, geographic variations, and systemic inefficiencies. Being a sole NHS dental provider is no longer viewed as being a long term sustainable or financially viable option
- 3.1.8 Cambridgeshire and Peterborough Integrated Care System inherited a number of NHS Dental contracts that have not been fully delivered since at least 2018/19, against the National General Dental Services contract that has been in place since 2006 and is activity driven. The pandemic exacerbated the under delivery and NHS Dental Services have been slow to recover, largely as a result of the pricing structure of this contract.
- 3.1.9 Since taking on the delegation of dental functions, Cambridgeshire & Peterborough Integrated Care Board has commissioned a full in-depth analysis of dental provision within the C&P System from IQVIA Connected Intelligence, to help us to better understand our population health and to take stock of the current level of access to NHS dental services, to determine a local solution for our population.



3.1.10 The insights and data report that was produced following the in-depth analysis highlighted key areas of concern, including access barriers, workforce shortages, and funding challenges, and builds on the initial scoping exercise undertaken by our Public Health and strategic commissioning colleagues.

3.1.11 All of the above information contributed to the development of a number of local schemes, supported by £6.1m of local investment, that sit alongside the national initiatives to help address the immediate access issues, whilst the ICB continue to scope a longer-term strategy to secure a sustainable solution for NHS dental services in Cambridgeshire and Peterborough.

## **3.2 National Dental Recovery Plan**

3.2.1 On 7 February 2024, NHS England published a joint NHS and Department of Health and Social Care (DHSC) plan to recover and reform NHS dentistry resulting in a number of nationally funded initiatives being introduced.

3.2.2 The national dental recovery plan sets out how the NHS and government will drive a major new focus on prevention and good oral health in young children and deliver an expanded dental workforce.

### ***New Patient Premium***

3.2.3 In 2024/25, supported nationally by £200m of government funding, NHS dentists are being given a 'new patient' premium payment of between £15 - £50 (depending on treatment need) to treat around a million new patients who have not seen an NHS dentist in two years or more.

3.2.4 In C&P we have seen 69 NHS Dental Contractors opting in to deliver this programme, and to date (September 2024) we are predicting that an additional 12,625 eligible new patients will have been seen in Cambridgeshire and Peterborough, but are waiting on the official data to confirm this.

### ***Smile for Life Programme***

3.2.5 The plan sees the government roll out a new 'Smile for Life' programme which will see parents and parents-to-be offered advice for baby gums and milk teeth, with the aim that every child will see tooth brushing as a normal part of their day by the time they go to school.

### ***National Dentist incentivisation scheme***

3.2.6 To attract new NHS dentists and improve access to care in areas with the highest demand, around 240 dentists nationally will be offered one-off payments of up to £20,000 for working in under-served areas for up to three years. This is intended to support the recruitment and retention of dental workforce to deliver the NHS dental contract to patients.

3.2.7 The Cambridgeshire and Peterborough share of this funding allocation is for 12 dentists and will be allocated in areas of Cambridgeshire and Peterborough where access is the most challenging. The ICB is in the process of reviewing the expressions of interest that have been received from local providers and will prioritise based on areas of greatest need. The insights report suggests that these areas are in the Peterborough and Huntingdon localities.

3.2.8 Depending on the entry level of the dentist recruited, there will be an expectation that this additional workforce will individually deliver up to 6,000 units of dental activity against the contract, for the provider that they have been recruited to.

### **Raise the minimum UDA Activity tariff price**

- 3.2.9 In an attempt to make NHS work more attractive to dental teams the UDA Tariff price will increase to £28 (from £23).
- 3.2.10 This has affected a small number of contracts across Cambridgeshire and Peterborough and has been implemented from 1 April 2024. However, it is recognised that this will not solve the overall funding gap that is contributing to the financial viability of NHS dental services.

### **Dental Vans**

- 3.2.11 The government's plan to recover and reform NHS dentistry explicitly addresses geographical disparities in dental service provision (Department of Health and Social Care, 2024). Mobile dental units have been proposed to bring essential dental care directly to underserved communities, whilst longer-term solutions are established. Mobile dental vans can offer valuable access to care and promote equity in access in underserved areas.
- 3.2.12 C&P ICB was identified as an area that would benefit from a dental van, however deploying dentistry vans can risk diverting staff away from practices to operate these vans, potentially impacting overall service provision (Oral Health Foundation, 2024). More clarity is needed regarding funding and staffing details to understand how the initiative will create additional appointments in the C&P System.

### **3.3 Tackling Health Inequalities**

- 3.3.1 Ensuring equitable access to dental care within the C&P area is paramount for promoting overall health and well-being.
- 3.3.2 Geographical disparities in NHS dental service provision are important to consider because they can lead to unequal access to dental care based on where people live. Factors such as population density and urban-rural divide can affect the distribution of dental practices and availability of services. Neglecting these disparities can result in underserved communities, with limited access to essential dental care, leading to an exacerbation of inequalities in access.
- 3.3.3 According to the '*Great British Oral Health Report 2021; Oral Health Foundation*':
- Oral health inequalities between children is widening with decay among children 3.8 times higher in the most deprived communities.
  - The My Dentist oral health survey found that 34% of respondents with a household income less than £20,000 has seen a dentist for a routine check-up within the last year relative to 46% of those with a household income greater than £20,000. This increased to 59% in households with incomes greater than £60,000.
  - This with household income less than £20,000 were three times more likely to have extracted one of their own teeth.

Study on survival after mouth cancer was diagnosed showed significant social inequalities with a 50% higher relative risk of death for those residents in the most deprived quartile (IMD) compared to least deprived.

### **3.4 Local context**

- 3.4.1 The Dental Insights and Data Report for Cambridgeshire and Peterborough, compiled by IQVIA Connected Intelligence, identified the following key factors impacting access to sustainable NHS dental services across the system.

- **Geographical barriers** – disparities in dental service provision with rural and remote areas experiencing limited access to dental practices
- **Financial barriers** – barriers to access, overall costs to patients can pose significant barriers to access particularly for low-income households
- **Supply and demand imbalance** – 52 practices on NHS find a dentist webpage but 71% not accepting new patients. 6.1% of total referrals to NHS 111 (2,512 each month) relate to dental care with 6–17-year-olds the most underrepresented age group accessing NHS services
- **Socioeconomic factors** – poorer health outcomes among patients living in most deprived areas, data shows they needed more complex treatment
- **Workforce** – national shortage of dental professionals

3.4.2 Cambridgeshire and Peterborough ICB has taken the initial findings from this report to implement a number of locally funded initiatives to help address some of the immediate dental access issues.

### **3.5 Local Dental Access Improvement Investment Plan**

3.5.1 NHS Cambridgeshire & Peterborough has implemented a Local Dental Access Improvement Plan, against the backdrop of constraints of the National General Dental Services contract, which sets out the interim measures that are being / have been implemented, with additional investment, to aid improved access and capacity:

3.5.2 The ICB secured £6.1m of local discretionary non-recurrent funding and engaged with local NHS Dental providers and the Local Dental Committee (LDC) to develop and implement a number of local initiatives to help improve access to NHS Dental Services for all patients across the area.

3.5.3 The ICB used the IQVIA insights and data report alongside population health and health inequalities data, to identify those geographical areas of Cambridgeshire and Peterborough where the majority of additional resource should be focused.

3.5.4 Peterborough was highlighted as one of the areas of need, where there are the highest levels of health inequalities and therefore will benefit from a larger proportion of this additional resource.

3.5.5 A summary of these local initiatives and benefits realised to date are set out below.

#### ***Additional Mandatory Sessions***

3.5.6 This initiative was offered to all C&P ICB NHS dental providers and is intended to increase capacity and appointment availability to improve access for patients. Seven contractors signed up to the scheme.

- Four contracts in Huntingdonshire and Cambridge city delivering 8 sessions a week. Approx. 56 patients a week = 2,912 for the year
- Three contracts in Fenland (Littleport and March) and Peterborough delivering 30 sessions a week. Approx. 210 patients a week = 10,920 for the year
- Supporting approx. an additional 13,832 patients

3.5.7 Total number of patients seen to date (September 2024) under this scheme is 2,134.

### ***Orthodontic waiting list support***

3.5.8 This initiative will help to increase orthodontic capacity to reduce the waiting time for patients on orthodontic waiting lists.

- Four contractors expressed an interest, all were approved.
- Will support 260 patients waiting for treatment

### ***Special Care Dental Service to our most Vulnerable Patients***

3.5.9 This initiative will be implemented imminently and is intended to support legacy patients with Special Care needs that no longer meet the criteria for special care dental

services and are unable to access routine dental care (approx. 500 patients).

- Funding has been made available to enable the employment of 0.80 Dentist, 0.20 Therapist, 1.00 Dental Nurse and 0.22 Admin resource for 3 years to offer 2,000 appointments per year as each patient will have 4 appointments a year due to their complexity.
- To support wider dental provision recovery and upskilling of clinicians to support these patients longer term.

### ***New Paediatric pathway***

3.5.10 This initiative is intended to support and treat paediatric patients in a timely manner. It will also help ease the pressure on special care dental services and support the ICB's Core25Plus 5 ambition to reduce the number of children aged 10 years and under admitted as inpatients in hospital

- The ICB has commenced a pathway review by Task and Finish Group made up of a number of system stakeholders
- Review of prevention initiatives to support Local Authority, Public Health responsibility, under the Health and Social Care Act
- Agreeing best approach to offering additional sessions for paediatrics, to current dental providers e.g. Children in Care or other paediatrics identified through prevention as requiring an appointment
- The establishment of Child Focussed Dental Practices, in the form of additional sessions being delivered from current dental contracts. Clinicians will be up skilled to deliver this level of care

## **3.6 Next Steps**

3.6.1 The ICB will continue to engage with local providers and monitor the effectiveness of the national and local schemes in our system.

3.6.2 The ICB will continue to work with IQVIA Connected Intelligence, to further determine the mechanisms that need to be put in place to enable NHS dental services to be more sustainable in the future across the system.

3.6.3 Phase 2 of the IQVIA initiative focuses on developing a longer-term proposal to address the inequalities that exist in accessing NHS dental services through a four-pillar strategy which aims to revitalise dentistry in Cambridgeshire and Peterborough.

The four pillars are:

- Raise the reimbursement rates
- Increased Commissioned Units of Dental Activity (UDAs)

- Workforce Distribution and Skill Mix and
- Prevention and Stabilisation through Capitation

3.6.4 The financial data, treatment time and qualitative research will enable Dental Providers to pilot a newly modelled proposal of delivery of service. The pilot stage can be extended to a longer period. It can be calibrated and scrutinised in greater depth to create an evidence base for change.

3.6.5 It is envisaged, that these measures to improve dental access will reduce inappropriate presentations of dental problems to General Practice and Emergency Departments. This will in turn increase access to those services for more appropriate support meaning patients are more likely to get definitive treatment of their dental issues from a dental professional rather than 'first aid' from a medical practitioner in those other settings.

#### **4. CONSULTATION**

4.1 There are currently no dental related consultations live in our area.

#### **5. ANTICIPATED OUTCOMES OR IMPACT**

5.1 The improvement plan aims to achieve the following outcomes:

- Increase dental capacity and improve access and patient experience in areas of high need across Cambridgeshire and Peterborough.
- Increase the capacity within the Special Care Dental Service, who support vulnerable patients across the system.
- Help reduce the waiting list for young people requiring NHS Orthodontic Treatment.
- Improve the paediatric pathway, to provide access to NHS Dental Services.

#### **6. REASON FOR THE RECOMMENDATION**

6.1 This paper provides the Committee with an update regarding NHS Dental Service provision in Cambridgeshire and Peterborough and the impact to date of the local investment plans that have been put in place to address the access challenges that our resident population are facing.

#### **7. ALTERNATIVE OPTIONS CONSIDERED**

7.1 The system is operating in an environment where sign up to deliver NHS Dental services by independent contractors is voluntary. Dental Practices that do deliver the NHS contract, do not believe the NHS dental prices are sustainable and many have chosen to reduce NHS dental activity or hand back their NHS contracts.

The Committee is asked to note that NHS prices are set nationally and not locally determined, hence we welcome the national raising of the minimum value of activity, however as stated above, we are also looking at local financial initiatives and championing a piece of work to look at how we can achieve a sustainable NHS dental service across Cambridgeshire and Peterborough.

#### **8. IMPLICATIONS**

##### **Financial Implications**

8.1 The ICB has opted to invest additional local discretionary non-recurrent funding to support dental access across the system.

##### **Legal Implications**

8.2 N/A

## **Equalities Implications**

- 8.3 Our plans have been developed with significant consideration of health inequalities and how we can address them in our local area.

## **Rural Implications**

- 8.4 *N/A*

## **9. BACKGROUND DOCUMENTS**

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

- 9.1 Joint NHS and Department of Health and Social Care (DHSC) plan

[Our plan to recover and reform NHS dentistry - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/our-plan-to-recover-and-reform-nhs-dentistry)

NHS England's Dental Recruitment incentive scheme 2024/25

[guidance on the Recruitment Incentive Scheme](#)

Great British Oral Health Report 2021; Oral Health Foundation

[the-great-british-oral-health-report-2021.pdf \(dentistry.co.uk\)](#)

## **10. APPENDICES**

- 10.1 None

## Adults and Health Scrutiny Committee Work Programme 2024/2025

Updated: 09/09/2024

Meeting Date	Item	Comments
<b>Meeting Date: 09 July 2024</b> Draft report deadline: 20 June 24 Final report deadline: 27 June 24	<b>Appointment of Co-opted Members 2024/2025</b> Contact Officer: Madia Afzal	
	<b>Review of 2023/2024 and Work Programme 2024/2025</b> Contact Officer: Madia Afzal	
	<b>Forward Plan of Executive Decisions</b> Contact Officer: Madia Afzal	
<b>Meeting date: 17 September 2024</b> Draft report deadline: 29 August 24 Final report deadline: 05 September 24	<b>Supplementary Appointment of Co-opted Members 2024-2025</b> Contact Officer: Charlotte Cameron	
	<b>Forward Plan of Executive Decisions</b> Contact Officer: Charlotte Cameron	
	<b>Update on the impact of additional supplementary funding of substance misuse in Peterborough</b> Contact Officer: Joseph Keegan	
	<b>Update on all Age Carers Strategy and the Carers Survey</b> Contact Officer: Stephen Taylor	
	<b>Dentistry Report</b> Contact Officer: ICB	
	<b>Work Programme 2024-2025</b> Contact Officer: Charlotte Cameron	

<b>Meeting date: 05 November 2024</b>  Draft report deadline: 17 October 24 Final report deadline: 24 October 24	<b>Forward Plan of Executive Decisions:</b> Contact Officer: Charlotte Cameron	
	<b>Winter Plan and NHS Performance</b> Contact Officer: Martin Whelan/Stacie Coburn (ICB)	
	<b>New Model of Care</b> Contact Officer: TBC	
	<b>Learning Disability Long Term Improvement Programme</b> Contact Officer: Roshan Shah, PSC, supporting PSC	
	<b>Work Programme 2024-2025</b> Contact Officer: Charlotte Cameron	
<b>Meeting date: 14 January 2025</b>  Draft report deadline: 24 December 24* Final report deadline: 02 January 25	<b>Forward Plan of Executive Decisions:</b> Contact Officer: Charlotte Cameron	
	<b>Cambridgeshire and Peterborough Safeguarding Adults Partnership Board Annual Report 2024-25</b> Contact Officer: Joanne Proctor	
	<b>Public Health Annual Performance Report 2024-25</b> Contact Officer: TBC	
	<b>Primary Care/GP Accessibility</b> Contact Officer: TBC	
	<b>Work Programme 2024-2025</b> Contact Officer: Charlotte Cameron	
<b>Meeting date: 29 January 2025</b>  <b>Joint Meeting of the Scrutiny Committees – Budget</b>		



<b>Meeting date: 11 March 2025</b>  Draft report deadline: 20 Feb 25 Final report deadline: 27 Feb 25	<b>Forward Plan of Executive Decisions:</b> Contact Officer: Charlotte Cameron	
	<b>Adult Social Care Annual Complaints Report 2024-25</b> Contact Officer: Belinda Evans	
	<b>Mental Health Section 75 Partnership Agreement: Annual Report</b> Contact Officer: Leesa Murray	
	<b>Portfolio progress report from the Cabinet Member for Adults and Health</b> Contact Officer: Stephen Taylor and Mike Robinson	
	<b>Adult Social Care – CQC Assurance</b> Contact Officer: TBC	
	<b>Right Care, Right Person</b> Contact Officer: TBC	Stephen Taylor to liaise with Martin Whelan/Caroline Macpherson, CPFT

#### Pending Items:

- Impact of North Cambridgeshire and Peterborough Care Partnership on health of residents in Peterborough
- Update on changes and progress within CPFT, with a focus on Adult Mental Health crisis
- Care home provider sustainability

#### Motions:

1. From Cllr Hogg: "Ask the Adults and Health Scrutiny Committee to look for a legal instrument, e.g. a local bylaw, for other food premises to be mandated to display their hygiene rating in a prominent place, such as the front door, entrance or window." **Response:** *The Committee felt that this was best placed with the Legal and Licensing teams who could work on the options and bring them back to Committee.*

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