

AGENDA

OVERVIEW AND SCRUTINY PANEL

MONDAY, 10 OCTOBER 2022

1.30 PM

**COUNCIL CHAMBER, FENLAND HALL,
COUNTY ROAD, MARCH PE15 8NQ**

Committee Officer: Linda Albon
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Whilst this meeting will be held in public, we encourage members of the public to view the meeting via our YouTube channel: <https://youtu.be/GY2eqxTi-vA>

- 1 To receive apologies for absence.
- 2 Previous Minutes. (Pages 3 - 8)

To confirm and sign the minutes of the meeting of 18 July 2022.
- 3 To report additional items for consideration which the Chairman deems urgent by virtue of the special circumstances to be now specified.
- 4 Members to declare any interests under the Local Code of Conduct in respect of any item to be discussed at the meeting.
- 5 Update on previous actions. (Pages 9 - 12)

Members to receive an update on the previous meeting's Action Plan.
- 6 Public Health Presentation (Pages 13 - 38)

A report from Dr Jyoti Atri, Director of Public Health setting out the approach being proposed to tackle health inequalities.

7 Local Government Ombudsman - Annual Review of Complaints (Pages 39 - 54)

To update Members on the annual statistics in relation to the Local Government and Health and Social Care Ombudsman (LGO) and the Council's corporate '3Cs' procedure. This explains how we deal with the comments, compliments, correspondence and complaints we receive.

8 Annual Meeting with the Leader and Chief Executive (Pages 55 - 90)

Presentation on FDC's key achievements and performance 2021/22

9 Future Work Programme (Pages 91 - 96)

To consider the Draft Work Programme for Overview & Scrutiny Panel 2022/23.

10 Items which the Chairman has under item 3 deemed urgent.

Friday, 30 September 2022

Members: Councillor D Mason (Chairman), Councillor A Miscandlon (Vice-Chairman), Councillor G Booth, Councillor D Connor, Councillor A Hay, Councillor M Humphrey, Councillor M Purser, Councillor R Skoulding, Councillor D Topgood, Councillor R Wicks and Councillor F Yeulett

OVERVIEW AND SCRUTINY PANEL MONDAY, 18 JULY 2022 - 1.30 PM



PRESENT: Councillor D Mason (Chairman), Councillor A Miscandlon (Vice-Chairman), Councillor A Hay, Councillor M Purser and Councillor R Wicks

APOLOGIES: Councillor M Cornwell, Councillor M Humphrey, Councillor R Skoulding and Councillor F Yeulett

OFFICERS IN ATTENDANCE: Amy Brown (Head of Legal and Governance), Dan Horn (Acting Assistant Director), Phil Hughes (Acting Assistant Director) and Linda Albon (Member Services & Governance Officer)

ALSO IN ATTENDANCE: Councillor C Boden, Councillor S Clark and Councillor S Count

OSC1/22 APPOINTMENT OF CHAIRMAN FOR THE MUNICIPAL YEAR

It was proposed by Councillor Miscandlon, seconded by Councillor Purser and resolved that Councillor Mason be elected Chairman of the Overview and Scrutiny Panel for the Municipal Year.

OSC2/22 APPOINTMENT OF VICE-CHAIRMAN FOR THE MUNICIPAL YEAR

It was proposed by Councillor Mason, seconded by Councillor Hay and resolved that Councillor Miscandlon be elected Vice-Chairman of the Overview and Scrutiny Panel for the Municipal Year.

OSC3/22 PREVIOUS MINUTES.

The minutes of the meeting of 9 May 2022 were confirmed and signed.

OSC4/22 UPDATE ON PREVIOUS ACTIONS.

Members considered the update on previous actions and made the following comments:

- Councillor Wicks stated he is still waiting for the information he requested in respect of the Levelling Up Fund, namely a comparison with other local authorities and the figures they have received from the Combined Authority. Councillor Mason advised that this is in hand.
- Councillor Hay expressed her concern that the Panel have not yet heard if the Mayor of the Combined Authority will be attending a future meeting, as they would like to know how he will manage the Levelling Up agenda, particularly given the current high rate of vacancies within the Combined Authority.
- Councillor Miscandlon said that whilst acknowledging vacancies at the Combined Authority, he could confirm that the Skills Committee is fully staffed.

OSC5/22 PROGRESS OF CORPORATE PRIORITIES - COMMUNITIES

Councillor Mason welcomed Councillor Boden, Councillor Clark, Councillor Count, Dan Horn, and Phil Hughes to the meeting.

Dan Horn and Phil Hughes were invited to give a brief overview of the priorities within their respective teams.

Members asked questions, made comments and received responses as follows:

- Councillor Mason asked Councillor Clark if the Golden Age Fairs have a greater attendance if they are run alongside another event and if so, could it become a policy to link up with other events. Councillor Clark agreed that the attendance is greater and other age groups also attend as a result. She added that the Community Support Team does look at other events and if they could link with the Golden Age Fair within their meetings.
- Councillor Miscandlon thanked Dan Horn for the comprehensive report on housing figures. He would like to know how many suppliers of social housing there are in Fenland, what stock of homes they have and what the criterion is to acquire a property. Dan Horn replied that there are several registered housing providers in Fenland of which Clarion is the biggest and best known as it has the former council housing stock. However, there is a plethora of other registered providers at work, and the Council encourages them to work within Fenland as we have a target to meet housing need. There are a lot of people on the Council's HomeLink housing register, and although the register is managed through Clarion, it is a statutory function for Fenland District Council to discharge. Dan Horn said that he would circulate a link to a list of all the providers within Fenland and, as all providers are regulated by the social housing regulator, he will also circulate a link to their latest assessments, which were last done in 2020. Councillor Miscandlon thanked Dan Horn and asked that both links be circulated to all councillors and not just to the Overview and Scrutiny members.
- Councillor Wicks asked Dan Horn if members could be given contact details for all providers as they currently only have the details for Clarion. They will then know who to contact should they receive a complaint from a ward member. Dan Horn responded that although he can do this, he would encourage members to first ask their residents to follow their housing provider's formal complaints procedure and for members then to let him know of any issues so he can follow these up alongside the formal route.
- Councillor Wicks said he would like to know homeless numbers and the relevance against the Military Covenant. Dan Horn responded that the HomeLink register shows that as of 11th July, of the 1576 live Fenland applicants waiting for homes, 25 had declared a link to the military. He added that the allocations policy has a special section on prioritisation which was last approved in 2021. Councillor Wicks said he was also thinking in terms of rough sleepers as that was also included within the report. Dan Horn stated that he would ask the Outreach Team to investigate the number of rough sleepers over the last twelve months and ascertain how many have a military background. Councillor Wicks thanked Dan Horn and said that it is part of ongoing work to contact the military welfare organisations to help resolve the issue. Dan Horn commented that in terms of the military covenant, if anyone has spent just one day in the military, it will trigger support and the Council will tap into that support network.
- Councillor Hay said that in respect of social housing, it would be interesting to know how many of the other providers deliver additional services and in which areas. For example, do they provide extra services for the elderly and disabled? Dan Horn said that the link he will circulate will detail the services provided but generally all providers offer the same services as Clarion. He added that if any member has difficulty receiving assistance from a provider to any concerns they raise, then please let him know.
- Councillor Hay said that as Clarion come before the Overview & Scrutiny Panel once a year to give the Council a degree of input and oversight, she wondered if it would be possible for some of the other large providers to be invited to a meeting of the Panel. Dan Horn replied that he could not be certain of that, and it would be unlikely to get them to the same meeting, they do not have a requirement to come but he would hope they may want to as part of their social responsibility. He said he would look at this further adding that Accent have over 500 properties and are probably our biggest housing provider after Clarion, so although they are under no obligation to attend a meeting, they may want to. Councillor Hay thanked Dan Horn. She said that although she knows there is no compulsion for them to attend a meeting, in the interests of

transparency it could be good publicity for them to show that they are working with the local authority to ensure the best outcomes for their tenants.

- Councillor Boden suggested that rather than looking for all the providers to attend a meeting it may be a good idea to focus more on individual elements, i.e., affordable right to buy, rather than take a scattergun approach. Dan Horn agreed that was a good point, and said that development is one area of business, and although there may be big stock numbers of certain providers in Fenland, some may not be active for new development and there are some new providers who may be looking to build in Fenland that you may wish to see. If the Panel wants to focus on management, the services they provide and how tenants are treated, then that would mean meeting a different group of providers.
- Councillor Mason asked if it is policy that open spaces will remain as that and not used for development in the future. Phil Hughes responded that it would depend on the space, for example the Manor field at Whittlesey is protected and held in trust but other spaces are not. He added that the Council is exploring opportunities to sell some smaller open sites to third parties. Councillor Mason said he understood that designated open spaces were for the public to use for leisure activities. Phil Hughes responded that the Council maintains a vast number of open spaces, but the term can relate to a strip of grass or a grass verge as well as vast areas such as Wisbech Park or West End Park. The Council has packets of land that need to be maintained and the grass cut but they are not formal open spaces like a park with a play area. Councillor Mason said he was thinking of a particular piece of land in Whittlesey which is designated open space but has been padlocked for the last five years, therefore there is no access for the public to use it as intended. Phil Hughes said he would investigate this if Councillor Mason could send him the details.
- Councillor Mason said he had been interested to read the CAB statistics and asked if it was possible that in future these statistics be broken down into market town and village areas rather than take a blanket Fenland approach. He stated that although the figures are impressive it does not give a true picture of where actions are taking place. Dan Horn confirmed that he would do that.
- Councillor Hay commented that it would be interesting to know what support each of the town and parish councils are giving to CAB. She knows that within Chatteris there have been complaints in the past that residents are not getting a very good service from them and that may be because they contribute less than, say, Whittlesey, so for that reason it would be interesting to know what the individual areas are doing.
- Councillor Clark said that her parish council and some others do contribute to CAB but although they used to hold surgeries in the rural areas, often nobody would turn up so now they are being invited to attend the Golden Age Fairs to give advice which will help.
- Dan Horn stated that the Council has a service level funding agreement with CAB and although focus tends to be on council debt recovery and homeless prevention, it can be seen from the summary report that CAB provides a much wider aspect of help around welfare. During austerity, the Council did a consultation with CAB to reduce funding over a 3-year period and then as part of the mitigation they looked at what they could do to adjust their service. The Council ensured from those negotiations that it remained a district-wide accessible service, albeit it much of CAB's work can be done over the telephone. He stated that he will obtain a breakdown of towns and villages as requested and will ask what funding they are getting from other sources for Fenland area work.
- Councillor Miscandlon said on the Rural Cambs CAB he has had recent conversations with Nick from CAB, who is grateful for all the help received. Some towns do not contribute as much as others, but Nick praised the commitment from Whittlesey with the officer sited in the council offices. CAB would like to see more co-operation with the towns and the Council and an enhanced service in Fenland going forward to mitigate the problems. Councillor Miscandlon added that CAB provides a vital service for Fenland and the figures in the report echo that for everyone to see but he agreed it would be useful to be itemised. Dan confirmed that he would send the information out to all councillors, both the current report and the one broken down by ward.
- Councillor Clark said she understood that the Panel would like to hear more about the work of

Active Fenland, which as the name suggests encourages people to get more active within the district. She advised that the team organised a tea dance at the Queen Mary Centre in Wisbech two weeks ago, which was extremely well received. Many people attended and some had travelled from places such as Whittlesey and Downham Market. As a result of its success, further tea dances will be organised for each of the towns. Active Fenland also put on activities such as rambler walks; they are a very encouraging team and work really well.

- Councillor Purser referred to CAB, saying that he understood that the March office closed because they saw so few people with only having an hour a week in the library. He asked how the Wisbech service works, is it by appointment only? Dan Horn responded that CAB had a reduction in their grant from Fenland District Council over a three-year period, and as part of that adjustment they reduced the amount of time that they spent in other towns while keeping their core base at Wisbech. However, their service is still available across the district. He is aware that they offer additional services based on funding, as already highlighted by Councillor Miscandlon at Whittlesey, but he will get further details as part of the actions from this meeting. Councillor Purser said the reason he has brought this up was because March Town Council reduced their funding due to no longer having the facility, but some residents do not have the confidence to discuss their issues with CAB over the telephone, or for whatever reason cannot travel to Wisbech. Dan Horn said he could understand that, and in those cases would encourage residents to find an advocate who could help support them. He suggested that if a member took on that role on behalf of a ward member, they should contact the Council, who will then contact CAB to look at solutions around that.
- Councillor Miscandlon said that since March has no facilities, he wondered if it would be prudent to offer CAB services here at Fenland Hall on an appointment basis only. Dan Horn said that sounds like a good idea and worth considering but it would need some funding from March Town Council if they did not have the facilities themselves to offer. The Council would then need to consider that and look at the various risk assessments that would be linked to external organisations using the premises. Councillor Purser agreed he would discuss the issue further with March Town Council.
- Councillor Wicks referred to Golden Age and said it was his understanding that in the past there was engagement from local health organisations but as they have now moved to having social prescribers as part of those surgeries, would they not be a valuable addition as attendees to the Golden Age fairs. Councillor Clark thanked Councillor Wicks and said she would look into that at their next meeting.
- Councillor Mason said that Whittlesey Emergency Food Aid are still having problems in relocating and although this is not Dan Horn's remit, he would value Dan's support in pushing that project along. It is now eight months since it was agreed with Cambridgeshire County Council to relocate to the rear of Whittlesey Library and papers were signed in December. The current temporary premises are no longer adequate and have been broken into twice, and in this current economic climate is bursting at the seams. Dan Horn said he was happy to see what he could do to assist and would discuss the situation with Councillor Mason outside of this meeting.

Councillor Mason thanked Councillor Boden, Councillor Clark, Councillor Count, Dan Horn, and Phil Hughes for their attendance this morning and all the hard work that had gone into the report and that the Panel looked forward to further progress in the coming year.

The report was noted for information.

OSC6/22 DRAFT OVERVIEW AND SCRUTINY ANNUAL REPORT 2021-2022

Members considered the draft Overview & Scrutiny Annual Report for 2021-22.

Councillor Miscandlon said he is very impressed with this comprehensive report; it is a credit to Amy Brown and officers, and he will support it wholeheartedly.

Councillor Hay thanked Amy Brown as Monitoring Officer and the Member Services team for the invaluable advice they have provided over the year. Councillor Purser echoed Councillor Hay's comments.

Councillor Mason asked the Leader if he would like to comment on the report. Councillor Boden responded that the report is a good reflection of the breadth of work that the Overview & Scrutiny Panel has undertaken over the previous year, and it is impressive given what has happened over the last two years. However, one point in the report that did strike him is the comment that all meetings are held in public. He is aware of interest in greater scrutiny of the work of the Investment Board so the Panel may care to consider whether to explore the possibility of meetings that may not be held in public. Councillor Mason said that the Panel had asked for an interim report of the Investment Board in six months' time to be reassured that things are running as they should and, although he attends these meetings as an observer and is happy with the legalities of it, he realises that if the public are kept informed as best they can despite the confidentiality of the meetings, then that gives greater reassurance that the Investment Board is being run in the correct manner hence the request for the interim report.

The Overview and Scrutiny Panel AGREED to note the Annual Report.

OSC7/22 FUTURE WORK PROGRAMME

Members considered the Future Work Programme.

- Councillor Wicks asked why Anglian Water are not included in the programme given they still have several outstanding actions. Amy Brown responded that since last week's pre-meeting, Anglian Water have been contacted and it has been established that they have provided some further information but due to changes in personnel this had not been picked up. The action plan has been updated; there is still one further outstanding question, and we will continue to work with them to update that. They have also now accepted an invitation to attend a meeting next May and that will be added to the plan. Councillor Wicks said his concern with that date is that there will be a new tenure of Council and some existing members may no longer be in office so will be unable to raise their points on any ongoing matters. Amy Brown suggested that in that case, the situation can be reviewed at the beginning of the year and if there are enough new questions without going back over what they have already answered, then Anglian Water will be invited to an earlier meeting. Councillor Wicks agreed that would be a good idea because we do not know what this winter will bring and what impact it will have.
- Councillor Wicks referred to the October meeting when there will be an update on the CPCA Growth Service. He asked that given that their report last year was very general and focussed on the whole of Cambridgeshire, he requested that we ask that we get the salient detail of their activities within Fenland. Councillor Mason said that will be taken into consideration and requested when they are submitted a list of questions the Panel may wish to ask.

2.28 pm

Chairman

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UPDATE ON PREVIOUS ACTIONS

REF	Date Requested	Question	Target Date
COMPLETED ACTONS			
Ongoing Actions Completed Since the O&S Meeting of 18th July 2022			
1.	07.02.2022	<p>Request to invite the Mayor of Cambridgeshire and Peterborough Combined Authority to attend a future meeting of O&S to discuss the levelling-up agenda for Fenland.</p> <p>The Mayor is attending a meeting of the O&S Committee on 5th December 2022.</p>	Complete
Progress of Corporate Priorities – Communities – Questions Arising			
2.	18.07.2022	<p>Dan Horn to compile a list of the main housing associations together with their contact numbers for circulation amongst members.</p> <p>Overview and Scrutiny asked for the following link to be sent to all members relating to RP's in Fenland.</p> <p>https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-providers/ . The data is at March 2020</p> <p>The link has a list of Registered Providers in each district area of Cambs. With regard to the Fenland area if you click on the name that takes you to their website if you have a resident in need of support to make contact. Also along with the breakdown of home type in the area (Fenland wide only – there is no Fenland geographical area split available) there is also a link to the latest regulatory judgement by the social housing regulator.</p> <p>Details of the stock that had been delivered since March 2020 was also provided.</p>	Complete – Email sent 18.07.22
3.	18.07.2022	<p>Dan Horn will undertake an assessment of how many rough sleepers in the last 12 months have come from a military background.</p> <p>Since April 2021 none of our rough sleepers have had a military background. The Rough Sleeper outreach service will ensure if they do find a Rough Sleeper with a Military link that they can access the Military Covenant support services through our Housing Options Team and the County wide Military Covenant Officer.</p>	Complete – Email sent 18.07.22

REF	Date Requested	Question	Target Date
4.	18.07.2022	Jamie-Lea's contact details to be provided to Councillor Wicks.	Complete – Email sent 18.07.22
		Contact details sent to Cllr Wicks during the meeting.	
5.	18.07.2022	Dan Horn to send a link which enables members to identify which housing providers can be contacted in relation to services for the elderly/other welfare issues.	Complete – Email sent 18.07.22
		This information is comprised within the data provided in response to Question 2 above and members can contact Dan Horn directly should they have any questions regarding contact.	
6.	18.07.2022	Dan Horn to consider which of the other housing associations might usefully be invited to attend a future meeting of the O&S Panel and to think about how this could provide a useful insight into the services they provide. To also consider what the focus areas of the particular housing associations might be and which of those areas of business might be most relevant to the function of the Panel. An overview to be provided so that further consideration can be given to this before an invite is sent.	Complete – Email sent 18.07.22
		Once members have had an opportunity to review the information comprised within the data provided in response to Question 2 above they can contact Dan Horn directly or raise any questions via the ordinary O&S procedure in order that any future RP invites can then be issued as required.	

ONGOING ACTIONS

1.	9.5.2022	Councillor Wicks had asked how many jobs had been created in Fenland. Ed Coleman had responded to confirm that there had been 99. Councillor Wicks would like to understand how this compares to other areas within the CPCA area.	Reminder sent.
		Further information has been requested from Ed Coleman and a response is still anticipated ahead of the July meeting of O&S.	
2.	9.5.2022	Councillors asked that the figures provided by Fliss Millar on the levelling up funding be compared to the other local areas. Councillor Booth identified that they had only included one fund in the response and asked stated that they needed to be provided with a fuller picture of the levelling up situation.	Reminder Sent
		Further information has been requested from Fliss Millar and it is anticipated will be provided ahead of the July meeting of O&S.	

REF	Date Requested	Question	Target Date
WATCHING BRIEF ITEMS			
1.	8.11.2021	<p data-bbox="349 225 1794 252">Cllr Booth requested a watching brief on Peterborough City Council’s planning review and how this may affect Fenland</p> <hr/> <p data-bbox="349 296 1794 323">The arrangements that Fenland District Council has in place with Peterborough City Council remain in the following areas:</p> <p data-bbox="349 368 680 395">Development Management</p> <ul data-bbox="398 408 1559 512" style="list-style-type: none"> • Shared support manager • Viability validation assessments that are required relating to S106 agreements Planning Policy • The work required to get a new adopted local plan. <p data-bbox="349 552 1968 651">Peterborough City Council’s planning review is ongoing as is our continued engagement with them in relation to the possible outcomes. Meanwhile we have been pleased to announce that Nick Harding, Head of Planning, has agreed to continue his work as Head of Planning at FDC as he always has done, and this means no change in service for FDC as was emailed to all members before Christmas.</p> <p data-bbox="349 695 1352 722">A further update was provided from Dan Horn on the 11th January 2022 as follows:</p> <p data-bbox="349 730 1809 758">“The arrangements that Fenland District Council has in place with Peterborough City Council remain in the following areas:</p> <p data-bbox="349 770 689 798">Development Management</p> <ul data-bbox="398 810 1323 871" style="list-style-type: none"> • Shared support manager • Viability validation assessments that are required relating to S106 agreements <p data-bbox="349 882 539 909">Planning Policy</p> <ul data-bbox="398 922 1005 949" style="list-style-type: none"> • The work required to get a new adopted local plan. <p data-bbox="349 957 1906 1090">Peterborough City Council’s planning review is ongoing as is our continued engagement with them in relation to the possible outcomes. Meanwhile we have been pleased to announce that Nick Harding, Head of Planning, has agreed to continue his work as Head of Planning at FDC as he always has done, and this means no change in service for FDC as was emailed to all members before Christmas.”</p> <p data-bbox="349 1134 1968 1342">The Head of Planning is a part-time post of 2.5 days per week. The post holder is making Tuesdays and Wednesdays their regular working days with the remaining half day ‘floating’ to enable attendance at corporate / team / staff / project meetings as necessary. There may be the need on occasion to change the Tuesday / Wednesday working days to cover the operational needs of the service, leave etc. All reasonable endeavours are used to monitor incoming emails and phone messages on non-working days so that any urgent matters can be responded to. The arrangements that are currently in place are near identical to those when the Head of Service post was shared with Peterborough City Council.</p>	Under ongoing review.

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To be Fair

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

DPH Annual Report 2022/23

Introduction

Health inequalities are unfair and avoidable differences in health between people or communities. The exposure and exacerbation of health inequalities through the Covid-19 pandemic has resulted in focused attention on health inequalities and renewed interest in addressing them. Yet our awareness of health inequalities and our desire to address them is not new. The Black report in 1980¹ exposed health inequalities and made clear statements about the broader determinants of health inequalities, such as education, income and housing. These inequalities start early in life and have sustained impact on all aspects of life including health and death. The Marmot review in 2010² made a clear articulation of the determinants of health inequalities and outlined actions that would address them.

There have been attempts by national government to reduce inequalities in health. However, ten years after the publication of his initial review Prof Marmot identified that inequalities in health had actually widened³. These widening disparities were in place long before the additional and unequal distribution of the impact of Covid-19⁴, and now, two and a half years after the start of the pandemic, we are facing another threat to our residents' health which will once again have most of an impact on the most deprived households. This summer, our most deprived residents have already felt the effects of sharp increases in food, fuel and other costs of living, and the effects will worsen and be felt more widely as we enter the winter months. Stark choices for households are likely to result in poorer health for many especially those who are not able to absorb the additional costs.

There have also been multiple and ongoing attempts to reduce health inequalities at a local level in Cambridgeshire and Peterborough and yet health inequalities persist. Figure 1 shows the patterns for deaths under the age of 75 years where men in the most deprived fifth of areas have a considerably higher rate of premature death, and the gap between the most and least deprived fifths has remained relatively consistent. For women, this gap has potentially widened in recent years.

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

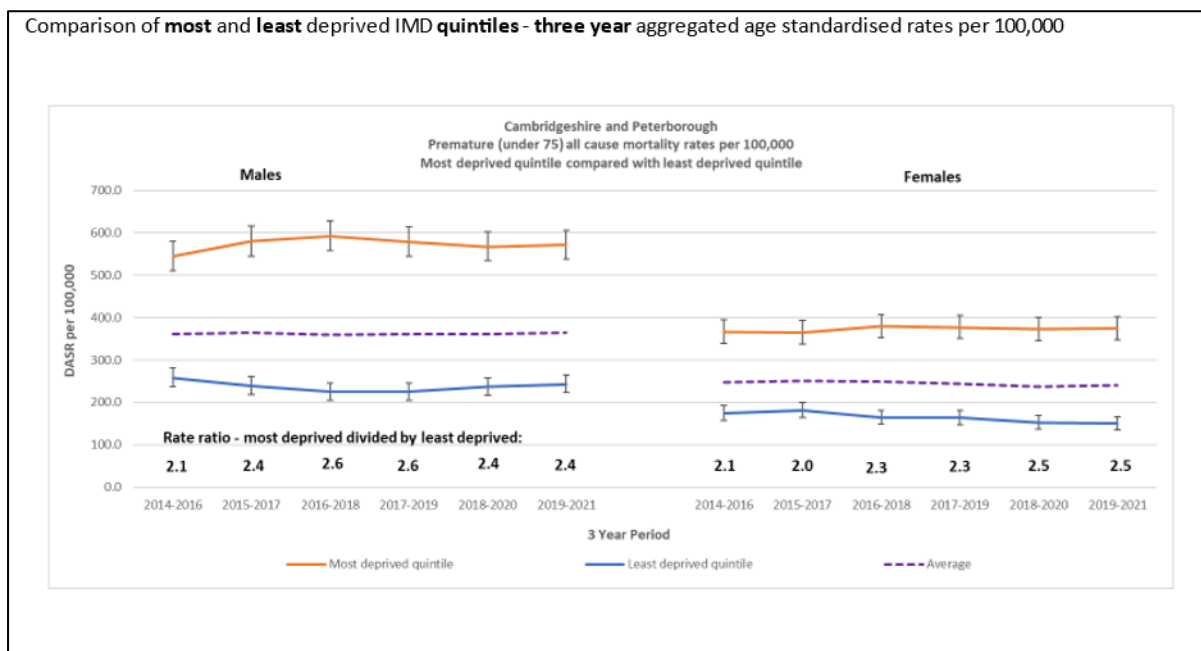
¹ The Black Report 1980 (sochealth.co.uk)

² Fair Society Healthy Lives, February 2010

³ Health Equity in England: The Marmot Review 10 Years On - The Health Foundation, February 2020

⁴ COVID-19: Review of emerging evidence of needs and impacts on Cambridgeshire & Peterborough, 2021/2022

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



The determinants of health inequalities

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

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

Targeting by geographical groupings will miss most individuals that could benefit

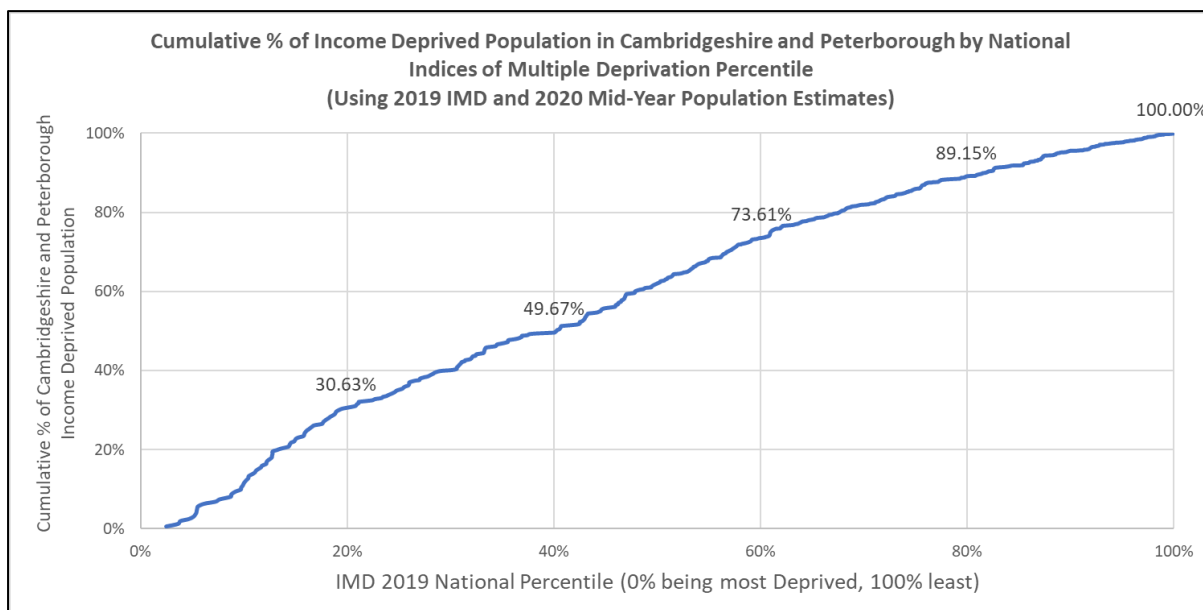
Inequalities in health are experienced by individuals, yet much of our analysis and data presentation is aggregated, hiding considerable variation. Information is often presented by geography, or the Indices of Multiple Deprivation (IMD) which itself is based on small area geographies.

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

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

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

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



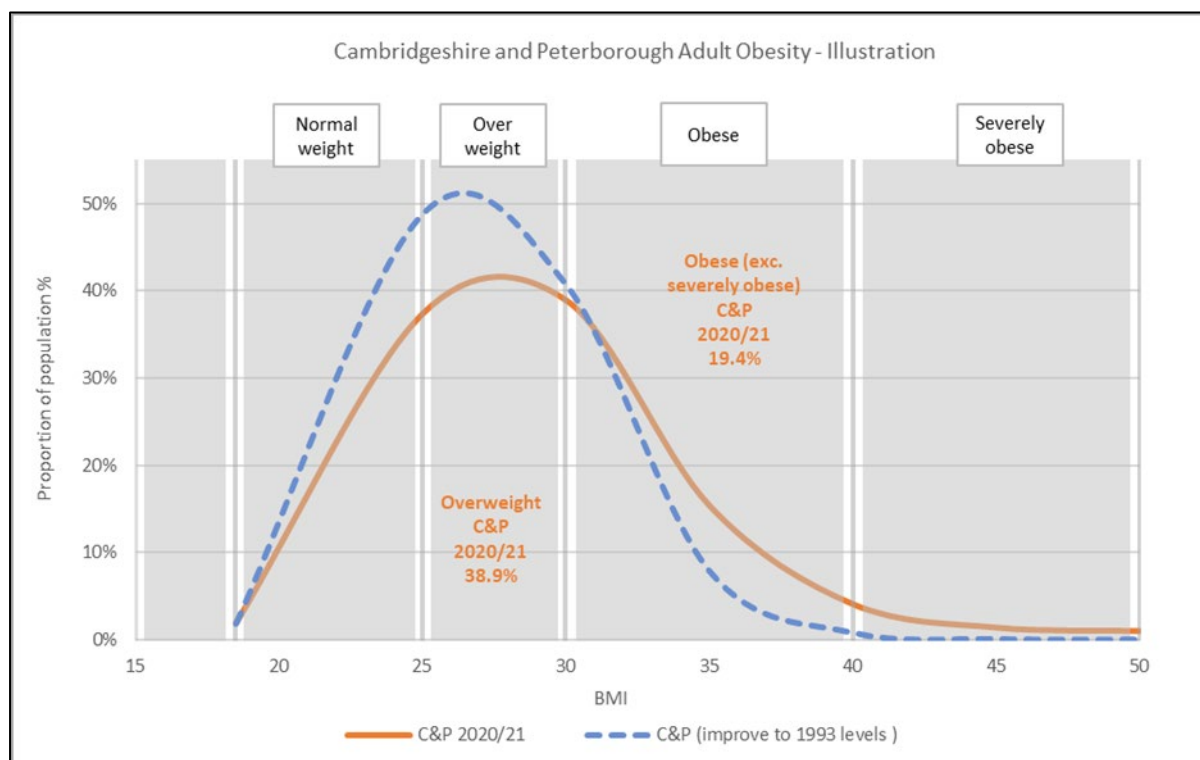
Apart from geographic targeting of interventions, the other approach that is often used is to target resources to the highest need individuals. This is an approach that is widely used by our health and social care sector, where need thresholds must be crossed before individuals can access care or support. Whilst of course this approach is required to protect limited resources and to ensure only those who are in need receive services, the limitation of this approach is that there are inequalities in healthcare-seeking behaviour and subsequent access to services can widen inequalities further⁵. Focusing resources at those in greatest need who are already unwell cannot result in a reduction of health inequalities as the determinants of those inequalities will already have had their impact. It is too late.

The case for universal approaches

As described above, when faced with a problem such as excess weight which impacts the health of the majority of the adult population, targeted approaches that focus on a relatively small number of people will not work at reducing overall risk in the population. Figure 3 illustrates the population distribution of those overweight and obese in Cambridgeshire and Peterborough and how that has shifted over the last 30 years, with many more of us now overweight and obese, something that need reversing.

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

Figure 3 Illustration of the current distribution of those overweight and obese in Cambridgeshire and Peterborough compared to 1993⁶



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

Universal approaches can be very successful at both improving population health outcomes and reducing inequalities, without being stigmatising. For example, universal measures on smoking, such as the smoking ban in indoor public spaces, other smoking legislation and pricing measures have resulted in reduced overall population smoking prevalence, reduced inequalities in smoking initiation⁷ and smoking prevalence between the most deprived and least deprived deciles, have

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

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

continued to reduce since the introduction of the ban⁸. Another such example is the addition of fluoride to drinking water, which can improve population oral health and reduce inequalities in dental caries⁹. If targeted approaches are used alone, the potential to improve population health outcomes, is missed.

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

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

Proportionate or progressive universalism

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

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

The balance between a proportionate universal approach and a more targeted offer, and its impact on outcomes, has also played out in the approach to supporting families with the youngest children. The original Sure Start programme was funded to provide universal access to community-based support and health provision, but as funding changed a much more targeted approach needed to be offered which meant that it is more difficult to identify early signs of difficulties within families as they are no longer regularly attending universal sessions with their peer group. It also potentially impacted local community views on the purpose of Sure Start centres¹⁰. The new national approach for Family Hubs has recognised this gap and is moving towards a coordinated and universal Start for Life and family services as well as ensuring that there are additional targeted interventions to support vulnerable and under-served populations¹¹.

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

⁸ Smoking inequalities in England, 2016 - Office for National Statistics (ons.gov.uk)

⁹ Health and Care Bill: water fluoridation - GOV.UK (www.gov.uk), March 2022

¹⁰ Sure Start: voices of the 'hard-to-reach' (pdf - researchgate.net) October 2007

¹¹ Family hubs and start for life programme: local authority guide - GOV.UK (www.gov.uk), August 2022

The limitations of universal approaches

Universal approaches may sometimes fail to address inequalities. Some groups and communities are also more likely to experience challenges in accessing care, including preventative care – with issues such as the availability of services in their area, services opening times, digital exclusion, access to transport, access to child care, language and literacy, poor experiences in the past, misinformation and fear - all being highlighted by the NHS¹² as potential reason for differential access to care.

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

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

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

Interventions to improve uptake of such a universal offer may increase uptake for all, without reducing the inequalities across the population. For example, in Sweden¹³ there was a randomised controlled trial of monetary incentives to undergo early Covid-19 vaccination, compared to other measures such as behavioural nudges or reminders. One group received a 200 Kr (£16) cash incentive if they were vaccinated within 30 days of becoming eligible for vaccination whereas the other groups received behavioural nudges. While some of the behavioural nudges significantly increased the intention of participants to be vaccinated, they did not significantly impact uptake, however the vaccine uptake rate in the monetary incentive group was 4 percentage points higher than the control.

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

¹² NHS England » What are healthcare inequalities?

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

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

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

It is easier to target incentives when the need (and lack of need) can be clearly identified - such as in those smoking during pregnancy. Here, targeted monetary incentives have been shown to be highly effective at improving quit rates compared to normal care¹⁴, with very clear benefits as to health outcomes for the mother and the child.

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

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

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

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

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

Targeted group for intervention	Advantages	Disadvantages
Risk group identified at an individual level	<ul style="list-style-type: none"> • Requires robust individual level data to enable risk scoring • Intervention can be targeted to those at need/risk and is likely to have more impact on outcomes 	<ul style="list-style-type: none"> • Information to risk score is not always available • Requires system analytic capacity to identify risk groups • People below the cut-off for intervention may still have risks that can be reduced
Groups with key health or behavioural need e.g.	<ul style="list-style-type: none"> • Focused interventions such as incentives and peer support are possible • Some individuals with need will be known to services 	<ul style="list-style-type: none"> • Often based on the individual or service identifying their need and accessing intervention – therefore groups may be missed leading to a widening of inequalities. • Need is not always easy to identify • Can be assumptions that group are similar in characteristics and a similar intervention is appropriate for all
Demographic group e.g. homeless, migrants, traveller communities, those on benefits	<ul style="list-style-type: none"> • Can be easy to identify • Often have high health needs 	<ul style="list-style-type: none"> • Assumes a group is homogenous and have the same needs • Can lead to culture blaming and stigmatisation • Specific services can be perceived as poorer quality leading to issues with utilisation by the group • Focus can be on particular health conditions or support needs, neglecting broader health problems
Geographical/deprivation	<ul style="list-style-type: none"> • Requires no individual level data to identify target group • Need is proportionately higher in deprived areas 	<ul style="list-style-type: none"> • Substantial proportion of health need is elsewhere.
Demographic e.g age, ethnicity	<ul style="list-style-type: none"> • Most services have age information 	<ul style="list-style-type: none"> • Need is often higher in deprived individuals at an earlier age. • Age cut offs can therefore worsen inequalities if this isn't taken into account

Conclusions and Recommendations

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

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

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

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

We need to:

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

JOINT CAMBRIDGESHIRE & PETERBOROUGH OVERARCHING HEALTH AND WELLBEING STRATEGY 2022 -2030

1. BACKGROUND

1.1 Health and Wellbeing Boards are required, as stated in the Health and Social Care Act 2012, to produce Health and Wellbeing Strategies. The last two years have required the whole system to focus on tackling the challenges of the Covid-19 pandemic and whilst a Health and Wellbeing Strategy had previously been written and consulted upon, it was not launched due to the pandemic. Since then, much has changed and a new approach is needed

1.2 The direct and indirect impact of Covid-19 has brought threats and opportunities to our ways of working and our residents' health, which mean we must reconsider our priorities and actions. As the local and national response to the Covid-19 pandemic starts to wind down, it is time to rebalance our attention to other harms that have potential to cause great harm over the life course. There are clearly some real challenges ahead, and if we are to stand a chance of addressing these challenges, we must be ambitious and we must work together as a whole system, learning from our successes and prioritising our collective efforts and resources to where we can make the biggest difference to improving health and wellbeing

1.3 The Health and Wellbeing Strategy must be informed by Joint Strategic Needs Assessments. For the purpose of this particular strategy, the Covid-19 Impact Assessment fulfils the function of the JSNA, summarising the joint work we have done across local government, the NHS and partners to understand the emerging impact of Covid-19. In addition, the JSNA core data set provides understanding of health and wellbeing in Cambridgeshire and Peterborough residents.

2. PURPOSE

2.1 ***A new single approach for improving our residents' health and wellbeing***

The Covid-19 pandemic has positively changed the way we work together. All partners in Cambridgeshire and Peterborough have rallied to respond to the pandemic, each partner playing their part and delivering what was required, within very short time scales. We must not lose our collective learning from this.

2.2 There are also significant infrastructure changes such as the development of the Integrated Care System (ICS), which will support system partners to provide a more integrated approach and work more closely together. The Health and Wellbeing Boards in Cambridgeshire and Peterborough will work very closely with the emerging Integrated Care Partnership (ICP), and when we refer to 'joint' in this strategy this means jointly with the ICP, across geographies and with partners, communities and residents.

2.3 The Health and Wellbeing Boards and the Integrated Care Partnership (ICP) must remain separate legal entities with their own statutory responsibilities that cannot be delegated to each other. However, we intend to bring the HWBs and ICP much closer together with common membership and joint meetings as a combined HWB/ICP in practice, with many of the same individuals sitting on both the Board and the Partnership. All partners in the combined HWB/ICP commit to cooperative and supportive working as equal partners across organisations, with everyone putting aside organisational boundaries to be focused on improving health and wellbeing for the people they serve. We believe that working together as much as possible across organisations, pooling our data, our understanding, resources,

knowledge and experience, will result in better outcomes for our residents

2.4 We recognise there will be other priorities across the system. The Combined Authority, the Integrated Care Board, the Public Service Board, and district local authorities and other organisations will all have their own sets of priorities and plans. For example, the ICS has five strategic objectives which are partly focused on NHS workforce and services as well as including population health. Many of these priorities will undoubtedly lead to improvements in health and wellbeing through improving NHS care and also through improvements in the wider determinants of health – education, jobs, housing, income and the environment. However, the priorities and vision in this Health and Wellbeing Strategy should form the core of the system’s commitment to improving health and wellbeing.

2.5 ***Developing the strategy and our joint approach for improving residents’ health***

Before work on this strategy had started, our local developing Integrated Care System consulted and developed a mission statement for the ‘system’ (health, local authorities and other partners working together)

“All together for healthier futures”

Partners from across the NHS and the local authorities, and the wider public and voluntary sector, then came together in late 2021 and early 2022 several times to discuss the Health and Wellbeing Strategy and review the evidence on health in our area and the impact of Covid-19.

2.6 At a workshop held on 6th October 2021, all partners agreed in principle to a **single plan** and set of priorities across the Health and Wellbeing Board and the ICS. In addition, it was agreed that the ICS vision that had been consulted on and agreed by Cambridgeshire and Peterborough - “*All Together for Healthier Futures*” - should become the vision across the ICP and the HWB.

2.7 This means there will not be a separate overall long-term health and wellbeing strategy for local government, nor for the local NHS although there will however be Integrated Care Board plans for service delivery. This “One Plan” approach is a first for our area and demonstrates a commitment of all partners to working together towards shared goals, while retaining organisations’ different areas of expertise and statutory responsibilities.



The workshop on 6th October 2021 was informed by our work assessing the impact of Covid-19

2.8 Key points from the impact assessment are:

- Covid-19 has exposed and exacerbated inequalities, as demonstrated by the differential impact of the pandemic on our black and ethnic minority communities and those living in our most deprived areas
- There are more people in poverty; this risks a long-term impact on health
- The mental health of our population has been impacted by the pandemic, particularly children and young people
- Obesity affects around a 1/3 of our year 6 children and up to 60% of adults and has been made worse by the pandemic
- Our health service is under pressure and the way that people access health care and preventative health care has changed
- There are risks and opportunities to our environment as result of the pandemic.

Three top-level overarching strategy goals and four key priorities for achieving these goals arose from discussions at this meeting on 6th October 2021. A subsequent development meeting on 17th January 2022 agreed, in principle, that these goals and priorities should form the core of the overarching Health and Wellbeing Strategy.

2.9 ***Health and Wellbeing Strategy for Cambridgeshire and Peterborough 2022-2030***

What will we focus on?

This 'overarching' strategic approach sets out our headline ambitions and the four priorities we will focus on to achieve these ambitions. We are aiming to work with our residents, patients and stakeholders to tackle some real challenges in improving the health and wellbeing of the people we serve, by reversing some of the health determinants and outcomes that were challenging before the pandemic and have worsened as a result of the pandemic. We also need to prioritise reducing the health inequalities which existed pre-pandemic but which were exacerbated and brought into sharper focus by Covid-19.

2.10 This will be an eight-year overarching strategy for the health and wellbeing of residents in Cambridgeshire and Peterborough.¹ It will provide a clear statement of what we intend to achieve together across the NHS and local government system and will set out how we intend to develop and achieve it in partnership with our residents, patients, and stakeholders. This strategy is also the high-level long-term plan and priorities for our local NHS Integrated Care System,² which oversees NHS services across Cambridgeshire and Peterborough.

2.11 Working jointly across the NHS and local government will mean that we can be more ambitious and more accountable in addressing these issues. By sharing more of our data, we can develop a better common understanding of our residents' health and needs as well as service use. Bringing all our collective resources, knowledge and experience together means we make best use of these resources to create measurable and meaningful impact.

What do we want to achieve?

2.12 Three overarching ambitions were agreed by consensus across local authority and NHS

¹ This strategy covers Cambridgeshire and Peterborough; the two local authorities have joint working relationships and have agreed to delegate authority to a single Health and Wellbeing Board to act on behalf of both areas.

² The Integrated Care System is also developing NHS-focused plans describing priorities in commissioning and delivering healthcare

colleagues; reflecting the issues we know about in our population and the outcomes that are most important. Whilst these are recognised as ambitious, they are plausible, and all partners have committed to delivering these ambitions. This will require collective and organisation specific endeavours.

2.13 By 2030:

1. We will increase the number of years that people spend in good health

Life expectancy is often used as a measure of societal progress, and although it is important, it does not take into account the fact that towards the end of life there is often a period, perhaps many years, which is spent in poor health. Healthy life expectancy, on the other hand, measures the average time we can expect to live in good health. It is clearly worthwhile to prevent conditions that cause disability and poor health over a long time, in order to increase the number of years that people spend in good health. We know that healthy life expectancy is also strongly linked to deprivation, with people living in less well-off areas more likely to experience a long time at the end of life in poor health. By 2030 we want to see healthy life expectancy increase by at least two years for men and women in Cambridgeshire and Peterborough.

2. We will reduce inequalities in preventable deaths before the age of 75

Preventable premature mortality are deaths of people under 75, from causes of death that are largely or entirely preventable (for example, smoking related deaths, or deaths from vaccine-preventable disease). We know that there is a strong relationship between the wealth of an area and the rate of preventable premature mortality. Our most deprived areas see many more of these deaths than our least deprived areas. We will weaken this relationship between wealth and early preventable deaths so that people in our least well off areas are less likely to die young.

3. We will achieve better outcomes for our children

Working with parents and communities we will achieve better outcomes for our children, recognising the holistic needs of our children. Health and wellbeing measures for children are broad and include determinants of health as well as health outcome measures. Investing in the health and wellbeing of our children, will pay dividends throughout their lives. In addition, investments in the early years are often the most cost effective³. This outcome would mean that on key measures of health and wellbeing for children, Cambridgeshire and Peterborough will be the best in a group of 'comparator' local authorities (those which are similar in size, wealth and some demographic factors). In other words, when it comes to our children and young people, we will be doing better than the other areas that we are most similar to us.

2.14 As part of our early workshops on this strategy, there was considerable discussion on how to set appropriate long-term goals for Cambridgeshire and Peterborough that would make a difference to the health of residents. The three overarching goals that were arrived at are intended to be stretching and ambitious, but also plausible and achievable. Together, the three goals will add up to a healthier and happier community, where the foundations for a good life are set in childhood, health inequalities are lessened, and wealth is less strongly linked to good health and wellbeing.

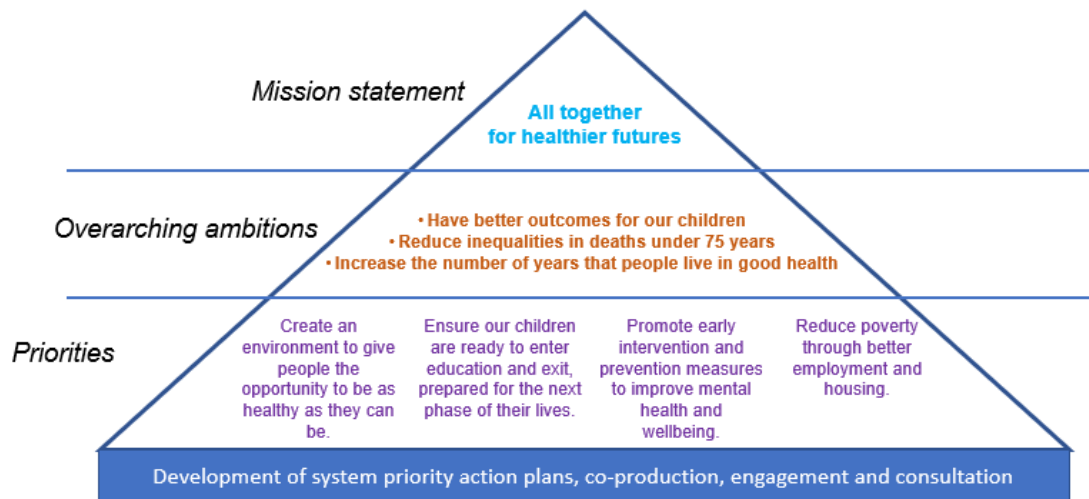
³ [The best start for life: a vision for the 1,001 critical days - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/the-best-start-for-life-a-vision-for-the-1001-critical-days)

2.15 The technical appendix C presents the best available evidence on the current situation for the three overarching goals. It is important to note that for some of the indicators used to measure progress towards these goals, the full impact of the Covid-19 pandemic is not yet showing up in the data. We may in fact be starting from a lower point than the most recent data suggests.

2.16 *How we will achieve these ambitions*

Discussion at our system-wide workshops identified four priority areas where we know we need to do things differently in order to achieve our overarching ambitions.

The four priorities for the Health and Wellbeing Board and the Integrated Care System focus on children, our environment and opportunities for health, poverty, and mental health and wellbeing. Each of these priority areas will be developed into a chapter of the Health and Wellbeing Strategy. The four priorities are listed below.



2.17

1. **Ensure our children are ready to enter education and exit, prepared for the next phase of their lives**

- This is not limited to children’s educational attainment
- Children’s physical and mental health and wellbeing are essential for children to participate effectively in education

2. **Create an environment to give people the opportunities to be as healthy as they can be**

- ‘Environment’ here is used in the widest sense, so includes wider determinants of health such as health behaviours, infrastructure, and socio-economic factors, as well as access to green spaces and clean air.

- This also includes the opportunities for better health which the NHS provides; partly healthcare, but also encouraging patients to take greater responsibility for their own health.

3. Reduce poverty through better employment and better housing

- This especially recognises that the Health and Wellbeing Board / ICP partners are large employers within our local economy and the way we employ, treat our staff and commission services can have a big impact, as well as capturing work with wider partner organisations on the economy, employment and health.
- Local and Combined authorities have a key role to play in improving housing across Cambridgeshire and Peterborough impacting health of residents
- Better physical and mental health will improve employment for our residents

4. Promote early intervention and prevention measures to improve mental health and wellbeing

- Work to improve wellbeing across the population, as well as intervening early when people experience mental ill-health, will have huge benefits for all our residents.

2.18 Senior staff from across the local public sector will work with partners and communities to take on development and leadership of the four strategy priorities, supported by evidence and data about our population. The work on these system-wide priorities – deciding what will change, what will cease and what new approaches are necessary will take place over the next six months. The longer timescale for developing this work is necessary to include and summarise much of the work that is already being done in these areas. It is also important to allow sufficient time for meaningful co-production, engagement and consultation to take place with service users, patients and residents, as well as ensuring relevance and support from partner organisations. The process and principles for developing the priority chapters, including engagement work, is laid out in the engagement plan and timeline in Appendix B

2.19 Health and Wellbeing Board and NHS partners will have different roles to play in each of these priorities; for example, the health system does not provide housing, and the local authority does not commission most mental health interventions. However, each of the four areas has scope for action for all key partners, plus there are additional benefits that should come from working on these agreed priorities together as a system.

2.20 All four priorities will need to consider what needs to be done around the cross-cutting themes and ambitions of improving children's outcomes, reducing health inequalities and improving years of life lived in good health.

3. CONCLUSION

3.1 We intend this Health and Wellbeing Strategy to shape work across the NHS and Cambridgeshire and Peterborough local authorities over the next eight years. We are starting from a challenging position given the impact of Covid-19 across our area, but we have set stretching but achievable ambitions. By working more closely across the NHS, the public sector, partners, communities and residents than we ever have before, we can achieve these ambitions and make a meaningful difference to the lives of our residents; happier and healthier children and young people, fewer early deaths in our more deprived areas, and more years spent in good health.

Joint Health and Wellbeing/ICP Strategy 2022-2030: Developing the Health and Wellbeing Strategy – timeline, co-production, engagement and consultation plan (Appendix B)

The overarching strategy was presented to the March meeting of the HWB for approval prior to public consultation. The initial development of the overarching strategy and targets has been done through two large stakeholder workshops on 6th October 2021 and 17th January 2022.

This paper sets out some more detailed information around the next steps for consultation and engagement for the overarching strategy and to enable the detailed development of the four priority chapters, their outcomes and action plans.

Timescales for development of overarching strategy

Date	
Oct 2021 – Feb 2022	Overarching strategy and targets developed based on system-wide workshops
Feb- March 2022	Socialised across system leads for comment and input
March 2022	Presented to whole system HWB sub-group formal meeting with request for approval around the engagement approach
May-June 2022	High level engagement activity underway within the integrated care system
May-June 2022	Senior Responsible Officers identified
Jul 2022	Engagement launched on the overarching strategy by the HWB/ICP. Engagement and consultation programme agreed
27 th July 2022	Formal guidance on ICPs published
Sept 2022	Feedback from public engagement and Senior Responsible Officer (SRO)s received and analysed
Sept 2022	ICS launch public consultation on Integrated Care Strategy
14 th Oct 2022	Final Overarching HWB Strategy submitted to Joint HWB/ICP for approval
20 th Dec 2022	Joint HWB/ICP to receive the Integrated Care Strategy (incorporating the HWB Strategy)

Consultation and engagement for strategy priorities

We envisage that the bulk of the detailed co-production, engagement and consultation work on the HWB/ICP Strategy will be done on the content and direction of each priority chapter, key outcomes and action plans. Stakeholder groups and styles of engagement will vary with each topic and this will need careful consideration by topic leads to enable meaningful engagement and co-production.

Timescales for development of the four priorities

Date	
Oct 2021 – Mar 2022	Four priorities agreed and system leads identified
Mar 2022	As above, priorities presented to HWB/ICP formal meeting as part of the overarching strategy, with request for approval for public consultation on strategy
Apr-Nov 2022	Development and co-production of the four priorities by priority leads, partners and stakeholders with engagement as appropriate for each priority area.
Aug 2022-Dec 2022	Priority chapters of the strategy presented individually in detail to HWB/ICP formal meetings with request for approval for public consultation. Order to be determined.
Sep-Jan 2023	Formal consultation on priority chapters individually
March 2023	Formal approval of full overarching strategy with priority chapters by HWB/ICP.

Development of priority chapters

Each of the four priorities will have two senior responsible officer leads with experience of the relevant area. They will take account of relevant work that is already underway or in development across the system and consider how this fits together and how the system could work better to influence the three main overarching goals (children’s outcomes, inequalities in premature mortality, and healthy life expectancy). The leads will also determine relevant indicators to monitor progress in each area.

A suggested structure for each of the four priority chapters:

- What is the scope for this priority and the overarching goal?
- Where are we now?
- What services and strategies are already in place (or development) across the system, including ICS work?
- What are we going to focus on (and how has this been decided)?
- Where can we get to with these areas of focus?
 - Bold ambitions for change that will prompt rethink of delivery and systems
 - How do these areas of focus contribute to overarching HWB priorities (healthy life expectancy, inequalities in premature mortality, and children’s outcomes)?
- How can we get there – what will we do differently?
 - What will change?
 - Monitoring success - quick wins and ambitious medium and longer term targets

Principles for developing each chapter

Each of these four priorities is very wide-ranging with enormous scope. No strategy can be successful if it tries to improve everything all at once, so choices will be necessary while developing each of the four priorities. The senior leads for each priority will be making these decisions, but there are several principles that should be followed while these four priorities are being developed:

- We should use evidence-based approaches wherever possible, and embed evaluation and learning from new initiatives
- There should be an emphasis on prevention and early intervention
- The strategy must identify and tackle inequality in wellbeing across our places and by deprivation
- Given these principles above, where possible the choice of topics to focus on within each priority should be informed by stakeholder and service user and resident input on what is most important.
- It should be clear how actions and outcomes from each of the four priorities contribute to the three overarching goals of the strategy as a whole (improving outcomes for children, reducing inequalities in premature mortality, increasing years lived in good health), while having their own short and medium term goals.
- The goals within each priority should reflect different starting points for our different places, and also encourage reduction in inequalities by deprivation and ethnicity. Some short term 'process' outcomes may be necessary but medium (~5 yr) and long (~10 yr) outcomes should be clearly linked to the three overarching goals.
- Each priority should explicitly include children and young people.

Joint Health and Wellbeing/ICP Strategy 2022-2030: Setting the level of ambition (Appendix C)

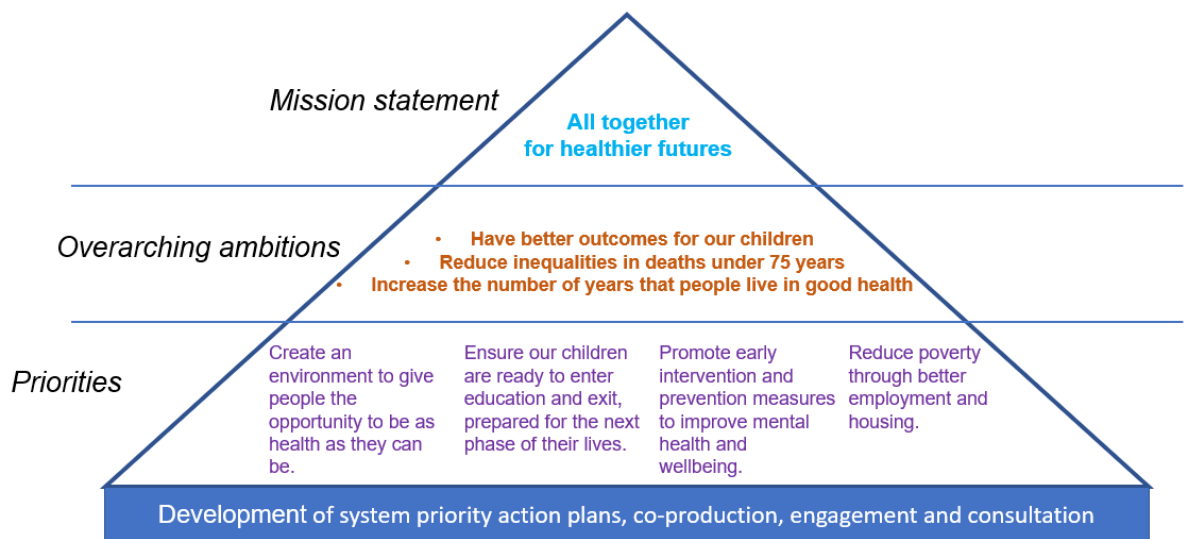
Introduction

The Health and Wellbeing Strategy overarching goals presented here are based on the system wide discussions held in October 2021 and January 2022. The January 2022 workshop specifically discussed the level of ambition for the Health and Wellbeing Strategy and highlighted that these goals should be stretching and ambitious while remaining plausible and achievable.

This technical appendix presents the best available evidence on the current situation for the three goals and proposes the level of ambition for each. It is important to note that the full impact of the Covid-19 pandemic is not yet showing up in the available data. We may in fact be starting from a lower point than the data below suggests; as such we suggest revisiting these targets once data is available that shows the full impact of the pandemic on our measures.

All the goals set out here are targets for the end of the strategy period in 2030.

All of the four priority areas (children, environment, poverty and mental health) will feed in to all three goals (image below), but some will have closer links than others. The priority areas will also develop their own targets which will include shorter-term metrics; these are yet to be determined but it will need to be clear how those targets feed in to these three overarching goals.



1. We will increase the number of years that people spend in good health.

TARGET: We will increase healthy life expectancy by at least two years in Cambridgeshire and Peterborough, and we will reduce the gaps between men and women in our areas.

What does healthy life expectancy mean?

- For a particular area and time period, it is an estimate of the average number of years a newborn baby would live in good general health if he or she experienced the age-specific mortality rates and prevalence of good health for that area and time period throughout his or her life.
- Put simply, it is the number of years in good health that an average person can expect. It was chosen for one of our goals over life expectancy because life expectancy includes the years often spent at the end of life in poor health, and we do not seek to extend these. Healthy life expectancy has been described as ‘adding life to years’ rather than ‘adding years to life.’

Table 1 presents the latest data on healthy life expectancy for our area. At present Cambridgeshire residents have considerably higher healthy life expectancy than in Peterborough, for both men and women. Interestingly, in Peterborough women can expect fewer years in good health than men, while the reverse is true in Cambridgeshire. Therefore, we aim to see an increase of at least two years for women in Cambridgeshire and men in Peterborough, but to narrow the gap between the sexes we also want to see a larger increase for Cambridgeshire men and Peterborough women.

The initial system wide workshops in October 2021 and January 2022 discussed a improvement levels of 10% for each target. For Healthy Life Expectancy this would be an unrealistic increase of at least six years which would take us beyond the current best in England.

Table 1 Healthy Life Expectancy in Cambridgeshire and Peterborough

	Cambridge-shire (2017-19)	Cambridge-shire Plus 2 yrs	Peterborough (2017-19)	Peterborough Plus 2 years	Best in England (2017-19)
Male healthy life expectancy	64.3	66.3	62.8	64.8	71.5
Female healthy life expectancy	66.2	68.2	59.9	61.9	71.4

We should also bear in mind that, as with most public health measures, healthy life expectancy is strongly linked to deprivation. Although figures for small areas are not

available to demonstrate the link in our local areas, national data shows clearly that people living in wealthier areas enjoy considerably more time in good health on average compared to residents of more deprived areas. We cannot set local targets to preferentially improve healthy life expectancy in our more deprived areas, but if this strategy includes a focus throughout on health inequalities we would expect healthy life expectancy to improve faster in these areas.

Healthy life expectancy was recently mentioned in the 'Levelling Up' White Paper¹ with one of the 'missions' described as: "By 2030, the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years." This document refers to a forthcoming White Paper on health disparities that will set out the central governmental strategy for 'tackling the core drivers of inequalities in health outcomes. As such, we anticipate national policy support and action to facilitate this local target.

As with preventable premature mortality, increasing healthy life expectancy depends on core public health work and prevention and early intervention work delivered by the NHS. All four priorities will feed into increasing healthy life expectancy.

2. We will reduce inequalities in preventable deaths before the age of 75 years.

TARGET: We will reduce inequalities in preventable deaths before the age of 75 years by 20%.

Premature mortality here is defined as any death before 75 from causes considered preventable. It is presented as age-standardised rates per 100,000 rather than as absolute numbers.

Deaths are considered preventable if

- all or most deaths from the underlying cause could mainly be avoided through effective public health and primary prevention interventions.
- 'preventable' deaths include most infectious disease, some cancers, diabetes, cardiovascular disease, injuries and alcohol and drug-related deaths.²

Preventable premature mortality rates are lower than the England average in Cambridgeshire but close to the England average in Peterborough (Figure 1). Rates have not changed much over the last ten years in either area, as the chart below shows. Comparing these two charts demonstrates an inequality between Cambridgeshire and Peterborough, which is probably a result of different levels of prosperity between these areas overall.

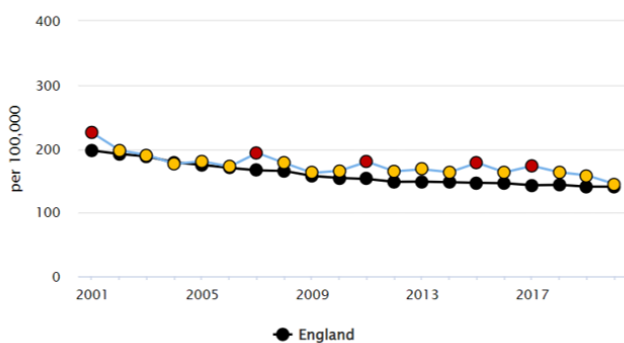
Figure 1 Preventable deaths under 75 per 100,000 in Cambridgeshire and Peterborough compared to England

¹ HM Government (2022) Levelling up the United Kingdom

² For a full list of ICD-10 codes included in the definition of preventable deaths, see

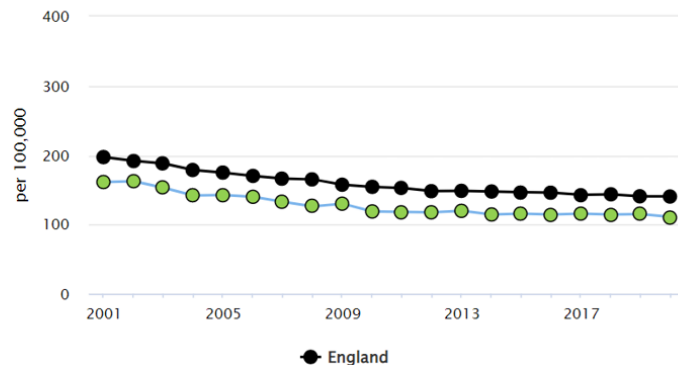
<https://fingertips.phe.org.uk/mortality-profile#page/6/gid/1938133056/pat/15/ati/402/are/E1000003/iid/93721/age/163/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

Peterborough



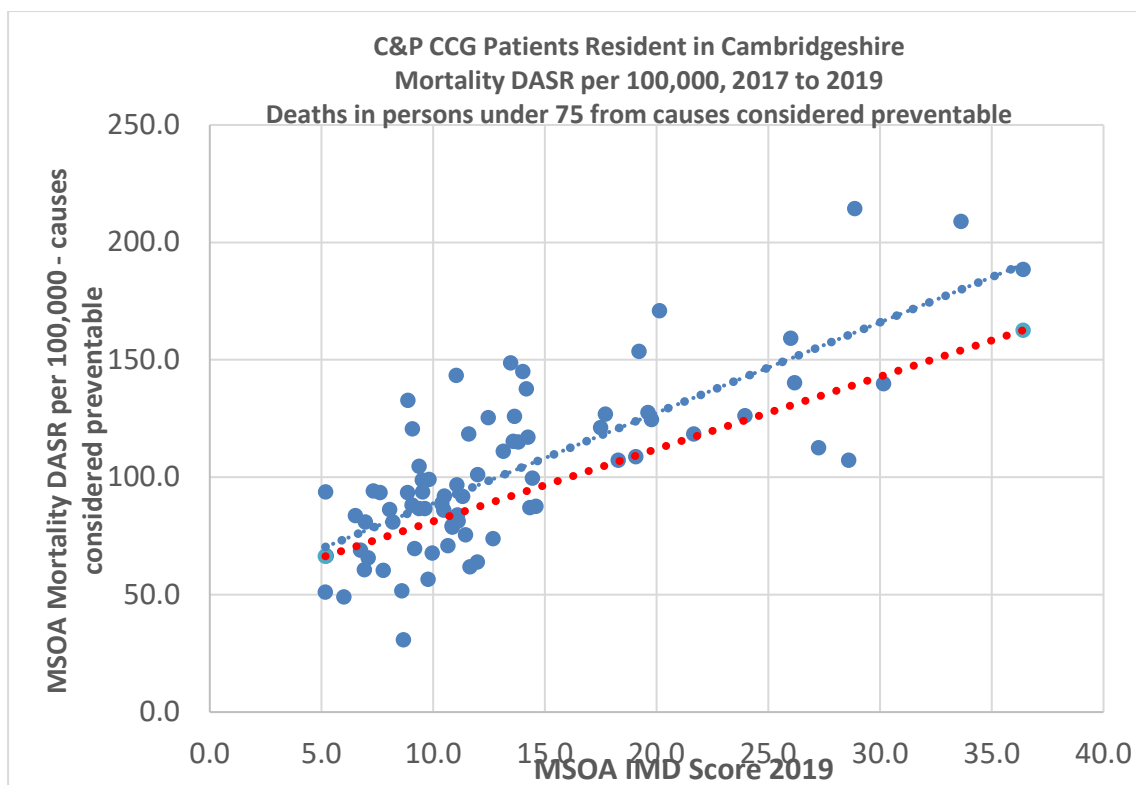
Period	Count	Rate
2010	210	165.6
2020	228	144.8

Cambridge



Period	Count	Rate
2010	587	118.8
2020	655	110.9

Preventable premature mortality rates also vary substantially by small areas (MSOA), with a clear link to deprivation. The chart below shows under-75 preventable mortality rates by Cambridgeshire MSOA (Peterborough not shown but a similar relationship exists). The blue line is the line of best fit for the current data (a regression line) which shows a strong relationship between increasing deprivation and increasing rates of preventable premature mortality. People in our some of our most deprived Cambridgeshire areas have a preventable mortality rate around four times higher than those in our least deprived areas; a substantial disparity. Please note that this data is the most recent available data and covers a three year period ending in 2019; as such the impact of the pandemic is not shown. At present the definition of premature preventable mortality data does not include deaths from Covid-19 (although it does include influenza deaths).



Reducing inequalities in premature mortality would require reducing the slope of this line to the red line shown above – our target. This is a 20% reduction in the slope of the line. This would have most benefit to those people in our most deprived communities but should also benefit people across the area; for instance, fairly well off areas (an IMD score between 10 and 20) also have some way to go to reduce their rates down to the red line.

The initial workshops discussed reducing targets by 10%. However, after considering what this would look like in practice, this has been considered as insufficiently ambitious and that in fact a 20% reduction was closer to the level of ambition discussed.

Reducing the slope of the line will also have the effect of reducing premature mortality overall. If the rates in the least deprived areas remain similar but the gradient reduces by 20%, we would have an overall preventable premature mortality rate of around 92 per 100,000 in Cambridgeshire, compared to 102 per 100,000 at present.³ We will also have a target to reduce Peterborough’s preventable mortality gradient by 20%

This target illustrates the principle of ‘proportionate universalism’. To meet the target and reduce health inequalities, we need to work across our whole population, recognising there is room for improvement everywhere, but directing more efforts to those living in our most deprived areas where mortality is highest.

The work needed to reduce preventable premature mortality needs to take place largely in public health and in primary prevention. Improving health behaviour is key, as is early identification and intervention, including primary care and immunisation and

³ Exact overall rate cannot be predicted.

screening. However, this target needs to also be seen in the context of the wider determinants of health and behaviour; the standard offers that reduce the risks of disease leading to premature mortality may not be sufficient (or may not be delivered to the same standard) in our most deprived areas. As such, each of the four priority areas has an important role to play in reducing premature mortality.

3. We will have better outcomes for our children.

TARGET: We will be the best of our comparators for core children and young people outcomes

Children and young people have been adversely affected by the pandemic across many areas of their lives, from loss of education, socialisation and jobs as well as increasing demand for mental health services from children and young people. Giving children the best start to life will pay dividends across the life course. Therefore, rather than a single outcome, the ambition is to improve across core children and young outcomes and be the best of our comparators. This priority is not limited to children's educational attainment; children's physical and mental health and wellbeing will be explicitly included.

Considerable work has already taken place on this topic and system-wide strategies currently already exist (or are in development) focusing on the main aspects of children and young people's lives. These strategies are led by the Children's and Maternity Collaborative who working across health, education and local authorities in Cambridgeshire and Peterborough. This has not been further defined at present because of the likely large overlap with the children and young People and mental health priority-specific targets. An important early step for these priorities will be to determine what outcomes should be included as overarching goals for the whole strategy and are likely to include the aspects below

- Best Start in Life (children 0-5 yrs)
- Strong Families Strong Communities (children and young people 5-25 yrs)
- Children and Young People's Mental Health
- Special Educational Needs and Disabilities including autism
- Autism

How are these goals linked?

These three overarching goals all interact. Improving child health will have significant effects on improving healthy life expectancy, because healthy life expectancy is strongly influenced by deaths in younger age groups. Reducing premature mortality will also affect healthy life expectancy, both by preventing death, but also because most of the conditions that contribute to premature mortality also cause substantial ill health for many people before death. If we are able to improve interventions to prevent these conditions in the first place then as well as preventing deaths, we will also prevent the associated ill health burden that reduces healthy life expectancy.

The focus on inequality means that we have to carefully consider how to do things differently – the 'easier' groups to influence are often those who are better off. Working with these better off groups would see overall rates decrease, but unless rates decrease faster for the more deprived then inequalities will worsen. Improving


outcomes for people at the most deprived end of the spectrum can be much harder, but it is also where there is most room for improvement.

The impact of Covid-19 on these metrics

Much of the full impact of the pandemic does not yet show up in these metrics. The healthy life expectancy data available at present only goes up to 2019, as do our small-area data on preventable premature mortality which allows us to see local inequalities in early deaths.

We know that overall life expectancy has shown a sharp downturn however in 2020, a pattern seen clearly in the charts below for men in Cambridgeshire and Peterborough though less apparent for women in our areas. Healthy life expectancy will have been similarly affected and so we will be starting from a lower base in 2022 than suggested by the figures above. We also know that Covid-19 has disproportionately affected our more deprived areas and communities, as is the case across the UK and beyond. As such, inequalities in healthy life expectancy and in premature mortality are likely to have worsened in the last two years.

We recommend revisiting the targets when data is available to give us a more accurate picture of our starting point at the beginning of 2022.

Agenda Item No:	7	
Committee:	Overview and Scrutiny	
Date:	10 October 2022	
Report Title:	Annual Ombudsman Letter and 3Cs process	

1 Purpose / Summary

To update Members on the annual statistics in relation to the Local Government and Health and Social Care Ombudsman (LGO) and the Council's corporate '3Cs' procedure. This explains how we deal with the comments, compliments, correspondence and complaints we receive.

2 Key issues:

- On an annual basis the Ombudsman forwards to the Council a summary of complaints received from members of the public. This is also copied to the Chairman of Overview and Scrutiny.
- The LGO made five decisions relating to service provided by Fenland District Council during 2021/22. Anyone can refer a complaint to the LGO as long as they have been through the Council's 3C's process. No complaints were upheld. In 2020/21 we had 0 upheld decisions.
- In 2021/22, 3Cs received 494 pieces of contact. 208 were complaints; a 7% decrease from 2021/22. 68 pieces of correspondence (17% less than in 2021/22) and 218 compliments (26% less than in 2021/22) were received. Overall, contact through 3Cs was down by 23% compared to the previous year.

3 Recommendations

- It is recommended that the Overview and Scrutiny Panel consider and note the statistics in relation to the Ombudsman and 3Cs process.

Wards Affected	All
Forward Plan Reference	n/a
Portfolio Holder(s)	Cllr Steve Tierney, Portfolio Holder for Transformation & Communications

Report Originator(s)	Anna Goodall – Acting Assistant Director agoodall@fenland.gov.uk David Wright – Head of Policy and Communications dwright@fenland.gov.uk
Contact Officer(s)	Peter Catchpole - Corporate Director petercatchpole@fenland.gov.uk Anna Goodall – Acting Assistant Director agoodall@fenland.gov.uk David Wright – Head of Policy and Communications dwright@fenland.gov.uk
Background Paper(s)	LGO Annual Report 2021/2022 https://www.lgo.org.uk/information-centre/reports/annual-review-reports/local-government-complaint-reviews

An overview of the Council's 3Cs process

1. Our 3Cs process

1.1 Our corporate 3Cs procedure is the framework used for managing comments, compliments, correspondence and complaints across the Council. We aim to provide a fair, consistent and structured process to enable customers to give their views and receive an accurate response. The feedback we receive is used to monitor performance and improve our services.

- 1.2 Customers can contact the 3Cs team by:
- Completing an online or paper 3Cs form
 - Emailing 3cs@fenland.gov.uk
 - Phoning our contact centre
 - Through their local councillor

1.3 The process for managing each type of contact is summarised in the table below:

Type of contact	Procedure
Comment	A comment is a brief statement of fact or a suggestion received by a customer. It is recorded under the 3Cs process and then passed to the relevant service area for consideration. If appropriate, the service area will contact the customer directly to discuss their comment further.
Compliment	A compliment is a positive comment about the service received. It may refer to an individual or a wider team. A compliment is recorded under the 3Cs process and is then passed to the relevant officer or team. We can use compliments from customers to improve what we do.
Correspondence	<p>Correspondence is two-way communication between a customer and the council. If its content forms a service request, it is referred directly to the appropriate service area for resolution outside of the 3Cs process.</p> <p>The majority of correspondence managed under the 3Cs system is from the MP's office and local councillors. Correspondence is acknowledged within five working days of receipt. It is passed to an appropriate officer who will respond within ten working days.</p>
Complaint	<p>A complaint is dissatisfaction with the service received from an individual, team or from the council as a whole. The complaints process can be up to three stages long.</p> <p>Stage 1</p> <ul style="list-style-type: none">• Customer contacts 3Cs• 3Cs sends an acknowledgement to the customer within 5 working days. This contains the name of the officer responding to their complaint and the deadline for response (10 working days from acknowledgement)• Officer responds directly to customer. This is stored in the 3Cs system as a Stage 1 response

Type of contact	Procedure
	<p>If the customer is dissatisfied with the response, their complaint is escalated to Stage 2.</p> <p>Stage 2</p> <ul style="list-style-type: none"> • Customer receives acknowledgement within 5 working days • Complaint passed to manager of the officer who provided a Stage 1 response. The deadline for response is 10 working days from acknowledgement • Officer responds directly to customer. This is stored in the 3Cs system as a Stage 2 response <p>If the customer is dissatisfied with the response, their complaint is escalated to Stage 3. This is the final stage in the complaints process.</p> <p>Stage 3</p> <ul style="list-style-type: none"> • Customer receives acknowledgment within 5 working days • Complaint passed to CMT lead for response. The deadline for response is 15 working days from acknowledgement • CMT lead responds directly to customer. They state that this is final response within our 3Cs process and give contact details for the LGO as a final course of redress. Their response is stored in the 3Cs system as a Stage 3 response. <p>The next section explains the LGO process.</p>

- 1.4 Contact was split into three high level service areas:
- Communities, Environment, Leisure and Planning (CELP)
 - Growth and Infrastructure (GI)
 - Policy, Resources and Customer Services (PRCS)

Due to incorporating many frontline services, CELP has the largest volume of correspondence and complaints.

- 1.5 The table below provides a comparison of contact between 2021/22 and 2020/21:

	2020/21	2021/22	Variance
Compliments	294	218	-26%
Correspondence	82	68	-17%
Complaints	224	208	-7%
TOTAL	643	494	-23%

1.6 The table below shows a summary of which service areas received complaints and how many complaints they received during 2021/22.

Summary of Service Area Complaints

CELP (Communities, Environment, Leisure, and Planning)	Complaints 2021/2022
Cemeteries	4
Community Support	2
Environmental Health	14
Housing	15
Open Spaces	9
Planning Compliance	5
Planning Development	19
Refuse & Recycling	54
Street Cleansing	6
Street Scene	1
Trade Waste	1
	130
GI (Growth and Infrastructure)	Complaints 2021/2022
Assets & Projects	1
	1
PRCS (Policy, Revenues and Customer Services)	Complaints 2021/2022
Back Office	11
Benefits	10
Customer Services	11
Revenues	45
	77
	Total 208

1.7 We have analysed all the complaints across service areas for patterns or trends throughout the year. For example, more than one complaint relating to a specific location or topic. No common patterns or themes have been identified.

1.8 The table below shows greater detail for all service areas receiving more than 12 complaints, i.e. averaging more than one a month over the last year.

CELP (Communities, Environment, Leisure and Planning)	Complaints 2021/2022
<p>Environmental Health</p> <ul style="list-style-type: none"> • Health & Safety • Nuisance • Staff • Other <p>No common patterns with complaint topics, locations, or time of year. All 14 complaints were different.</p>	<p>14</p> <p>1</p> <p>2</p> <p>5</p> <p>6</p>
<p>Housing</p> <ul style="list-style-type: none"> • Homelessness • Private rented • Staff • Other <p>No common patterns with complaint topics, locations, or time of year. All 15 complaints were different.</p>	<p>15</p> <p>4</p> <p>3</p> <p>1</p> <p>7</p>
<p>Planning Development</p> <ul style="list-style-type: none"> • Applications • Decisions • Policy • Staff • Other <p>No common patterns with complaint topics, locations, or time of year. All 19 complaints were different.</p>	<p>19</p> <p>2</p> <p>3</p> <p>5</p> <p>1</p> <p>8</p>
<p>Refuse & Recycling</p> <ul style="list-style-type: none"> • Assisted collections • Bin deliveries • Bin not returned • Contamination • Garden Waste • Missed bins • Vehicles • Staff • Other 	<p>54</p> <p>5</p> <p>2</p> <p>5</p> <p>1</p> <p>9</p> <p>20</p> <p>2</p> <p>4</p> <p>6</p>

Missed Bins:

The missed bins complaint figure was 20. As part of the transformation programme, we have worked with the environmental team to improve reporting process to try and reduce the number of complaints. We appreciate there will always be a number of missed bins, however by improving the reporting mechanism and information we provide to customers we anticipate that the number of complaints will reduce. We now have a 'real time' reporting mechanism for customers to report missed bins.

Between 1 April – 31 August 2022 we have had 5 missed bin complaints.

None of the other complaints were linked and there were no common patterns with complaint topics, locations, or time of year.

PRCS (Policy, Revenues and Customer Services)	Complaints 2021/2022
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Revenues	45
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- Bailiff
- Bill query
- Discount / Exemptions
- Payments
- Staff
- Other

	1
	22
	2
	3
	1
	16

Bill query (22 complaints) and Other (16 complaints). We have looked at each of these complaints and they are all individual cases that are not linked or any patterns.

None of the other complaints were linked and there were no common patterns with complaint topics, locations, or time of year.

- 1.9 Members receive a quarterly performance report within the Portfolio Holder Briefing document. This provides a quarterly cumulative comparison of contact between the current and previous financial year.
- 1.10 A monthly report is produced to measure response times for correspondence and complaints. It also measures how many complaints are progressed past a Stage 1.
- 1.11 The Council produces an Annual Report after full complaints data is available for the previous financial year. This is available for the public to view on our website.

2. The Local Government Ombudsman (LGO)

- 2.1 Customers can contact the LGO if they have made a complaint and are dissatisfied with our response(s). The LGO will only investigate complaints that have fully completed our 3Cs procedure and relate to our services. They will *not* investigate if:
 - The complainant has known about the issue for over 12 months but hasn't complained
 - The matter has not affected the complainant personally or caused them an injustice
 - The issue affects most people in the Fenland area
 - The complainant should have appealed or taken legal action (e.g. a tribunal, appeal to the Planning Inspectorate)
 - The complaint is about personnel matters (e.g. employment issues)
- 2.2 If a customer makes contact, the LGO Assessment team will then ask us to check if the customer has completed our 3Cs process. They will ask for copies of customer contact and our responses.
- 2.3 If the Assessment team decides further investigation is needed, the complaint information will be passed to a LGO investigator. They will ask further questions and may request further information.
- 2.4 Once the investigator thinks they have got enough information to make a fair decision, they will share a draft with the Council and the complainant. Both parties then have the opportunity to comment on this decision and share further relevant information.
- 2.5 Following this, a final decision will be made. Depending on complexity, this process usually takes about 26 weeks. There are 6 possible decision types:
 - Uphold the complaint and give recommendation(s) about how the organisation should put it right
 - Uphold part of the complaint
 - Uphold the complaint but not make any recommendations as the organisation has already put things right
 - Uphold the complaint but not make any recommendations because the fault has not had a significant effect on the complainant
 - Not to uphold the complaint
 - The complaint cannot or will not be investigated

2.6 The LGO will write to the Council and customer to explain their decisions. If the Council is at fault, they may ask us to put things right (if we haven't already). This may involve:

- Apologising to the complainant
- Providing a service to the complainant that they should have had
- Making a different decision (that it should have made before)
- Reconsidering a decision that wasn't made properly
- Improving our procedures so similar issues don't happen again
- Making a payment

2.7 The LGO does not have legal powers to force organisations to comply with their recommendations – however, most Council's do. Their decisions are available to view on their website. They release an Annual Report for each authority every year.

2.8 The LGO states that complaint volume figures should not be used in isolation to evaluate corporate health. High volumes of complaints can show that an organisation is open to learning. In contrast, low complaint volumes can show that an organisation is not receptive to user feedback. By monitoring trends and customer feedback, we are able to quickly change processes if they are not working as well as they should.

2.9 Between April 2021 and March 2022, the LGO made 5 decisions relating to services provided by Fenland District Council. The table below shows the complaints that the LGO made a decision on in 2021/22:

Service	Decision made	Decision
Benefits & Tax	June 2021	Advice given
Planning & Development	October 2021	Closed after initial enquiries
Other	October 2021	Advice given
Environmental Services	November 2021	Closed after initial enquiries
Environmental Services	November 2021	Referred back for local resolution

2.10 Between April 2021 and March 2022 we had no LGO complaints upheld.



Why we produce the report

We are proud to publicise our Compliments, Correspondence and Complaints (3Cs) Annual report to the public, to ensure that our customers can see how we are performing and the level of service they can expect if they do contact us. We want to encourage our customers to give feedback, which we use to monitor and improve the services provided. Our 3Cs process monitors the number of Compliments, Correspondence and Complaints we receive and the time it takes for us to reply to those enquiries. This helps us to understand the levels of enquiries we receive, whether we are providing a timely service and if we are getting it right first time. Monitoring this information allows us to identify trends and adapt our service to the needs of our customers, which enables us to provide an efficient service.

Compliments

During 2021/22 the Council received 218 compliments from members of the public. The number of compliments received during 2021/22 reflects our commitment to provide services that our customers want and our efforts to provide excellent customer service and go that extra mile.

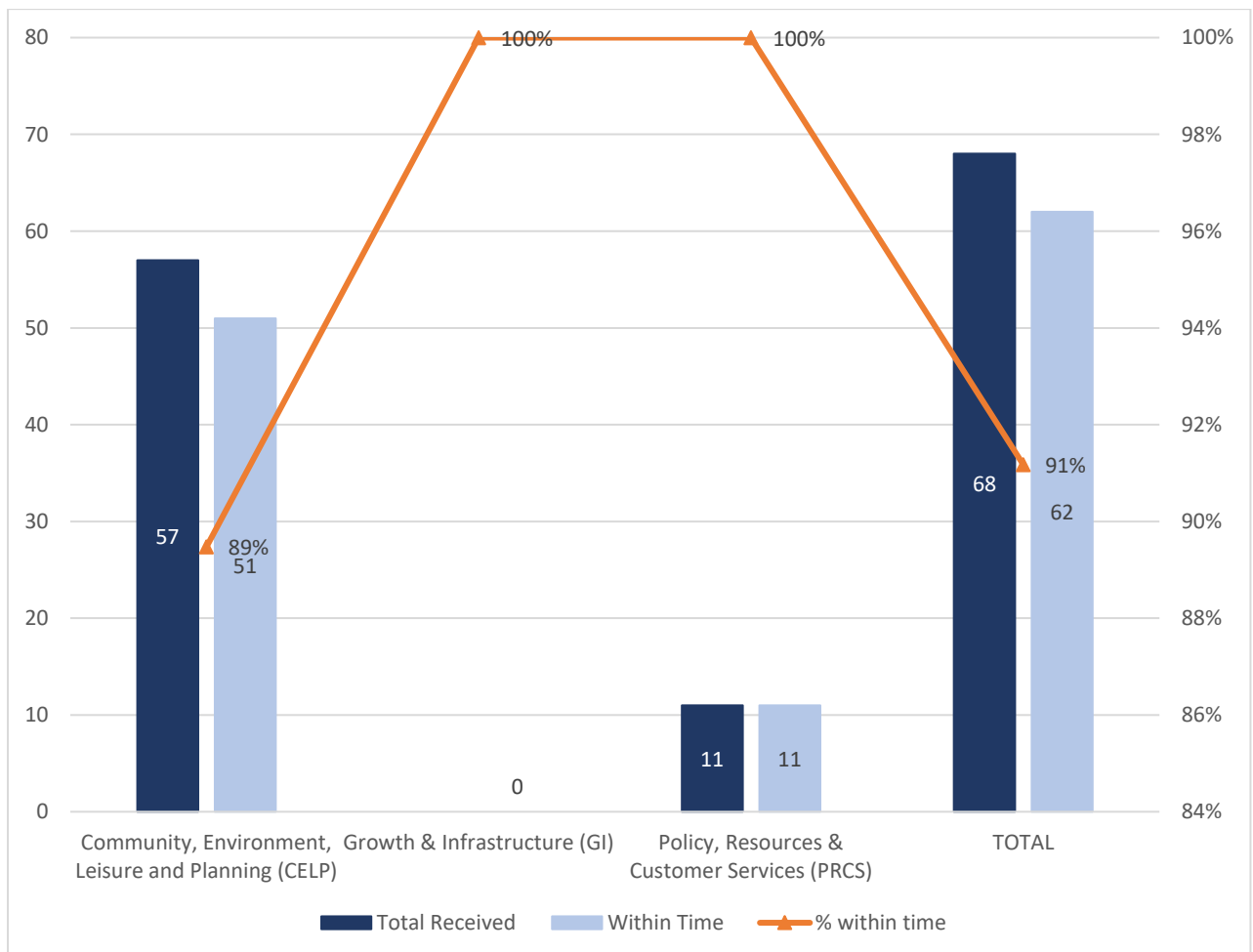
All compliments received are shared with staff and are used to help us understand what our customers perceive our strengths are as a Council. This helps us to continue to do more of what we are good at and exceed our customers' expectations.

Correspondence

During 2021/22, 3Cs set a target for the council to respond to 90% of all customers Correspondence within 10 working days. We felt that if we achieved this target we would be providing excellent customer service. During 2021/22, the Council replied to 91% of correspondence within 10 working days as detailed in the table below.

The data collected has provided us with valuable information on which services our customers contact most frequently and the reasons for this contact. This data is used by each team to review the information that is available for customers to access themselves via our Website and Social Media sites. Further detail and information is also available via our telephone contact centre. This proactive approach has reduced the number of written enquiries coming in.

Correspondence Received
April 2021 – March 2022

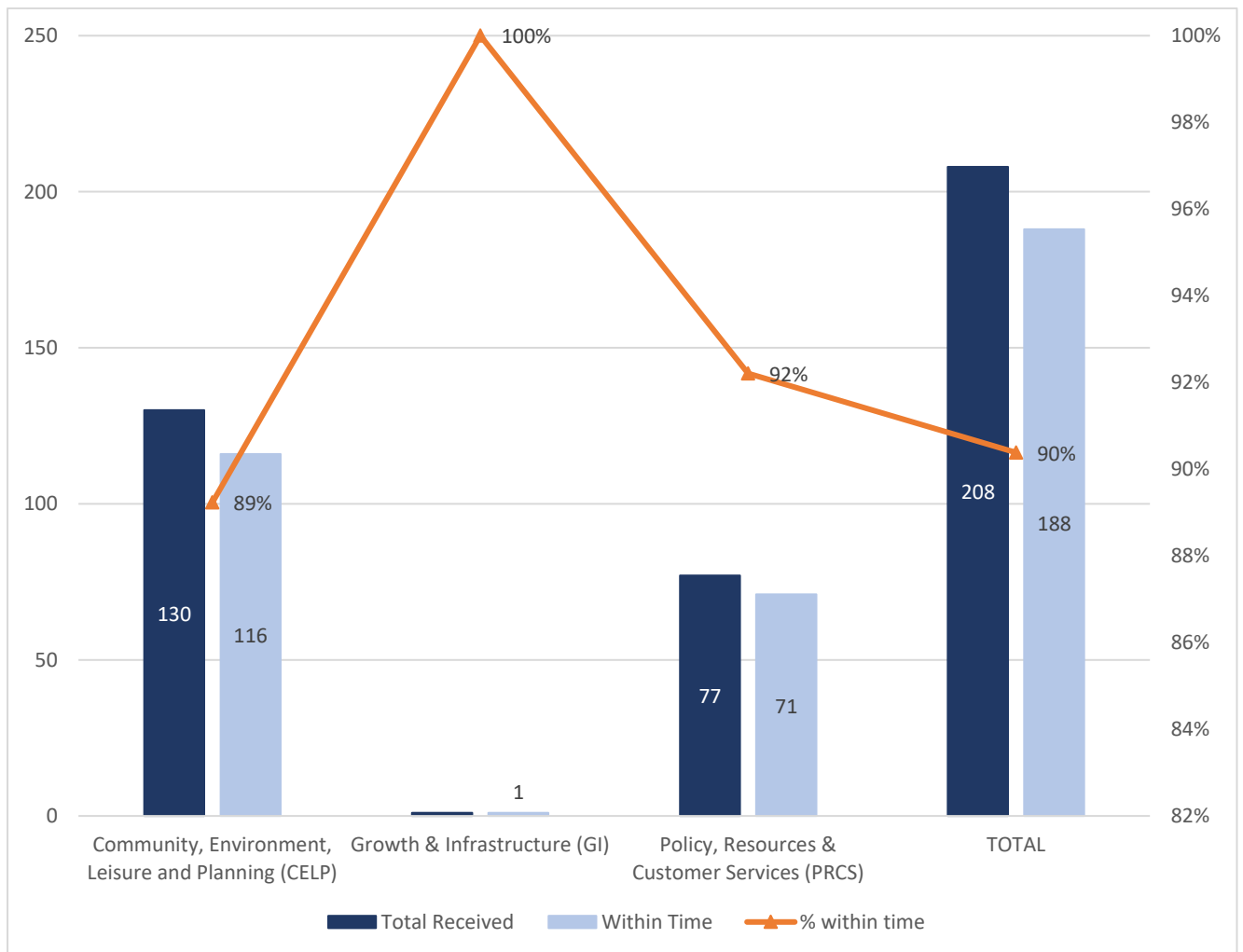


Complaints

During 2021/22, the Council received 208 complaints. Our 3Cs complaints process has three stages in total. The Council aims to fully resolve issues at Stage one.

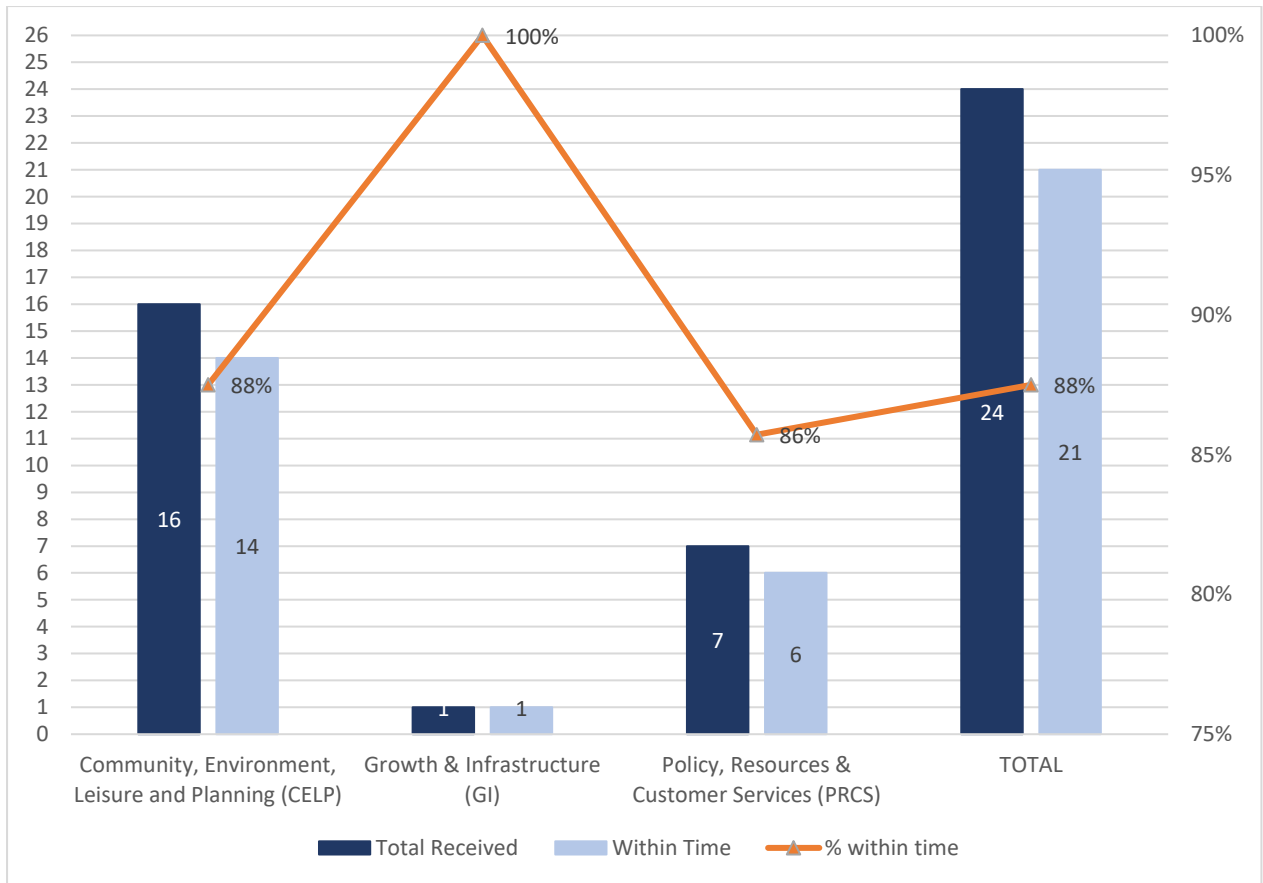
Of the 208 complaints received, 188 were dealt with at Stage 1, 24 customers escalated their complaint to Stage 2 and 15 escalated their complaint to Stage 3.

Stage 1
April 2021 – March 2022
Total Number of Complaints received & responded to within 10 days



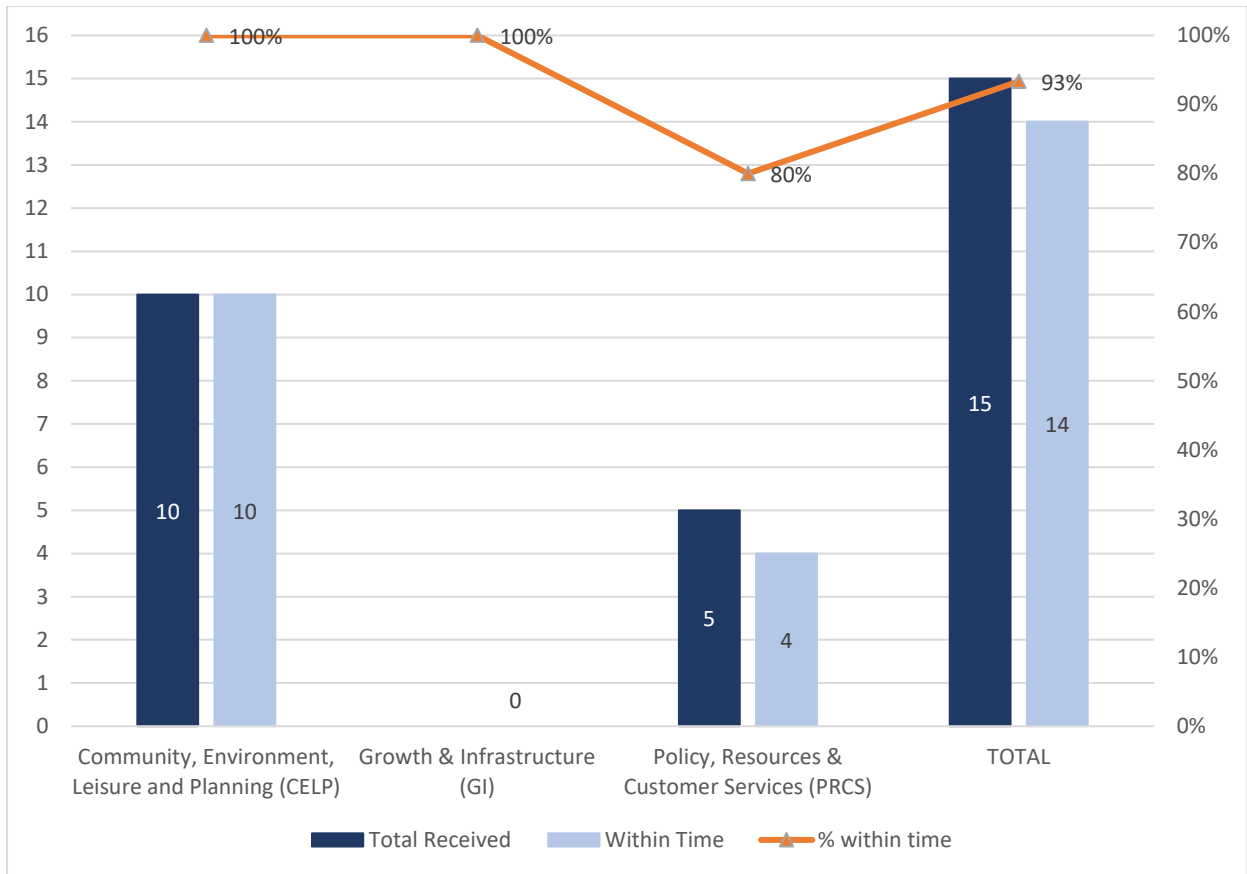
The above table shows the number of complaints by service area, received and responded to within set performance targets; this is also shown as a percentage.

Stage 2
April 2021 – March 2022
Total Number of Complaints received & responded to within 10 days



The above table shows the number of complaints by service area, received and responded to within set performance targets; this is also shown as a percentage.

Stage 3
April 2021 – March 2022
Total Number of Complaints received & responded to within 15 days



The above table shows the number of complaints by service area, received and responded to within set performance targets. This is also shown as a percentage.

During 2021/22, we monitored the complaints process to ensure the public were kept informed, treated with respect and dignity and to ensure a consistent approach was being applied. When a complaint was received a discussion was held with the service team to resolve the complaint as soon as possible. This has had a positive effect for both the customer and the Council and is reflected by the number of people escalating their complaint past Stage 1.

A further part of the Council’s 3Cs process is to gain an understanding from the service teams about the actions they have taken to reduce a repeat occurrence. This small review after each complaint this has enables teams to identify potential future issues.

Each complaint that has escalated past Stage 1 is reviewed. The focus is on understanding the issues that are affecting the complainant and to explore all possible avenues to remedy the complaint.

As part of the review, we also look to identify processes or tasks which could be amended to improve the customer journey. This information feeds into the corporate transformation programme.

Local Government Ombudsman Complaints and Enquiries

A part of the 3Cs service is the investigation and response management of all Local Government Ombudsman (LGO) enquiries that Fenland District Council (FDC) receives. The following table shows the total LGO enquires that FDC received for individual service areas and decisions made during 2021/22.

LGO Decisions made

Between April 2021 and March 2022, the LGO made 5 decisions relating to services provided by Fenland District Council. The table below shows the complaints that the LGO made a decision on in 2021/22:

Benefit and Tax	Planning and Development	Environment Services	Other	Total
1	1	2	1	5

Service	Decision made	Decision
Benefits & Tax	June 2021	Advice given
Planning & Development	October 2021	Closed after initial enquiries
Other	October 2021	Advice given
Environmental Services	November 2021	Closed after initial enquiries
Environmental Services	November 2021	Referred back for local resolution

Between April 2021 and March 2022, we had no LGO complaints upheld.

Presentation by Leader and Chief Executive of Fenland District Council

FDC Overview & Scrutiny
Meeting

10 October 2022

Sources of further information

Please click on the links below to access further information:

[Annual report 2021/22](#)

[Corporate Priority Reports already tabled at O&S Committee meetings](#)

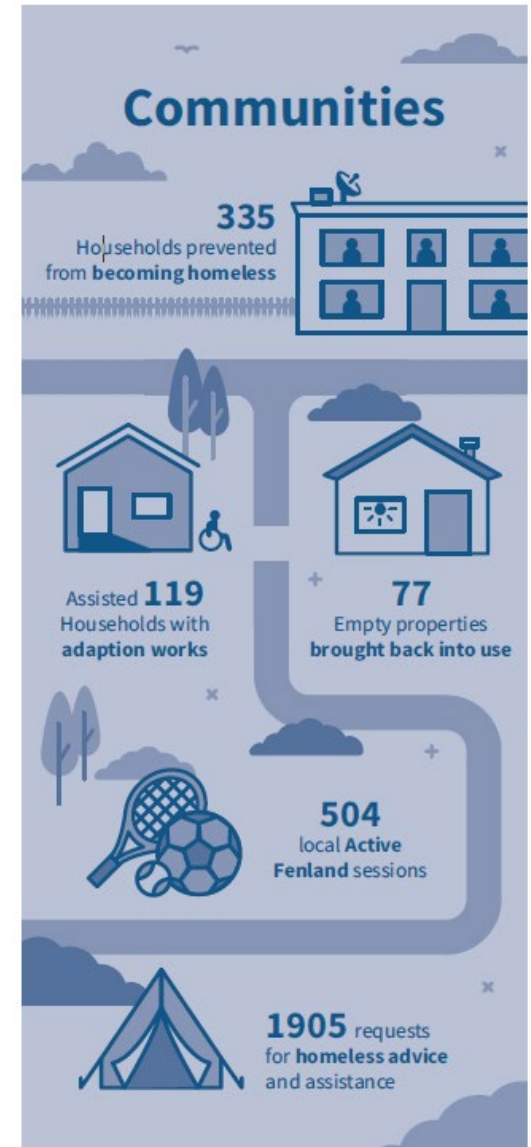
[Joint Portfolio Holder Reports tabled at Council Meetings](#)

Key Achievements & Performance 2021/22

Our Communities

Support vulnerable members of our community

- Since its launch in March 2020, our **Covid-19 Community Hub** has provided a lifeline to those most at risk during the outbreak by co-ordinating the support available from over **80 different organisations**. Since the Hub's launch, over **2,300 requests for support** have been received.
- Our Housing Options team received **1,905 requests for homeless advice and assistance**; 1,200 of these approaches were resolved through the advice provided. **335 households were prevented from becoming homeless**. Supported by our Housing Enforcement Policy, we issued a significant number of civil penalty notices to landlords choosing to flout regulations and legislation whilst continuing to support the increasing number of proactive landlords who request help from us to ensure their properties meet appropriate standards before being let.
- Through our Disabled Facilities Grants scheme, the Council provides **adaption works for elderly and disabled householders** to remain safe, secure and protected in their own homes. Last year **we assisted 119 households with adaption works**. These included the **installation of walk-in showers, stairlifts, ramped** access facilities and specialist equipment such as person hoists.
- The **14th annual Pride in Fenland awards** took place in November 2021 to celebrate the incredible contributions of unsung heroes from across the district. Organised by Fenland District Council and the Fenland Citizen newspaper, this year's online awards were **dedicated to those who went above and beyond during the pandemic**.

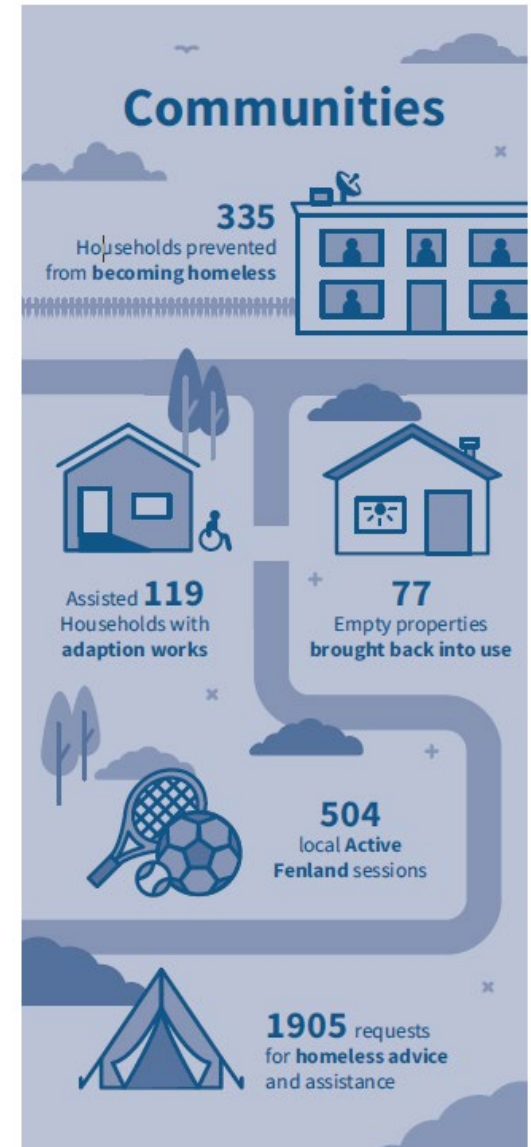


Key Achievements & Performance 2021/22

Our Communities

Support vulnerable members of our community

- The **Whittlesey Big Bash** took place on 12 September 2021 at Whittlesey Manor Leisure Centre. The Golden Age team and 17 partners took part in the event, with a **great turnout of over 200 people** visiting in the space of 2 hours.
- Throughout the ongoing pandemic and current increases in the costs of living, energy and fuel increases, we have continued to improve our performance for how swiftly we respond and pay any changes/new claims for **Council Tax Support and Housing Benefits**. The Anglia Revenues Partnership (ARP) have been proactive in processing the Government's Energy rebate scheme, with the five partner Councils scored as the top 4% in England, and amongst only 11 authorities, out of 308, who had paid 100% of their main scheme payments. Out of the 45 Councils in the East of England, ARP's 5 partners were the only Councils to have paid 100% of the main scheme payments by the end of June.
- As the terrible events in Ukraine unfolded in February 2022, we **pledged to provide support for Ukrainian refugees** as soon as the Government's extended safe routes opened. As part of the Cambridgeshire and Peterborough Ukraine Refugee Response group, we arranged for property checks to be undertaken at sponsors' homes, support sponsors to undertake the DBS process and developed a welcome pack with information about essential and local services.

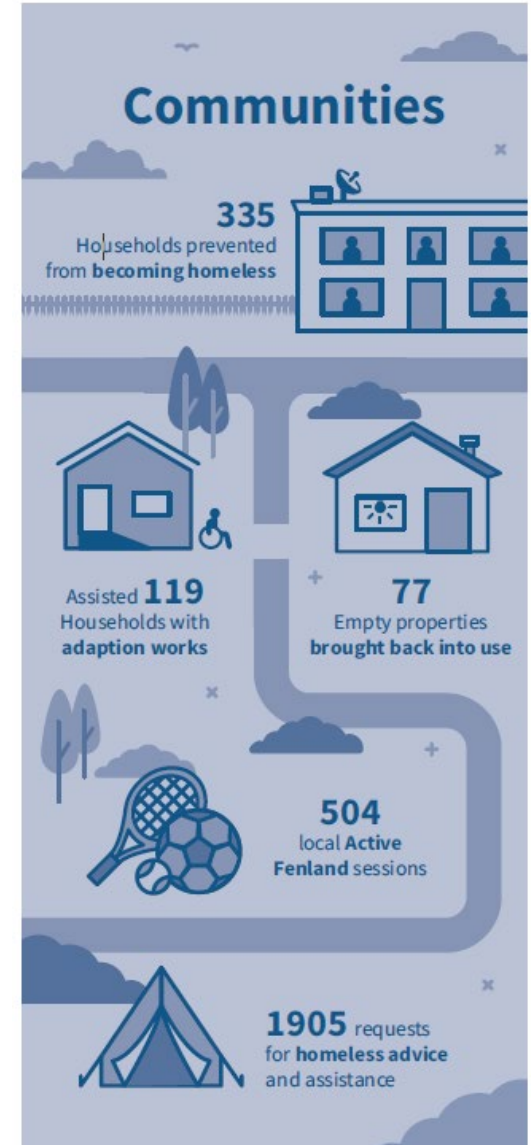


Key Achievements & Performance 2021/22

Our Communities

Promote health and wellbeing for all

- The Freedom team have worked exceptionally hard to encourage people back into Fenland's leisure centres following the pandemic. There has been considerable success with **growth in the Swimming Lesson programme** now at almost double the number of participants compared with pre-pandemic. Casual swimming and membership levels are back above 90% of the pre-pandemic levels.
- **Health and Wellbeing support** for Fenland residents continued to focus on **Covid-19**. Businesses were offered guidance surrounding Covid secure practices in the workplace, access testing for staff, risk assessments and wellbeing visits by public health staff to discuss vaccination concerns and broader issues such as long covid. We also continued to provide support for vaccination centres including agreeing locations, monitoring uptake and accessibility.
- The pandemic made clear to our community how important open spaces are to having a happy and healthy life. Together with our contractor Tivoli, we've **continued to provide excellent open spaces across Fenland**.

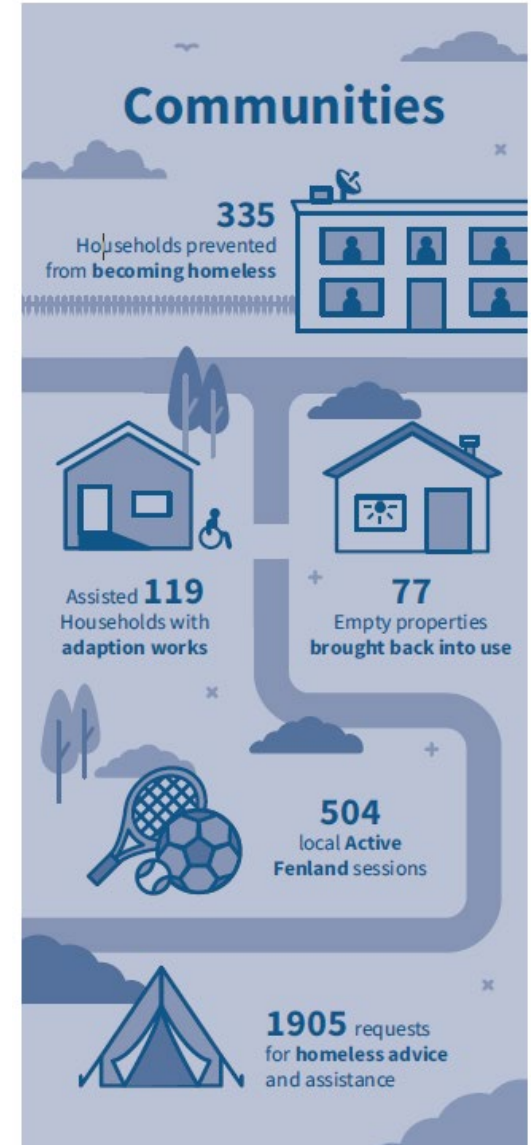


Key Achievements & Performance 2021/22

Our Communities

Work with partners to promote Fenland through culture & heritage

- Following financial support from Arts Council England, we have appointed an officer to **work with local cultural and creative organisations and individuals to develop an action plan to amplify creativity and cultural opportunities in Fenland**, raising the profile of the many activities already taking place.
- We worked hard to **support the community by promptly re-establishing Fenland's Four Seasons events** providing opportunities for businesses to trade again. Christmas Markets were delivered in Wisbech and March, followed by March St George's Fayre. This had a bumper turn out and received extremely positive feedback. We also made use of **Government Welcome Back funding to bolster re-opening of Fenland's high streets** through a series of additional pop-up events, business support, shop local marketing and town centre aesthetic improvements including floral displays and enhanced cleaning.



Key Achievements & Performance 2021/22

Our Communities

Performance

Performance	Target 2021/22	Performance
Total number of private rented homes where positive action has been taken to address safety issues	250	277
Proportion (%) of households presenting to the Council as homeless whose housing circumstances were resolved through Housing Options work	New PI	57%
Number of empty properties brought back into use	70	77
New Homes Bonus achieved as a result of bringing empty homes back into use	£50,000	£93,099
Number of Active Health local sessions per year that improve community health	225	504
Customer feedback across Freedom Leisure facilities in Fenland	90%	85%*

* Performance/service impacted by COVID-19 restrictions

Key Achievements & Performance 2021/22

Our Environment

Deliver a high performing refuse, recycling & street cleansing service

- Core services continued without issue this year with over **2.9million bin collections** made across the district. Customers continued to recycle their waste well, generating £475,000 of income to support services as a result. Customer satisfaction with our Refuse and Recycling and Garden Waste (Brown Bin) services remains high at 96% and 97% respectively. The Garden Waste service has continued to grow with subscriptions at an all-time high of over 23,000 in 2021/22.
- Our trained 'Getting It Sorted' volunteers supported **recycling in Fenland** with events, activities, education packs for schools to use, videos and online training courses. They also kept the Council's multi-lingual recycling website, www.gettingitsorted.org, up-to-date and regularly posted recycling messages on social media to help residents recycle right at home.
- Our Cleansing and Rapid Response team continued to provide the usual seven-day street sweeping, litter picking and fly-tipping removal service in our towns and villages. Last year they **responded to over 1,200 service requests**: 95% on the same or next day. Over **1,300 quality inspections** were made in areas of high footfall – 99% met cleansing standards first time.



Key Achievements & Performance 2021/22

Our Environment

Work with partners & the community on projects that improve the environment and our street scene

- As Covid restrictions gradually eased we continued to work with community environmental volunteering groups as permitted, with many smaller litter picks still able to take place. This year saw Gorefield Street Pride celebrate their 10th anniversary and a growth in Street Pride group numbers, now totalling 18. Over £37,000 was awarded to community groups living within the vicinity of wind turbines to improve their local environment. Projects included switching to LED lighting, solar powered mobile vehicle activated signs and enhancements to green spaces.
- Our Street Scene team spent 3,400 hours on patrol. They work closely with the community to help protect our environment with a focus on preventing fly-tipping, littering and dog fouling. Over the past year they have visited over 600 sites of reported fly-tipping to try and gather evidence that will help identify who's responsible. They investigated 241 reports of abandoned vehicles, undertook 352 dog related actions (including speaking to dog owners, refreshing signs in reported areas for dog fouling and working with the Green Dog Walkers volunteers), made 3015 memorial safety inspections and investigated 137 matters relating to litter.



Key Achievements & Performance 2021/22

Our Environment

Work with partners to help keep people safe in their neighbourhoods by reducing crime & anti-social behaviours & promoting social cohesion

- Our **shared CCTV service** with Peterborough City Council has largely maintained its 100% service function 24 hours a day, 365 days a year. There have been some instances where individual cameras were out of action. In such circumstances every effort was made to re-commission them as soon as possible. The service conducted **over 6,000 pro-active camera patrols**, **detected over 1,000 incidents of crime and disorder across the district** and supported our policing partners to make **86 arrests** for offences, helping to make the district safer.
- Working with internal and external partners, our Community Safety team have been involved in the **investigation of 211 reports of anti-social behaviour**, nuisance and other quality of life concerns. Examples include youth anti-social behaviour and crime in Wisbech and Chatteris, vehicle related nuisance in a public car park in Chatteris and concerns linked to highway obstruction and hoarding in Wisbech. The team is also part of the Fenland Community Safety Partnership, which have undertaken projects raising awareness of illegal money lending, loan sharks, domestic abuse and coercive control, modern day slavery, child exploitation and road safety. As well as engaging the community, training sessions were delivered to support the development of frontline professionals who work within the Fenland community surrounding domestic abuse, hate crime, cybercrime and substance abuse.



Key Achievements & Performance 2021/22

Our Environment

Performance

Performance	Target 2021/22	Performance
Rapid or Village Response requests actioned the same or next day	90%	95%
% of inspected streets meeting our cleansing standards (including graffiti and flyposting)	93%	99%
% of collected household waste recycled through the Blue Bin service	28%	28%
Customer satisfaction with Refuse and Recycling services	90%	96%
Customer satisfaction with Garden Waste service	85%	97%
Number of Street Pride, Green Dog Walkers and Friends of Community environmental events supported	204	191*
% of local businesses who thought they were supported and treated fairly	90%	100%
% of those asked who are satisfied with Fenland District Council's events	90%	N/A

* The number of events held is significantly less than in previous years due to the pandemic. Restrictions were in place at the beginning of April 2021 which either prohibited groups meeting at all or meant that only groups of 6 or 30 volunteers could meet.

Key Achievements & Performance 2021/22

Our Economy

Attract new businesses, jobs & opportunities whilst supporting our existing businesses in Fenland

- Our Finance and Business teams worked together to distribute **£7.094million in Government coronavirus business grants** in 2021/22. These have been paid to help businesses impacted by trading restrictions and the emerging Omicron variant. During this period over **1,300 grant payments** were made.
- We continued to **support businesses with COVID-19 guidance**, including reducing the risk of infection spreading in the workplace and compliance with the NHS COVID Pass regulations introduced in December 2021.
- **Following the closure of major employer** Alan Bartlett and Sons in Chatteris in June 2021, our Economic Growth team worked to ensure the site was reoccupied as soon as possible.
- Our **Economic Growth Strategic Refresh** was approved by Cabinet in February. This sets out how our Economic Growth team, partners and wider Council teams will support local businesses to grow, local people to start a business and other businesses to relocate to the area. The **Start & Grow programme** is also underway, estimated to deliver around **£650,000 worth of business support and grants into Fenland** through a number of sources. The programme will run until July 2022.
- In December 2021, the Government released details of an **additional relief (CARF) for businesses** which had suffered as a result of the pandemic but had not received any other financial assistance through other COVID related relief schemes. £1.9m of funds were issued to FDC in 2022 and we are one of only a few authorities who have allocated 100% of this fund to our local businesses.



Key Achievements & Performance 2021/22

Our Economy

Promote & enable housing growth, economic growth & regeneration across Fenland

- Our **Planning team determined over 750 planning applications** - between 72% and 92% of these were decided on time, depending on application type. Our team dealt with nearly 900 other types of application (e.g. discharge of condition, general enquiries, pre-application and licensing requests) in addition to 'traditional' planning applications. **We investigated and resolved 218 cases of unauthorised development** reported to us.
- Work continues on projects outlined in our **Growing Fenland masterplans**, part of the CPCA's (Cambridgeshire and Peterborough Combined Authority) strategic Market Town Masterplans, including:
 - Installation of interactive highways flooding signs in Whittlesey
 - Progress on the Whittlesey Heritage Walk
 - Improvements to Wisbech Market Place
 - Funding for local skills development in Chatteris
 - Match funding to progress the March Future High Streets Fund project
- Work continues on the £8.4million **March Future High Streets Fund** project, funded by the Government and the CPCA. Together with the March Area Transport Study (MATS), the project will transform March town centre through pedestrian, public realm and traffic flow changes to the Broad Street, Riverside and Market Place areas.



Key Achievements & Performance 2021/22

Our Economy

Promote & enable housing growth, economic growth & regeneration across Fenland

- Our **Wisbech High Street Project**, funded by the National Lottery Heritage Fund, continues to make progress. Highlights from 2021/22 include:
 - Major regeneration works completed at 13-17 High Street with grant funding
 - Extensive repairs carried out at 18 High Street with grant funding
 - Series of free online traditional construction and heritage skills training sessions launched
 - Local heritage book, 'Lost Images of Wisbech' published

Promote & lobby for infrastructure improvements across the district

- Supported by CPCA funding, work continues to improve **transport connectivity in Fenland**. Progress is being made on the:
 - £32million Kings Dyke Crossing Project, due to open by the end of 2022
 - £25million A47 Guyhirn roundabout
 - Fenland Railway Station Masterplans project, aiming to improve stations at March, Manea and Whittlesey and provide better railways for Fenland
 - March Area Transport Study (MATS) infrastructure improvements



Key Achievements & Performance 2021/22

Our Economy

Performance

Performance	Target 2021/22	Performance
% of major planning applications determined in 13 weeks (or with extension of time)	75%	92%
% of minor applications determined in 8 weeks (or with extension of time)	80%	72%*
% of other applications determined in 8 weeks (or with extension of time)	90%	84%*
% occupancy of our Business Premises estate	92%	91%**
% occupancy Wisbech Yacht Harbour	85%	94%
Number of local businesses supported and treated fairly	90%	100%

* The reduced performance was as a result of rising workloads and resource challenges. It should be noted that performance remains above the national performance target of 70%

** Business unit occupancy has fluctuated during Covid. However, as we emerge from Covid we continue to see a steady uptake in occupancy.

Key Achievements & Performance 2021/22

Quality Organisation

- We **collected over £61 million in Council Tax and £21 million in Business Rates**. This plays a major part in funding the key services we provide to the community.
- Our My Fenland team has been transformed, bringing together **5 admin services and 29 members of staff** have new roles, including the development of technical officer roles to answer specialised, more detailed queries. In addition to the team answering more than **63,000 phone calls and resolving 99.5% of customer queries at first point of call**, the transformation team have also **completed 136 process mapping tasks**, including redesigning 33 processes. These benefit either the staff, our customers, or both. We have had **15,450 payments** made via PayPoint, with over £1.84m in payments.
- Our website received **849,000 hits** and a record number of **23,000 online form submissions** across 48 different topics. As part of our ongoing work to improve our digital services and user journeys, we launched a suite of improved online forms. Our **new missed bin and environmental service request forms** (covering issues including dog fouling, fly-tipping, litter, abandoned vehicles and graffiti) are now easier to use and automatically transfer information received directly to teams on the ground and into back-office systems. Six new online forms have also been developed as part of our licensing service, enabling residents to be able to complete new tasks online including applying for a taxi license and premises licence.



Key Achievements & Performance 2021/22

Quality Organisation

- Our **Social Media** channels remain popular, with **8,768 Twitter followers and 5,800 Facebook followers**. Over the past year we have used our social media channels to quickly publicise and signpost the latest Covid information, including changing restrictions and availability of business grants and support. We have also increased our use of video on our social media channels to develop our online engagement with residents.
- The Licensing team **issued 461 licenses** for a variety of services including Taxi, Premises, Alcohol, Scrap Metal and Animal Licensing, to help ensure such businesses are well managed and operating safely and legally. They also worked closely with partners during the pandemic through a variety of channels to support businesses to operate safely and take enforcement action when required.
- We **consulted with residents, stakeholders and partners about a wide range of topics** to help us understand local people's priorities and shape our service. Consultations included the concept of a Broad Concept Plan to shape future development in West March, development of a heritage walk in Whittlesey, plans for a new Community Hub in Wisbech Park and improvements to cycling, walking and mobility access across the district.



Key Achievements & Performance 2021/22

Quality Organisation

- **We were reaccredited with the Customer Service Excellence (CSE) award** last year. This is a Government standard that recognises the high quality, customer focused services that we provide. The independent assessor said the Council had continued to meet the 'gold standard' for customer service delivery and that our ongoing transformation programme is clearly delivering significant benefits to customers.
- As Covid restrictions started to lift, our **Environmental Health** team focused their Public Health role to support the Covid vaccination programme reaching communities, including the more vulnerable.
- As businesses could get back to normal, we supported the registration of new food businesses and supported existing food businesses through **delivery of the food standards agency recovery plan**, by visiting, supporting, and risk assessing all of Fenland's high risk food premises. All Environmental Permitted sites were also visited and new operators supported through the application process. In addition, all skin piercing businesses – including tattooing, acupuncture, botox and eyebrow blading – were inspected and licensed. The team continues to deal with a wide range of statutory nuisance and public health issues, from noise and pest control to infectious diseases.



Key Achievements & Performance 2021/22

Quality Organisation

Performance

Performance	Target 2021/22	Performance
% of customer queries resolved at the first point of contact	85%	99.5%
% of customers satisfied by our service	90%	91.3%
% of contact centre calls answered within 20 seconds	46.5%	30.45%*
% of contact centre calls handled	80%	75.94%**
Days taken to process Council Tax Support new claims and changes	8.0 days	5.6 days
% of Council tax collected	96.77%	96.7%
Council Tax net collection fund receipts	£61,172,317	£61,692,720
% of NNDR Collected	97.25%	96.04%***
NNDR net collection fund receipts	£18,341,776	£22,579,308
Number of visits to our website	825,000	849,000

*The dip in performance was anticipated due to the implementation of a major change initiative resulting in a new structure with new job roles, more efficient processes and more effective use of technology. The Team were also adversely affected by the COVID pandemic as this resulted in higher than predicted call volumes but also an increase in staff absence due to Covid. The new working practices are now well established and performance is consistently improving.

**Performance in relation to the percentage of contact centre calls handled was achieved within 5% of the target figure, which is testament to the hard work of the team when dealing with both the direct impact (in terms of staff absence) and indirect impact (in relation to higher than predicted call volumes) of the COVID pandemic.

*** Whilst the NNDR Collection fund continues to meet targets, the in-year collection rate is below target due to the backdated large assessment which created a large debt to be collected within the last quarter of the year.

Council for the Future

Our Cabinet members have selected a number of projects to contribute towards our 'Council for the Future' agenda.

These projects have a variety of aims; from tackling areas of particular need within Fenland, to sustainably transforming services and our organisation to be fit for the future.

Although these are influenced by external factors, the aim is to have a programme of projects completed by the end of the current Council leadership term in 2023.

Projects vary in scope and complexity, with some requiring close partnership working with external organisations and changes in policies before their aims can be delivered.

The projects are listed over the next few slides.

Council for the Future

Modernising council services Councillor Steve Tierney

- 1 Over 63,000 answered phone calls to contact centre and 99.5% of customer queries resolved at first point of contact in 2021.
- 2 Our My Fenland team has transformed, bringing together 5 admin services, 29 staff have new roles, including technical officers to answer more detailed queries.
- 3 Our Transformation team have completed 136 process maps, including redesigning 333 processes. These benefit either staff, our customers or both.

Safer homes for tenants Councillor Samantha Hoy

- 1 277 properties where positive action from the team helped resolve issues.
- 2 £122,252 fines given to landlords not complying with housing and safety legislation.
- 3 Proactive support given to tackle Covid regulations in HMO (Houses of Multiple Occupation) accommodation.

CCTV service Councillor Steve Count

- 1 Business continuity maintained 24/7, 365 days a year, for the CCTV service during the pandemic.
- 2 1,233 incidents captured on CCTV to support police outcomes, leading to 105 arrests being made.
- 3 4,633 (13 per day) pro-active camera controls completed, supporting early detection of community issues and crime reduction.

Planning for the future Councillor Dee Laws

- 1 Completion of "call for sites" appraisal to inform consultation on the Local Plan in 2022/23.
- 2 Development of Local Plan Policies to inform Local Plan consultation in 2022/23.
- 3 Development of the evidence base to inform Local Plan consultation in 2022/23.

Council for the Future

Better online services Councillor Steve Tierney

- 1 Launch back-office integrated Missed Bins and Environmental Service requests forms, enabling real-time notifications of issues and reducing processing time.
- 2 New Digital Journeys back office integrated forms launched for 17 licensing processes, enabling residents to apply for certain Taxi and Premises licenses online for the first time.
- 3 1,300 successful Covid business grant applications were made through our online forms resulting in over £7million of payments made to local businesses.

Clamping down on poor parking Councillor Jan French

- 1 Completed on-street site surveys of all existing Traffic Regulation Orders in the district. This will identify works needed surrounding sign and line discrepancies.
- 2 Working with Cambridgeshire County Council, we have prepared a draft application for the Department of Transport for the implementation of Civil Parking Enforcement.
- 3 We wrote to all statutory consultees to find out any comments or objections in relation to the above draft application. Responses will inform the final application.

Competitive trade waste service Councillor Peter Murphy

- 1 Modernisation of the service by introducing the 'Bartec' system to manage invoicing and collection schedules. Ensuring all collections are recorded accurately for invoicing, which is produced automatically via a direct connection with the finance system.
- 2 50 new customers joined our service from other providers.
- 3 Increased income year on year; income in 2021/22 was £369,000 – up 12% from 2019/20.

Bringing empty homes back into use Councillor Samantha Hoy

- 1 Implementation of new empty homes premium suspension scheme to encourage homes back into use. 8 suspensions awarded since September 2021 with 2 renovations completed, bringing properties back into use, and 2 due to complete by the end of May 2022.
- 2 77 homes brought back into use.
- 3 £93,099 benefit from New Homes Bonus.

Council for the Future

Protecting our environment Councillors Peter Murphy and Samantha Hoy

- ① Successfully prosecuted a dark smoke offence and resolved a contaminated land incident caused by a leaking oil tank.
- ② 720 cleansing inspections undertaken to audit the cleanliness of the district.
- ③ Undertook 14 interviews under Caution with individuals who we believe may help us/have been responsible for fly-tipped waste. Issued 12 Fixed Penalty Notices for Fly-tipping or Duty of Care offences (allowing fly-tipping to happen).

Better railways for Fenland Councillor Chris Seaton

- ① The Platform 1 building project at March Station is complete. This has redeveloped the entire station to create an open-plan ticket hall and waiting area, accessible modern toilet facilities and retail outlets.
- ② Significant progress has been made on the construction of a car park for Manea Station.
- ③ The existing car park refurbishment and extension at March Station is complete.

Healthy You Councillors Sam Clark

- ① Re-start, continuation and new launches of Active Fenland sessions post lockdowns and Covid-19 restrictions. Fifteen different programmes in total.
- ② Creation and delivery of two multi-day social media campaigns as a digital offer for health and wellbeing providing key national messages and resources.
- ③ Delivery of healthy eating workshops by Active Fenland across Key Stage 1&2 as part of Health and Wellbeing school days in various Fenland primary schools.

A more commercial outlook Councillors Chris Boden, Ian Benney & Steve Tierney

- ① Received a full year's rent (£230,000) from the Wisbech property investment acquired in March 2021.
- ② Progress being made towards gaining outline planning permission for two Council owned development sites.
- ③ Strategically purchased a property in March to support the Council's commercial investment strategy.

Year to date (2022/23)

Our Communities

Highlights

- We continue to work with local landlords to **improve housing conditions and management standards**. As part of this work, the Council has inspected over 50 properties through the **Homes for Ukraine** scheme as well as investigating over 60 complaints from tenants occupying private rented accommodation. Improvement notices were served where appropriate (3 to date) as well as notices of intent to fine landlords or serve Civil Penalty Notices.
- **Long-term empty homes continue to be brought back into use** to help address the district's housing needs. 21 homes have been brought back into use to the end for July 2022.
- Active Fenland is facilitating **wellbeing walks** in local open spaces with the help of volunteer walk leaders and funding from the Integrated Care Service (ICS).
- Local partners have worked together to create the **Joint Cambridgeshire & Peterborough Overarching Health and Wellbeing Strategy 2022-2030** which will help to inform the ambitions for the local Integrated Care Service (ICS). To find out more about the strategy visit the [Joint Health and Wellbeing Integrated Care Strategy feedback page](#).

Year to date (2022/23)

Our Communities

Performance

Key PIs:

Key PI	Description	Baseline	Target 22/23	Cumulative Performance	Variance (RAG)
CELP1	Total number of private rented homes where positive action has been taken to address safety issues	277	250	111	
CELP2	NEW INDICATOR The proportion (%) of households presenting to the Council as homeless whose housing circumstances were resolved through Housing options work (%)	57%	57%	48%	
CELP3	Number of empty properties brought back into use	77	50	21	
CELP4	Amount of New Homes Bonus achieved as a result of bringing empty homes back into use	£93,099	£45,000	N/A (December 22)	N/A
CELP6	Number of Active Health local sessions per year that improve community health	504	500	90 (May)	
CELP19	Satisfaction with our leisure centres (Net Promoter Score)	85%	85%		
CELP20	Value of Arts Council Grants achieved in Fenland	N/A	£40,000		

Key:	
	Within 5% of target
	5-10% below target
	10% or more below target

Comments:

The proportion of households presenting to the Council as homeless whose housing circumstances were resolved through Housing Options work is currently 48% (up to end of July 2022). (80 preventions divided by 166 prevention and relief duties owed). This KPI is moving in the right direction with a month on month increase since April 2022. We have also successfully recruited a new member to the housing options team which is helping to improve performance.

Year to date (2022/23)

Our Environment

Highlights

- The Council continues to attend to incidents of **fly tipping** in the district, issuing fixed penalty notices where evidence of a potential source can be found. To date, 97% of incidents have been responded to on the same or next day.
- There are now 615 customers using the council's **Trade Waste Service** and the income from this scheme is up by 22% on last year (£270,000 to the end of August 2022).
- The Council continues to take steps to introduce **Civil Parking Enforcement (CPE)** across the district and a number of background surveys have already taken place. A potential shared service agreement with neighbouring authorities will be explored as part of the work. It is expected that the CPE designation order will be brought into effect in early 2024.
- The **CCTV shared service** is maintaining its 100% service function across a 24/7 period. There have been some instances where individual cameras were out of action. In such circumstances every effort was made to re-commission them as soon as possible. Since 1 April 2022, the service has enabled responses to 522 incidents across our 4 market towns, leading to 37 arrests.

Year to date (2022/23)

Our Environment

Performance

Key PIs:

Key PI	Description	Baseline	Target 22/23	Cumulative Performance	Variance (RAG)
CELP8	Rapid or Village Response requests actioned the same or next day	95%	90%	97%	
CELP9	% of inspected streets meeting our cleansing standards (including graffiti and flyposting)	99%	93%	100%	
CELP10	% of household waste recycled through the blue bin service (1 month in arrears)	27.5%	28%	27%	
CELP11	Customer satisfaction with refuse and recycling services	96.3%	90%		
CELP12	Customer satisfaction with our garden waste service	98.75%	85%		
CELP13	Number of Street Pride, Green Dog Walkers, and Friends Of community environmental events supported	191	204	90	
CELP14	% of those asked who are satisfied with events	97%	96%	97.5%	

Key:	
	Within 5% of target
	5-10% below target
	10% or more below target

Comments

Year to date (2022/23)

Our Economy

Highlights

- The Council continues to **review its asset base**, with sites being disposed of, if appropriate, to provide an additional income for the Council.
 - The draft **Local Plan** is currently out for public consultation, which will close on 19 October 2022. A revised plan will be presented to Council in the spring of 2023.
 - Improvements to **March railway station** are now complete with the official opening event taking place in May 2022. **Manea railway station** works are almost complete and the official opening will take place in the autumn. Work is ongoing to explore a way forward for **Whittlesea Railway station**, including producing a second strategic outline business case (SOBC), due for completion in September 2022. Proposals for an OBC stage are being discussed with the CPCA including the potential for funding.
 - The Council continues to **engage with local businesses**, offering advice on upskilling staff, engaging with local and national business programmes and accessing additional funding.
- The Boathouse and South Fens Business Centre** continue to offer office space and conference facilities for local businesses with 95.8% and 71% occupancy respectively.

Year to date (2022/23)

Our Economy

Performance

Key PIs:

Key PI	Description	Baseline	Target 21/22	Cumulative Performance	Variance (RAG)
CELP15	% of major planning applications determined in 13 weeks (or within extension of time)	92%	70%	79%	Green
CELP16	% of minor planning applications determined in 8 weeks (or within extension of time)	72%	70%	58%	Red
CELP17	% of other planning applications determined in 8 weeks (or within extension of time)	84%	80%	81%	Green
EGA1	% occupancy of our business estates	91.2%	92%	94.4%	Green
MS1	% occupancy of Wisbech Yacht Harbour (85 berths)	94%	95%	94%	Green
CELP18	% of businesses who said they were supported and treated fairly	100%	96%	100%	Green

Key:	
Green	Within 5% of target
Yellow	5-10% below target
Red	10% or more below target

+

Comments
<p>The performance in relation to minor applications is of concern having slipped further since the previous month. The service is continuing to be impacted on by recent staff turnover (including agency staff) and the legacy of high caseloads. Recruitment is underway for the vacant posts which included for the new Principal post and the change of a Senior post from part time to full time. In relation to the Government's 24 month 'rolling tracker' of performance we are exceeding the target as we are achieving 90% on Major applications and 83% on Minor applications. The current poor performance on minors will eventually filter through into the 'rolling tracker' statistics and so it is important that performance lifts by the year end.</p>

□

Year to date (2022/23)

Quality Organisation

Highlights

- The **Commercial & Investment Strategy** is operational and has enabled an additional income stream to the Council.
- A new **Corporate Transformation Programme** will focus on modernising the way the Council delivers all aspects of services to its customers. New and improved technology will increase customer choice whilst building resilience, increasing efficiency and driving down costs.

Current projects include:

- **Planning Service** – Process mapping and business process redesign, maximising the use of technology and efficient working practices
- **Cemeteries** – business process mapping/ process redesign, maximising the use of technology, building resilience
- **Markets and Events** – Launching Digital Journey's enabling customers to book and pay for the service via one single electronic process
- **Economic Growth** – Providing support to business at the first point of contact, releasing specialist Officer time to work more proactively with businesses with high growth potential
- **Private Sector Housing** – Business process redesign releasing specialist officer capacity
- **Tree Management Software**
- **Estates Software**
- **Housing Options**

Year to date (2022/23)

Quality Organisation

Performance

Key PIs:

Key PI	Description	Target 21/22	Cumulative Target	Cumulative Performance	Variance (RAG)
PRC1	% of customer queries resolved at first point of contact	Rolling monthly target of 85% per month	85%	98.9%	
PRC2	% of customers satisfied with our service (March 2021)	90%			
PRC3	% of contact centre calls answered within 20 seconds	Rolling monthly target rising to 46.5% by March 2023	25%	50.5%	
PRC4	% of contact centre calls handled	Rolling monthly target rising to 80% by March 2023	52.5%	88.45%	
ARP1	Days taken to process Council Tax Support new claims and changes	7.00 days		6.72 days	
ARP 2	Days taken to process Housing Benefit new claims and changes	8.00 days		7.83 days	
ARP3	In year % of Council Tax collected	95.72%	38.31%	38.85%	
ARP4	Council Tax net collection fund receipts	£64,734,624	£24,820,786	£25,229,767	
ARP5	% of NNDR collected	96.70%	37.13%	36.93%	
ARP6	NNDR net collection fund receipts	£24,017,406	£9,187,237	£9,160,017	
PRC5	Number of online forms submitted via FDC website	22,000		8,319	

Key:	
	Within 5% of target
	5-10% below target
	10% or more below target

Comments

Year to date (2022/23)

Live Grant Funded Projects

PROJECT	STATUS OF THE PROJECT	GRANT FUNDING RECEIVED	PROVIDER OF GRANT FUNDING	MATCH FUNDING	PROVIDER OF MATCH FUNDING
Creativity and Cultural Strategy	Creativity and Culture Strategy developed. Appointment of joint funded Creativity and Culture officer role completed	£15,000 £35,000	Arts Council, England	£20,000	FDC
Fenland Cycling, Walking & Mobility Improvement Strategy	Strategy development stage to include schemes to be delivered. The strategy is to be used to bid for funds for scheme delivery. At present this is mostly FDC funded - £21,335	£7,500	Hereward Community Rail Partnership		
Fenland Rail Development Strategy	Strategy approved by FDC Cabinet April 2012. The Strategy runs 2011 – 2031 in line with the existing Local Plan. There are a number of components to this strategy. See below for funded capital projects.	The Hereward Community Rail Partnership receives approx. £50,000 per annum core funding. There are also opportunities to bid for project funding. This is expected to be ongoing.	CrossCountry, East Midlands Railway, Greater Anglia, LNER.	FDC provide in-kind support with some staff time.	
Fenland Station Regeneration (March, Manea, Whittlesea)	Various projects for each station. March scheme – complete Manea scheme – almost complete Whittlesea scheme – work continues for find a way forward. Overall expected full cost approx. £20million	Up to £9.5 million originally approved. Approx 3.5million drawn down and currently in progress.	CPCA	Approx to date £250,000	S106 funding. Various applications for <u>Manea</u> , <u>March</u> and Whittlesea.

Year to date (2022/23)

Live Grant Funded Projects

PROJECT	STATUS OF THE PROJECT	GRANT FUNDING RECEIVED	PROVIDER OF GRANT FUNDING	MATCH FUNDING	PROVIDER OF MATCH FUNDING
March Area Transport Study (MATS)	<p>This is a CPCA funded project being delivered by CCC.</p> <p>Total funding allocated £6.4million.</p> <p>£2.6million spend was to complete feasibility and preliminary design on all schemes and to complete the Outline Business Case work. It also included delivery of a quick win schemes programme and work to develop some walking and cycling schemes.</p> <p>In late 2021, £1.5million was approved for the detailed design stage and full business case (FBC) for all schemes. This phase is expected to complete by the end of 2022.</p>	£4.1million	CPCA		
March Future High Street Fund	<p>Member Steering Group established and helping to deliver the project along with FDC officers.</p> <p>Scheme continues to evolve, with confidential reports being discussed at Cabinet on 05.09.22.</p> <p>Vacant units scheme now live.</p>	£6.447m	MHCLG (Future High Streets Fund)	<p>£900,000 Growing Fenland March</p> <p>£1,100,000 from the CPCA</p> <p>= £2m total</p>	CPCA

Year to date (2022/23)

Live Grant Funded Projects

PROJECT	STATUS OF THE PROJECT	GRANT FUNDING RECEIVED	PROVIDER OF GRANT FUNDING	MATCH FUNDING	PROVIDER OF MATCH FUNDING
South Fens Enterprise Park, Chatteris	Pick Everard project managing. Report due to be presented to FDC Cabinet on 24.10.22	£2m	CPCA		
Wisbech Access Strategy (WAS)	<p>This is a CPCA funded project being delivered by CCC.</p> <p>Original Local Growth Fund (LGF) Bid allocated £10.5million in 2018 for 5 schemes. In July 2020 the 5 schemes were reduced to 3 and the funding allocation from LGF reduced to £6Million. CPCA approved the £4.5million gap.</p> <p>In July 2021 CPCA Board approved a reduced scope of the scheme to complete the 3 projects to detailed design and procure all land needed. It is now expected that alternative funding will be sourced for scheme delivery.</p> <p>It is expected that approximately £9.5million will be needed to complete the 3 schemes</p>	<p>£3.97million See status column comments</p> <p>£2.09million spend to date leaving £1.88 million approved. The 1.88million element of the programme is nearing completion in September 2022.</p>	LGF		

Year to date (2022/23)

Live Grant Funded Projects

PROJECT	STATUS OF THE PROJECT	GRANT FUNDING RECEIVED	PROVIDER OF GRANT FUNDING	MATCH FUNDING	PROVIDER OF MATCH FUNDING
Wisbech High Street Project	<p>This is a National Lottery Heritage Funded (NHLF) project, funded from their Townscape Heritage programme with additional partner funding from CCC, FDC, Wisbech Town Council and Wisbech Society.</p> <p>The project continues to address the three high priority sites, including two derelict sites currently under the ownership of FDC.</p> <p>The project continues to work with other private owners who have schemes agreed or who still wish to apply for funding.</p>	£1.9million including partnership contributions. Overall project value greater with property owner contributions	NLHF	n/a Property owner contributions increase project value	Private investment
Wisbech Masterplan and Levelling Up Fund bid	<p>A masterplan has been produced for Wisbech town centre which sets out <u>a number of aspirational regeneration projects</u> for future consideration when funding becomes available.</p> <p>A Levelling Up Fund bid has been submitted to Government requesting funding for <u>a number of improvements</u> in Wisbech town centre. Feedback is expected imminently.</p>				



Year to date (2022/23)

Other Corporate/District Wide Projects

- Members received briefings on the **Fenland Place Shaping** work carried out by thinkingplace during 2021. This has now evolved into the North Cambridgeshire Place Development Board which will be launched towards the end of 2022. Funding for the place shaping work was received from Steve Barclay MP (stage 1) and Anglian Water (stage 2).
- Bids have been submitted to the CPCA for **Shared Prosperity Funding** which could see circa £1.3m underpinning the delivery of a range of projects in Fenland including:
 - Amplifying the Community Arts & Culture Offer
 - Addressing ASB and crime perception in Wisbech
 - Investment in local businesses, including support for the North Cambridgeshire Place Development Board
- The **Accommodation Review** has moved on to stage 2 when 2 x Strategic Outline Business Cases will be developed to assess office accommodation options going forward. This will also link to the next stage of the Transformation work (T2) which aims to increase customer choice whilst building resilience, increasing efficiency and driving down costs.

Overview and Scrutiny – Draft Work Programme 2022-2023

All Informal pre-meetings are held via Zoom until further notice,
but Formal meetings will be held in the Council Chamber at Fenland Hall

Meeting Dates

<u>Agenda Despatch Due Date</u>	<u>Informal pre-meeting</u>			<u>Formal Overview & Scrutiny Meeting</u>		
	<u>Date</u>	<u>Time</u>	<u>Location</u>	<u>Date</u>	<u>Pre-Brief</u>	<u>Meeting</u>
25 November 2022	28 November 2022	2.00pm	Via Zoom	5 December 2022	1.00pm	1.30pm
6 January 2023	9 January 2023	2.00pm	Via Zoom	16 January 2023	1.00pm	1.30pm
17 February 2023	20 February 2023	2.00pm	Via Zoom	27 February 2023	1.00pm	1.30pm
TBC May 2023	TBC May 2023	2.00pm	Via Zoom	TBC May 2023	1.00pm	1.30pm
TBC July 2023	TBC July 2023	2.00pm	Via Zoom	TBC July 2023	1.00pm	1.30pm

5 December 2022

Time	Agenda Item	Fenland Corporate Priority	Portfolio Holder/ CMT/ Officer/ Guest
13.00 to 13.30 Pre Briefing			
13.30 to 15.30 Meeting	Levelling Up Agenda	Economy	Dr Nik Johnson
	Wisbech Rail Update	All	Cllr Seaton Wendy Otter Rowland Potter CPCA
	Update on CPCA Growth Service and impact on Economic Development in Fenland	Economy	Cllr Benney Peter Catchpole Simon Machen Mark Greenwood Anna Goodall
	Matters arising – Update on previous actions	All	Amy Brown
	Future Work Programme 2022/23	All	Chairman Amy Brown

16 January 2023

Time	Agenda Item	Fenland Corporate Priority	Portfolio Holder/ CMT/ Officer/ Guest
13.00 to 13.30 Pre Briefing			
13.30 to 15.30 Meeting	Draft Budget	All	Cllr Boden Paul Medd Peter Catchpole Mark Saunders
	Draft Business Plan	All	Cllr Boden Paul Medd Peter Catchpole David Wright
	Fees and Charges	All	Cllr Boden Peter Catchpole

			Mark Saunders All Cabinet (TBC) All CMT members (TBC)
	Annual Review of Anglia Revenues Partnership	All	Cllr French Peter Catchpole Sam Anthony
	Commercial Investment Strategy and Investment Board Update	Economy	Cllr Boden Paul Medd Peter Catchpole Dan Horn Anna Goodall Mark Saunders Adam Broadway Simon Machen
	Matters arising – Update on previous actions	All	Amy Brown
	Future Work Programme 2022/23	All	Chairman Amy Brown

27 February 2023

Time	Agenda Item	Fenland Corporate Priority	Portfolio Holder/ CMT/ Officer/ Guest
13.00 to 13.30 Pre Briefing			
13.30 to 15.30 Meeting	Review of Clarion	Environment	Cllr Hoy Dan Horn Clarion reps: Sally Greetham, Daniel Read, Yvonne Ogden
	FDC Enforcement Review	Environment	Cllr Mrs Laws (Planning Enforcement) Cllr Murphy (Environmental Enforcement) Cllr Mrs French (ARP) Cllr Count (Licensing Enforcement) Annabel Tighe Dan Horn Sam Anthony Nick Harding

	Progress of Corporate Priority – Environment	Communities and Environment	Cllr Mrs French Cllr Count Cllr Murphy Cllr Tierney Mark Mathews Annabel Tighe Garry Edwards Phil Hughes Dan Horn
	Transformation & Communications Portfolio Holder update	All	Councillor Tierney Peter Catchpole David Wright
	Matters arising – Update on previous actions	All	Amy Brown
	Future Work Programme 2022/23	All	Chairman Amy Brown

TBC May 2023

Time	Agenda Item	Fenland Corporate Priority	Portfolio Holder/ CMT/Officer/Guest
13.00 to 13.30 Pre Briefing			
13.30 to 15.30 Meeting	Appointment of the Chairman and Vice-Chairman for the Municipal Year		
	Road Safety Partnership	Environment	Cllr Count Dan Horn Rep from Road Safety Partnership -TBC
	Community Safety Partnership	Environment	Cllr Count Dan Horn Police (TBC)
	Freedom Leisure Review	Communities	Cllr Sam Clark Phil Hughes

	Matters arising – Update on previous actions	All	Amy Brown
	Future Work Programme 2022/23	All	Chairman Amy Brown

TBC JULY 2023

Time	Agenda Item	Fenland Corporate Priority	Portfolio Holder/ CMT/Officer/Guest
13.00 to 13.30 Pre Briefing			
13.30 to 15.30 Meeting	Anglian Water	Environment	Cllr Murphy Anglian Water Contact: Rose Shisler (AW reps tbc)
	Commercial Investment Strategy and Investment Board Update	Economy	Cllr Boden Paul Medd Peter Catchpole Dan Horn Anna Goodall Mark Saunders Adam Broadway Simon Machen
	O&S Annual Report	All	Chairman Amy Brown
	Matters arising – Update on previous actions	All	Amy Brown
	Future Work Programme 2022/23	All	Chairman Amy Brown

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