

Peterborough City Council: local authority assessment

[How we assess local authorities](#)

Assessment published: 9 January 2026

About Peterborough City Council

Demographics

Peterborough is a city but also has rural communities, including boundary urban/rural areas. Peterborough is made up of 22 wards and combines both urban and rural areas and has a population of 215,700.

Peterborough is one of the fastest growing cities in the UK and has a diverse economy including business sectors such as advanced engineering and manufacturing, agricultural technology, food and drink, digital and creative, energy, environment and financial services.

The council footprint has an index of multiple deprivation score of 8, meaning it was slightly more than midway between the most and least deprived. This overall score consists of some high-income and some high-deprivation areas. In 2019, 15.6% of the population of Peterborough were income deprived

The population is made up of 50.6% women, and 49.4% men. It has a greater proportion of children and young people at 25.49% (55,957) and people of working age 60.07% (131,849) as compared to the England averages of 20.8% and 60.517% respectively. Unusually, Peterborough has seen big growth in both its older and younger populations: there has been a 24% increase in children aged under 15, a 14% increase in adults aged 15-64 years and a 23% increase in adults aged 65 and over. It is anticipated that there will continue to be population growth over the next decade, with an increase of 9% forecast.

Peterborough is ethnically diverse with, 75.38% White, 14.28% Asian, 4.1% Black, 3.5% Mixed and 2.7% identifying as other.

Peterborough is in the Cambridgeshire and Peterborough Integrated Care System (ICS). The local authority collaborates with healthcare providers, including North West Anglia Foundation Trust and Cambridgeshire and Peterborough NHS Foundation Trust to address the healthcare needs of its population.

Cambridgeshire separated from Peterborough in 2023, and two new local authorities were formed.

The Council comprises 60 councillors, with no overall majority, and is made up of 16 Labour and Co-operative councillors, 11 Conservatives, 11 Peterborough First, 8 Liberal Democrat, 5 Green, 1 Labour and 8 Independent councillors. There is a Leader and Cabinet model of decision-making in place, similar to the national government.

Financial facts

- The local authority estimated that in 2023/24, its total budget would be **£315,745,000.00**. Its actual spend for that year was **£349,588,000.00**, which was **£33,843,000.00** more than estimated.
- The local authority estimated that it would spend **£76,323,000.00** of its total budget on adult social care in 2023/24. Its actual spend for that year was **£74,764,000.00**, which was **£1,559,000.00** less than estimated.
- In 2023/2024, **21.39%** of the budget was spent on adult social care.

- The local authority has raised the full adult social care precept for 2023/24, with a value of **2%**. Please note that the amount raised through adult social care precept varies from local authority to local authority.
- Approximately **2780** people were accessing long-term ASC support, and approximately **645** people were accessing short-term adult social care support in 2023/24. Local Authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

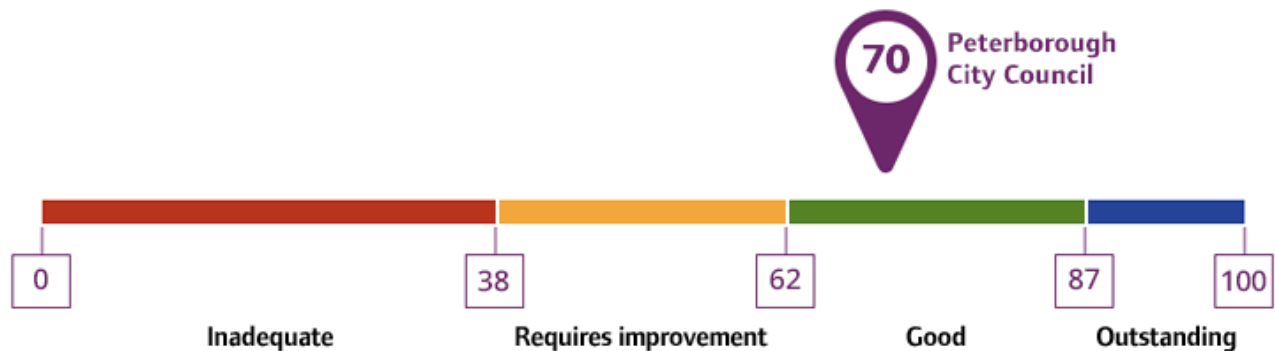
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

Peterborough City Council

Good



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 3

Equity in experience and outcomes

Score: 2

Care provision, integration and continuity

Score: 3

Partnerships and communities

Score: 3

Safe pathways, systems and transitions

Score: 3

Safeguarding

Score: 3

Governance, management and sustainability

Score: 3

Learning, improvement and innovation

Score: 3

Summary of people's experiences

People told us that information was accessible, and staff from the local authority communicated effectively using a variety of formats and support tools. However, some partners told us people and unpaid carers who were digitally excluded had difficulty accessing essential information.

We heard people from seldom heard groups, such as refugees and asylum seekers, do not always engage with the local authority due to a range of reasons including difficulty with the process and receiving the correct information. Some partners told us the local authority needed to strengthen their connections with local communities.

There were good levels of satisfaction from people and unpaid carers who told us they had a positive experience with the local authority; they felt they were listened to and received a timely response to requests for support. However, some people with sensory impairments reported having limited access to appropriate support and services, and some found it difficult to contact the local authority by telephone.

People told us they received timely assessments which were strength-based and person-centred and respected people, and their families' wishes and experienced timely support when their needs changed, receiving unplanned reviews and changes to care provision.

However, some unpaid carers reported having limited choice and flexibility, with some unpaid carers feeling they only received meaningful support when in crisis. Some unpaid carers were unaware of direct payments and had not been offered this option during the support planning process. Additionally, some unpaid carers reported feeling uncertain about who to contact or what to do if their situation changed, and there was limited contingency planning.

People told us they had been able to access reablement services on more than one occasion, which had positively impacted their ability to remain independent. People told us technology enabled care options were discussed with them during the care and support planning process to enable them to maintain high levels of independence.

Summary of strengths, areas for development and next steps

The local authority de-coupled from Cambridgeshire County Council in August 2023, and this resulted in Peterborough developing new teams and the recruiting to posts formerly held by Cambridgeshire County Council staff. The local authority also reviewed pathways and processes across the customer journey including safeguarding, commissioning, and contracting.

Over the past 18 months Peterborough has made considerable progress in better understanding the needs of people in Peterborough and working with partners and the voluntary sector to gather information in relation to population demographics and the needs of the community. The local authority recognised they still have work to do but are embedding new ways of working that will have a positive impact on the people of Peterborough.

The local authority has also placed emphasis on co-production, with five partnership boards in operation and working with their internal Communities Team to engage with seldom heard groups.

Efforts to improve waiting lists had seen positive results with reduced wait times and no one waiting over the local authorities target of 2 months for their referral to be allocated. Completion of planned reviews in a timely manner remained a challenge and at the time of our assessment there were 363 people waiting longer than the target completion timescale of six months. The local authority told us they had completed a review of their processes and the remit of the Review Team and implemented changes accordingly.

The adoption of a conversation-based assessment model had increased engagement with unpaid carers but had led to some confusion with unpaid carers left wondering if they had received a carer's assessment. There was mixed feedback from unpaid carers, with some explaining that they did not always feel like they were given choices or had to reach breaking point before receiving the support they had requested.

The local authority had set a generic rate for direct payments, which is aligned to a real living wage, for people who have self-employed Personal Assistants. Although some partners were unsure of the council's understanding of different communities, we found evidence of well-developed partnerships with a wide range of communities and VCSE groups and well embedded good practice with staff in relation to supporting, protecting and respecting protected characteristics. The local authority recognised that their data around protected characteristics was not comprehensive and required more focus, and work was in progress to address this. However, the local authority had made efforts to ensure equality, diversity, and inclusion were fully embedded within services and provisions. For example, staff gave examples of sensitive consideration of gender identity which we saw evidence of within our assessment. Staff told us that they had received training and considered the protected characteristics people had when supporting them.

The local authority has enhanced their Early Help offer with a multitude of services and has a clear strategic focus on prevention. The local authority has embraced digital transformation, with the introduction of Artificial Intelligence tools to support people and staff, along with a comprehensive technology enabled care offer.

Strengths-based, person-centred approaches were embedded in assessment practice, and there was a notable focus on human rights and equality and inclusivity with a range of additional support options available to people including translation and advocacy services and information available in formats such as Braille, large print and as Easy Read guides.

There was co-ordination across services and agencies to improve continuity and efficiency of care. For example, local authority staff had developed good working relationships with health colleagues in primary health services.

Theme 1: How Peterborough City Council works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

People could easily access the local authority's care and support services through multiple channels, including online and self-assessment options. The approach to assessment and care planning was person-centred and strength based. The approach reflected people's right to choice, built on their strengths and assets and reflected what they want to achieve and how they wish to live their lives. We heard people had experienced a comprehensive approach to assessment, with care and support options explored including the use of assistive technologies.

People's experiences of care and support ensured their human rights were respected and protected, that they were involved throughout in decisions and their protected characteristics under the Equality Act 2010 were understood and incorporated into care planning.

Pathways and processes ensured that people's support was planned and co-ordinated across different agencies and services. The local authority had assessment teams who were competent to carry out assessments, including specialist assessments.

The local authority explained that the 'Adult Early Help' was the front door to Adult Social Care where the local authority aimed to have strength-based conversations to enable people to help themselves, remain living independently, safely and warmly in their own home, wherever possible without care. 'Adult Early Help' linked people to the local offers and support in their community such as lunch clubs, befriending, exercise classes and falls prevention support. 'Adult Early Help' staff liaised with other professionals to ensure wrap around services where needed and supported unpaid carers to ensure their needs were met. 'Adult Early Help' made direct referrals to all the services.

The local authority had developed guidance in relation to their assessment process which included using strengths-based practice, considering people's spiritual and cultural needs, and identifying networks to support people's needs. Guidance also prompted staff to consider people's needs during the assessment and review process, including the use of advocacy, translation, and cultural needs. Staff told us that information was accessible to people, and leaflets and other documentation were available in different languages. Staff could also access a translation line for telephone or video calls or arrange face-to-face visits where appropriate. Staff told us they could also access BSL interpreters if required and community resources.

Staff told us about the various referral routes for their services, such as self-referral or referrals by health professionals, and explained that all referrals were triaged by phone before being directed to appropriate teams. Staff emphasised person-centred support, tailoring care to people's strengths, preferences, and cultural or religious needs. Staff told us that the strengths-based approach was embedded in practice, along with gaining people's voice and agreeing outcomes.

Data from the Adult Social Care Survey (ASCS) showed that 77.22% of people in Peterborough feel that they have control over their daily life, similar to the England average 77.62%. However, 58.27% of people were satisfied with their care and support, similar to the England average of 62.72%. 41.11% of people who reported that they had as much social contact as they wanted with people they like, similar to the England average of 45.56% suggesting there was opportunity for further growth in this area.

We found assessments included people's wishes and feelings and the identification of risk. A strength-based approach was evident and included identifying people's capabilities, social networks, and opportunities to maintain relationships. Support and actions to mitigate these risks enabled people to maintain independence safely at home where agreed with people. There was evidence that people with communication needs and cognitive impairments were supported to engage throughout the assessment process, and their voice was heard, including the use of communication tools such as iPads. Unpaid carers told us people were given options in relation to their care and support, and unpaid carers were included in best interest decision making forums.

We found assessments contained sensitive consideration of gender identity, for example a sensitive discussion with one person who was in the process of changing their gender, involved a discussion regarding their preferred use of name and pronouns.

The local authority had developed guidance which informed staff that not all reviews needed to be face to face, and that a discussion with people should be held exploring whether a telephone or virtual method could be used, with a triage guide for staff in place to support a reduction in delayed reviews whilst enabling reviews to take place in the most appropriate way. The guidance also stated that people's initial review of support should take place within 6 to 12 weeks of a new assessment and care plan. Staff told us reviews were allocated based on complexity and conducted by different teams including Reablement, Transfer of Care, and Reviews Teams. These covered a range of individuals, including people with mental health issues, learning disabilities, autism, and sensory impairments. Staff told us recent changes to review allocation had improved workload management. Staff told us reviews were held face to face or via telephone depending on people's situation.

Staff told us proposed placements go through a panel process focused on quality assurance, with staff feeling this was a positive experience and they were supported to advocate for their proposals.

The local authority had developed a process for staff in relation to the NHS Continuing Health Care (CHC) framework which included the process for Decision Support Tool disputes and reviews. Staff told us they had a good understanding of the CHC framework and worked with health professionals often discussing complex health issues as they arose. We saw evidence of staff considering people's eligibility for NHS Continuing Health Care during the assessment process demonstrating the local authority's commitment to ensuring there was a consistent approach to identifying people who may be eligible for health funding.

The local authority had developed guidance which informed staff when working with prisoners and provided clarity in relation to their statutory duties for prisoners. Staff told us they worked with prison staff and supported them with information and advice on how to identify someone with care needs, and assessments were completed for people in prison and people awaiting release who were returning to Peterborough.

Some partners told us that care plans and the timing of care calls did not always reflect people's needs. For example, people with a hearing impairment required more time to communicate with domiciliary care staff during their visits. This led to additional contact with the local authority to review the care plan.

The local authority had commissioned an out of hours service from Cambridgeshire County Council for several years via their Emergency Duty Service. The local authority told us there is effective communication and collaboration with Cambridgeshire County Council who use the same electronic case management system and procedures in place to enable the local authorities to be made aware of situations that require out-of-hours intervention. The local authority provided an example of issues that had been resolved between the local authorities in relation to Peterborough Approved Mental Health Professionals (AMHPs) providing cover to the Emergency Duty Team rota. At the time of the assessment visit Cambridgeshire County Council were completing a review to bring improvements to the service to meet demand.

Timeliness of assessments, care planning and reviews

The local authority assessment and care planning arrangements were generally timely and up to date. The local authority was acting to manage and reduce waiting times for assessment, care planning and reviews. This included actions to reduce any risks to people's wellbeing, while they were waiting for an assessment. Staff told us people were advised to contact the local authority if their situation changed, and there were processes in place to monitor waiting lists which were monitored weekly enabling teams to have good oversight of people and track their status.

People told us assessments and unplanned reviews were completed in a timely manner and supported processes relating to reablement, hospital discharge and when there were changes to people's circumstances in the community. People and unpaid carers told us they were fully involved in the assessment process and felt people's views; preferences and their current and future wishes were considered.

We saw evidence that showed that all health concerns were considered by staff including cognitive impairment, and people were supported to understand and engage in the assessment process. Documentation highlighted the reason the assessment or review was carried out and why the care package needed to change.

Data provided by the local authority in March 2025 showed that 65 people were on the waiting list for a Care Act assessment, with a median wait time of 13 days. The local authority had a target completion timescale of one month, and there were currently 12 people waiting longer than the target timeframe. Reasons for these longer wait times included self-funders reaching threshold limits, and young people on the transition pathway whose needs were currently being met through education provisions. The local authority confirmed all referrals were triaged and risk managed prior to being added to the Access Team waiting list. The local authority told us waiting well processes were in place, which included ensuring people waiting had a clear point of contact, and there were weekly waiting list reviews by managers which involved monitoring risk and any changes in circumstance.

Staff told us people were referred to long-term teams and the teams prioritised and risk rated all new referrals before adding them to the team's allocations lists. Staff told us where necessary people could be visited on the same day depending on the situation. Waiting lists were reviewed weekly, and duty social workers reviewed the applied ratings as part of their work by contacting people or their families to check whether there had been any changes in their situation since their initial referral. We heard how urgent cases were prioritised, and all safeguarding work was allocated within a week.

Some staff told us they felt team managers worked hard to shield the team from any stress regarding workloads. Staff said they typically held fewer cases than they had done in previous years, but that the cases tended to be more complex and needed more time to work through. Newly qualified staff had protected caseloads, which benefited them as they became established in their roles.

Data from the Adult Social Care Finance Report (ASCFR)/Short and Long-Term Support (SALT) showed that 58.06% of long-term support clients in Peterborough were reviewed (planned or unplanned), this was similar to the England average of 58.77%.

Data provided by the local authority showed that in March 2025 there were 850 people waiting for a planned review, with a median wait time of 140 days. The local authority had a target completion timescale of six months and there were currently 363 people waiting longer than the target timescale. The local authority highlighted their main challenge had been keeping up with demand for statutory reviews. The local authority had improved performance in this area through improved reporting to support allocations to the Review team, ensuring that appropriate reviews were completed by other teams providing support, such as Transfer of Care and Adult Early Help. The statutory review completion percentage was 65%, below the local authority's target of 70% for the year. The local authority had completed a review of their processes and explained that this had led to an increase in reviews completed with further improvement expected.

The local authority had a plan in place to ensure minimal waiting times for individuals and to work through their backlog of individuals awaiting review, including identifying outstanding reviews during any interaction with adult services, for example during a hospital admission and completing a review at the time.

Staff told us there had been an incredible amount of work completed to reduce the number of people awaiting an assessment from the Sensory Team, with the team using a targeted approach to enable most people on the waiting list with low to medium level needs to be prioritised and completed, allowing additional time to focus on the minority of people with more complex needs. Staff told us the waiting list had reduced significantly in the past year, from 180 to 10 people awaiting assessment. Staff told us about their engagement with the voluntary sector and health partners to raise awareness of sight loss and ensure that referrals for people with visual impairments are timely. The staff explained that people who had previously had an assessment for support were contacted every 3 years to see if there were any changes to their sight loss and if further support was required.

Data from the local authority highlighted that Deprivation of Liberty Safeguard applications continued to be managed in a timely manner with high volumes being completed and minimal waiting lists with the median wait in 2024/25 being 21 days. The local authority had measures in place to ensure where there are waiting lists there was a focus on waiting well, with a clear point of contact and regular risk reviews of the waiting list.

Assessment and care planning for unpaid carers, child's carers and child carers

The needs of unpaid carers were recognised as distinct from the person with care needs and assessments, support plans and reviews for unpaid carers were undertaken separately.

The local authority stated that they aimed to continue to focus on a timely personalised response to unpaid carers, avoiding unnecessary lengthy assessments. To increase the number of unpaid carers benefiting from assessments and short breaks, the local authority provided details of an improvement plan to improve the wellbeing of carers in the area.

The local authority had co-produced an All-Age Carers Strategy 2023-26, along with continued engagement with unpaid carers to identify both successes and improvements. The local authority told us that in the past year there had been 1267 carers conversations recorded compared to 724 in the previous year. There had also been a 35% increase in take-up of carers having breaks during the day in the community and a 12% increase in overnight respite breaks.

In addition, training for managers to support their staff in person-centred carers assessments, to improve staff knowledge of support available for carers was implemented and monitoring of the impact of training was provided during the daily Quality Overview Panel.

The local authority planned to re-tender the carers' contract following consultation with carers to understand how the service met their needs and what needed to change. The re-tendering of the contract was also linked to the separation of Peterborough and Cambridgeshire local authorities and previously jointly commissioned all-age carer services.

Data from the local authority showed in March 2025 11 unpaid carers were waiting for an assessment, with a median wait time of 14 days. The local authority had a target completion timescale of one month and there were currently 3 people waiting longer than the target timescale.

The local authority had produced guidance for staff in relation to unpaid carers, including young carers and parents with care and support needs. The local authority had clear guidance for staff to highlight that some unpaid carers may not identify as carers and may be reluctant to ask or accept help and highlighted that staff should ask when completing assessments with people if they had parental responsibility to anyone who may be supporting them. The local authority had implemented a conversation approach to their staff's work with unpaid carers, with workers in their front-line teams completing carers assessments.

The local authority had developed a co-produced all-age carers strategy 2022-26. The local authority offered a carer's conversation with any unpaid carer which could involve signposting to partner agencies. The local authority told us this conversation provided a person-centred approach and sought to understand the impact of caring on the person, make recommendations to support the carer including referrals to carers support services and could lead to a carers assessment where more formal carers support would be beneficial. The local authority explained that the focus on carers conversations had more recently led to a marked increase in carers assessments. The local authority explained that a carer's assessment could be completed if the carer wished to have formal support.

During initial contact the local authority's Early Help team supported unpaid carers to look at their own support needs by completing carer needs assessments. The local authority carried out all statutory carers assessments and reviews and a self-assessment option was also available.

The local authority had monitored self-assessments from unpaid carers and found that some were delayed or not returned at all. The local authority advised staff to discuss the self-assessment with an unpaid carer and offer support with its completion which had resulted in increased carers assessments being completed.

Data from the Survey of Adult Carers in England (SACE) 40.30% of carers were satisfied with social services, this was similar to the England average of 36.83% and 67.80% of carers that feel involved or consulted as much as they wanted to be in discussions, this was similar to the England average of 66.56%. Data from the Survey of Adult Carers in England (SACE) also highlighted that 90.91% of carers had enough time to care for other people they are responsible for, which is similar to the England average of 87.23%.

Partners told us there were gaps in services for unpaid carers in Peterborough such as respite, the sitting service and counselling support. We received mixed feedback from unpaid carers. All carers knew about the carers centre and some had used the centre to access support. Others did not always feel they were given choice or had to reach breaking point before receiving the support they had requested. Some unpaid carers reported feeling uncertain about who to contact or what to do if their situation changed, and there was limited contingency planning. The local authority told us they had responded to the needs of carers by establishing a carer's sitting service and commissioned a service to provide emotional support and counselling to carers.

The data from the Survey of Adult Carers in England (SACE) showed 22.97% of carers who feel that they have control of their daily life, was similar to the England average of 21.53%. The local authority had commissioned a provider to provide support and services to unpaid carers to prevent them from going into crisis. Services include information, advice and support, outreach service, supporting people to access statutory carer assessments and carer's allowance and facilitating community hubs where unpaid carers can access groups and training. 2.74% of carers accessing training for carers, this was similar to the England average of 4.30% and 20.83% of carers accessing support group or someone to talk to in confidence, this was worse than the England average of 32.98%. In addition, 32.43% of carers reported that they had as much social contact as desired. Similar to the England average of 30.02%.

The local authority had changed their approach in identifying unpaid carers and the assessments last year and moved to a more conversational model. Staff told us they carried out carers conversations with people where they identified them as providing a caring role. Staff told us the conversation model had a positive impact on their ability to engage with carers as it avoided formalising the process which some families found off-putting. This had created a 200% increase in carer conversations being held, and staff told us by having organic conversations they were building valuable information and great relationships with carers. Although unpaid carers were not always clear on the difference between a carer's conversation and a carer's assessment they did tell us that they received support from the commissioned carers support service.

The local authority told us about their Carer's Survey 2023/24 analysis, which had taken place in 2024, and explained that following the co-production of their all-age carers strategy there has been a real focus on supporting carers and listening to their needs and wishes.

Although early in the delivery of the recommendations the survey provided evidence of positive impact, for example an increase in the percentage of carers stating they had encouragement and support in their role as carer from 28.34% to 35.6%. The report highlighted that 76.7% of carers reported that they had not had an assessment or review within the last year, this was due to the move away from formal assessment processes in favour of more person-centred approach. This was apparent by the feedback we received from some unpaid carers who told us that they had support without having had a carer's assessment. Data from the Survey of Adult Carers in England (SACE) showed 35.14% of carers who feel they have encouragement and support; this was better than the England average of 32.44%.

Staff told there was a current waiting list of around 10 to 14 days, and the Review Team carried out any carers assessment reviews whilst reviewing people's needs. Staff understood the waiting list data relating to carers and were able to share it with us. At the time of the site visit there were 11 carers waiting for an assessment, the median wait was 14 days and only 3 had been waiting over the target of 1 month. The local authority had identified that longer waits were often due to carers electing for a self-assessment and forms not being returned. In response the local authority encouraged workers to support with completion or to undertake the assessment with the unpaid carer wherever possible as they fully recognised the importance of timely support to unpaid carers.

Help for people to meet their non-eligible care and support needs

People were given help, advice and information about how to access services, facilities and other agencies for help with non-eligible care and support needs. The local authority's website provided comprehensive information in relation to accessing local support to maintain independent living. It also included details in respect of arranging a Care Act assessment and care and support planning process an explanation about eligibility. All information was available in different formats including large print, Braille and a series of Easy Read guides.

The local authority had developed clear guidance for staff to ensure that following the assessment of people who did not have eligible care needs under the Care Act, this was clearly recorded, and confirmation provided to people along with information and advice about relevant community resources. The local authority's public website provided details on how to submit compliments and complaints. The website encouraged people to speak to their care worker or the team manager initially in order to quickly resolve issues, or to make a formal complaint.

Staff told us people were identified during the initial contact process and referred to the financial assessment team to check if there was a possibility of income which included people not accessing services and self-funders. Staff told us people who were self-funders could arrange support via the local authority, but this would incur a £16 per month fee. Staff told us they had useful links with the Department of Work and Pensions (DWP) who shared information about claims and changes to benefit entitlement which enabled them to support people in the community to make appropriate claims which could pay for care costs or other items to support their independence.

Staff told us that technology enabled care equipment was considered not just for people with eligible needs but also for people with non-eligible needs. The local authority had invested in a SMART flat which displayed the different options available through technology enabled care including equipment, devices and 'apps' that promote independence and enable people to live at home for longer. People and professionals were able to arrange an appointment to visit the flat and talk to staff about their specific needs.

Leaders told us the local authority took a comprehensive approach to assessing people's needs and were proactive in identifying any wider housing support where needed. For example, they described how someone may contact the local authority to request support to change a lightbulb through the handyperson service, which could lead to the handyperson identifying wider needs when visiting, such as the person needing insulation, or needing a referral to request support because they were socially isolated.

Staff told us about the variety of support available in the community, for example support was also available from a charity commissioned to provide short term support with shopping, cleaning, help people go to the bank and medication collection whilst people recover following a hospital admission. Staff told us that if a person was not able to manage these activities following this short-term support, the provider refers them back to local authority for support.

To promote early intervention and independence, the local authority was invested in community engagement initiatives, staff also provided an example of charities who supported with bespoke equipment and aids, for example a local group of retired engineers who could make bespoke equipment and adaptations for people and the bobby scheme formed of retired police staff who could fit security devices and advise on security issues.

Staff told us that there was also support for people with mental ill-health who did not have eligible needs, which included support from the mental health reablement team, to support and advise with low-level person-centred interventions such as basic life skills, money management and using transport. For older people with mental ill-health a support worker could assist them to identify what support they might need and to find resources in the community to meet people's needs including voluntary sector services.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was clear, transparent, and consistently applied. Eligibility was determined through flexible assessments using a strength-based approach.

The local authority had policies and processes in place and had produced a fact sheet to explain their responsibilities under the Care Act and the process someone would go through, including first contact, eligibility and care and support planning. The local authority had also developed a guide in relation to people with no recourse to public funds, which explained the process and local authority's legal responsibility for people who are in the community and have social care needs. Leaders told us about the daily quality overview panel, introduced to provide a focus on individual outcomes for people receiving and requesting support, to raise practice standards and ensure that a fair and consistent approach is taken to people's care and support requirements. The panel was chaired by the Executive Director, or a member of the leadership team, together with a senior commissioner and a senior operational manager. The panel had oversight of all completed assessments and re-assessments where there is eligibility for Care Act funded care and support and provides practitioners with the opportunity to display their work.

Staff told us any proposed placements went through a panel process, primarily as a quality assurance measure. Each day, the panel was overseen by a different member of the senior leadership team. Staff spoke positively about the process and their ability to advocate for their proposals meaningfully, rather than the focus being solely on cost.

Staff told us self-funders could request support with commissioned services via the local authority, and there was a monthly administration charge for this service.

Data from the Adult Social Care Survey (ASCS) showed 62.78% of people in Peterborough do not buy any additional care or support privately or pay more to 'top up' their care and support, this was similar to the England average of 64.39% which suggests the local authority's assessments, care and support planning reflected the needs of people.

Data provided by the local authority showed that during 2023/24 there had been forty-nine complaints raised, with two complaints being withdrawn. The largest number of complaints, twenty, related to provider services followed by issues relating to communication, poor planning and hospital discharge. Three complaints related specifically to adult social care assessments, their content and outcomes, all of which resulted in re-assessments being completed.

The Local Government Social Care Ombudsman investigated one complaint, which was upheld and related to not consulting with a person who wished to attend his review. As a result of learning from this complaint the local authority told us they updated practice guidance to ensure all staff were aware of the standard expected when completing reviews and who should be invited to attend with the person's consent. The local authority received seventy compliments from people accessing services during this time period.

Financial assessment and charging policy for care and support

The local authority had frameworks for assessing eligibility for adult social care and for charging adults who receive care and support services which were clear, transparent, and consistently applied. Timely decisions and outcomes were transparent, and people were provided with information and support to appeal against a decision.

The local authority provided a guide for staff explaining the financial assessment process and guidelines for contributions from people, and considerations such as 12-week disregards, third party top ups and arrangements for supporting people who can no longer fund their own care and become eligible for local authority funding. The local authority had clear guidelines relating to the capacity and power of attorney for staff to follow for financial assessments.

Leaders told us that their policies highlighted that people could not be charged for services until a financial assessment had been completed. Staff told us there were processes in place to ensure that any new packages of care were checked to ensure a financial assessment had been completed by the finance team, which ensured timely assessment and charging of costs. Staff told us the average wait times for financial assessment completion were 1 to 4 weeks, depending on the situation. This meant people were not accruing debt whilst awaiting the outcome of financial assessment.

The local authority had set a target timescale for financial assessments to be completed within 28 days. During the past twelve months 80% of assessments had been completed within this timescale. Data provided by the local authority showed that in November 2024 there were 28 people waiting for a financial assessment, with a median wait time of 2 days and a maximum waiting time of 4 days.

People told us they were supported with financial assessment information, and the types of support that could be offered. There was transparency in the information provided regarding paying for services and a full breakdown of costs. However, some people felt they were given tight deadlines to complete financial assessment forms, for example, within one week of receipt, which could be challenging for some people. The local authority explained that their financial assessment is completed over a period of 6 weeks, with at least 3 requests for information. The local authority confirmed that the only time a 7-day letter is sent is when there has been no response to previous correspondence.

Staff told us discussions with people who decided not to have commissioned services following their financial assessment, based on cost, were held to determine if anything had been missed during the financial assessment.

Staff told us about their close working relationship with teams involved in financial assessments and explained that joint visits with the finance team were completed where people may have accrued a debt, to ensure a manageable repayment plan was agreed.

Staff also told us the finance teams support the spouse or partner of people who move into residential care, to ensure they were informed and supported with financial arrangements including making a claim for benefits in their own right and ensuring they received a council tax rebate etc.

The Council had a proactive Client Income Team which offered a service to support people who had no one to act on their behalf and ensure financial decisions were made that enabled them to continue to meet the costs of their care and maintain independent lives. Staff told us the local authority had an ethos of supporting people to be informed and have choice and control in relation to finances and measures were in place to support more challenging situations where people have complex needs.

Provision of independent advocacy

People could access timely independent advocacy support in the local area, which helped them to fully participate in care assessments and care planning.

The local authority commissioned an advocacy service to provide services who offered a wide range of services, including mental health advocacy, Care Act 2014 advocacy, Mental Capacity Act 2005 advocacy, Deprivation of Liberty Safeguards (DoLs) and complaints advocacy. In addition, community advocacy was also offered, which focused on supporting people with autism and learning disabilities. Also, advocacy services for people experiencing hearing loss were available via another source.

The local authority had produced guidance to inform staff about care act assessments and the use of advocacy and when this may be sought, and what that process would entail. This guidance supported staff to identify at an early-stage people who may require support from an advocate.

Staff told us they were able to identify when people may require advocacy support and made appropriate referrals. Staff told us advocacy support was generally timely.

Partners told us that local authority staff had a good understanding of their advocacy duties under the Care Act. They received referrals promptly, and there were no concerns about the number of referrals received for advocacy. However, they had noted that there were few advocacy referrals for individuals transitioning from children's services to adult services. We noted that people were appropriately supported by family members during the assessment process.

Supporting people to live healthier lives

Score: 3

3 - Evidence shows a good standard

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority worked with people, partners and the local community to make available a range of services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support. Specific consideration was given to unpaid carers and people at greatest risk of a decline in their independence and wellbeing.

In 2024 the local authority developed a prevention, independence and resilience strategy highlighting their vision for early intervention and prevention. The strategy aimed to promote wellbeing for all and prevent or delay the escalation of needs. The strategy aimed for outcomes to be evident in 2026-27. The local authority highlighted its achievements to date including the introduction of Quality Overview Panels to monitor the application of a strengths-based approach and effective use of resources, implementation of digital solutions and the introduction of the Shared Care record with health partners. Leaders told us there was a greater emphasis on prevention and supporting people to live independently, including the transfer of care hub and home first model. The Transfer of Care hub provided co-ordinated care and support for people to prevent admission to hospital or support discharge from hospital and involves multi-agency professionals. The Home First model promoted safe and timely care, services, and support to enable people to return home from hospital safely and to remain at home with a focus on preventing re-admission to hospital.

Staff told us the local authority offered people a range of services focused on early intervention and prevention, including reablement, technology enabled care (TEC), befriending service, sensory support service and practical support services.

The local authority told us they micro commission Voluntary and Community Sector (VCS) led projects aimed at tackling health inequalities, promoting health, wellbeing prevention and resilience, by leveraging external funding streams. Since, 2024, they have secured £819k of external funding over 4 years, with £763k focussed on health inequalities and £56k focused on cohesion and wider prevention, and this had been distributed to over 30 local VCS organisations.

The local authority told us about their lead role in the Peterborough Multi-Agency Falls working group which aims to maximise the impact of falls prevention across the city, join up services and reduce duplication which has led to the development of a Falls strategy and action plan. The Falls strategy created a collaborative, integrated approach between health and social care. The local authority told us about the Enhanced Response Service which was shared with Cambridgeshire Local Authority. This service had responded to over 1500 calls in Peterborough within last 12 months. Through these attendances the service has avoided 665 ambulance call outs, an average of 55 each month. 508 calls were in response to a fall, with assistance to get up from the floor being required in 284 instances. The service also delivered emergency personal care in 184 instances and assistance to mobilise or transfer in 155 instances.

One leader told us that the Joint Strategic Needs Assessment (JSNA) highlighted that physical movement was life enhancing for people with a learning disability. This had now been addressed through an action plan and incorporated into people's care plans and dynamic contracts.

The local authority explained their Prevention and Early Intervention team brought together teams across adult social care and housing to keep people in their homes as independently as possible. The multifaceted Prevention and Early Intervention Team, with the core focus of maximising independence supported people early with targeted information and advice and low-level community support including Adult Early Help, Home Improvements and minor or major adaptations (Handy Person service), support through the Local Energy Advice Partnership (LEAP), Technology Enabled Care (TEC) Reablement, Therapy services and Sensory Rehabilitation Provision. The local authority explained that all staff have been trained to identify potential issues and seek to resolve these in the most effective way in order to avert a crisis situation from developing.

The local authority had policies and processes in place to support the assessment of people under the Care Act. They had also created a checklist for practitioners with a focus on prevent, reduce and delay threaded throughout the approach. Assessment records provided an outline of a typical day for the person which demonstrated the current level of support and the aim of this being to maintain independence and build confidence.

Data from the Adult Social Care Survey (ASCS) 2023/24 showed 93.33% of people in Peterborough who use services feel clean and presentable; this was similar to the England average of 93.28%. 91.11% of people who use services who get adequate food and drink, this was similar to the England average 93.71%. 58.89% of people who say help and support help them think and feel better about themselves, similar to the England average of 62.48%. 95.00% of people who use services describe their home as clean and comfortable; this was similar to the England average of 94.05%. 69.44% of people who reported that they spend their time doing things they value or enjoy, this was similar to the England average of 69.09%. This data shows that whilst the local authority is performing well in many areas, there remains opportunity for growth.

The local authority had policies and processes in place to support the identification and assessment of unpaid carers. The local authority had provided guidance for staff in relation to working with parents with care and support which highlighted the importance of contingency planning with families and highlights that disabled adults should be engaged in the care and support planning as well as parents by adapting communication styles.

Data from the Survey of Adult Carers in England (SACE) showed 18.92% of carers in Peterborough were able to spend time doing things they value or enjoy, somewhat better than the England average 15.97%. Whilst above the national average, the local authority recognised that this was still less than a fifth of carers and they needed to continue their improvement in support to unpaid carers.

The local authority commissioned two organisations to provide information and guidance about the caring role of unpaid carers of all ages. There were also support groups run in the community to support carers of people with dementia. Leaders told us that although the local authority recognised and valued unpaid carers more could be done to improve the current offer. The local authority had also commissioned a provider to provide a Family Carers' Prescription which gave carers of any age access to a specialist worker who helped design a short break that worked for the carer and provided support for this break to happen.

We heard mixed responses from unpaid carers in relation to respite and short breaks with some accessing this service and some not informed about this service or if they could access it. Staff told us they would like more provision for carers breaks, especially long-term breaks, increased peer to peer and activity groups. Staff told us they had recently been involved in co-production work with carers to better understand their preferences and would like to see an improved respite offer for carers as the current offer did not appeal to everyone.

Staff told us there were commissioned services for young carers however, there were not a lot of young carers coming through to the local authority's attention. The local authority had produced guidance for staff in relation to young carers and identifying them through conversations with people with care needs about the unpaid support they received from all their family members including young carers. The local authority shared evidence of commissioned support for young carers whereby 286 young carers had been supported in 2024/25. Staff told us the local authority had a block contract with a provider for five respite beds which would offer support people with a learning disability. Once people had been referred and accepted for the respite service, they were able to book dates for respite themselves using a booking calendar which showed availability. Staff told us this service did not always offer the support people wanted, depending on their level of need, we were also told, there was a need for more local respite options, particularly for people with a learning disability and/or autism. For example, they said the service had not been popular with young people transitioning to adulthood. Commissioners were working with providers to try and widen the local respite offer.

The local authority had developed an all-age carers strategy 2022-26 which highlighted a Caring Together Carers directory was available online to support carers with advice and information and support. Data from the Survey of Adult Carers in England (SACE) 2023/24 showed 90.91% of carers who found information and advice helpful, this was somewhat better than the England average of 85.22% suggesting the advice and information provided to carers was accessible and relevant. The local authority told us about the implementation of Bridgit, an artificial intelligence (AI) enabled self-service carer support app to enable carers to build a personal support plan and be directed to appropriate resources. This was in testing phases in December 2024, and at the time of the visit the local authority shared evidence of Bridgit being visited by 857 carers, who had created 790 self-help plans. The local authority told us that there were ongoing carers' co-production workshops to identify any further action required following publication of the carer's strategy.

The local authority told us it was working with the council's Communities service in relation to supporting Gypsy and Travellers' sites in the area. The local authority conducts a Gypsy and Traveller Needs assessment every five years to assess the numbers of plots required in the area and how sites are supported. This has led to the introduction of Occupational Therapists (OTs) when a need is identified around adaptations and efforts have been made to build relationships between OTs and the Traveller community. The Communities service is introducing a Community Champion who will ensure the voice of this community is heard, the welfare needs of people are understood, and informed policies and processes are adopted.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement services that enabled people to return to their optimal independence.

The local authority had policies and processes in place which included eligibility for the reablement service which provided up to six weeks of support with the aim of reducing future need and maximizing independence. The service worked alongside therapy and equipment services to provide a holistic assessment. The local authority described their reablement service as a person-centred and strengths-based approach with the goal of improving a person's health and wellbeing and supporting people to meet their identified goals. Where a person requires ongoing care and support from adult services following a period of reablement the reablement service would complete a Care Act assessment and an outcome focussed care and support plan. If a person is deemed to be self-funding following a period of reablement they would be provided with advice and information regarding sourcing their own care and support.

Staff told us they took a person-centred approach to their support and were led by people's own goals, aims and needs such as requiring specific time slots for medication purposes. The teams told us they took a comprehensive approach to their assessments including the home environment and could refer to any other colleagues for additional support or equipment. Senior practitioners oversaw the reablement progress and would check on practice to understand how people were improving over the course of their time with the service. Staff told us they could also liaise with other health colleagues such as GP's and district nurses to request any supplementary support or assessments if required, for example, continence assessments or to raise any concerns such as wound infections or management.

The local authority provided data relating to the reablement service, feedback from July to September 2024 which showed of the 52 respondents 96% were satisfied or very satisfied and only 4% dissatisfied. The data from the Adult Social Care Outcomes Framework (ASCOF) – SALT 2023/24 showed that 2.49% of people 65+ who received reablement/ rehabilitation services after discharge from hospital, was similar to the England average of 3%. In addition, national data showed 73.91% of people 65+ were still at home 91 days after discharge from hospital into reablement/rehab, somewhat worse than the England average 83.70%. However, the data on the number of people and 91-day outcomes was impacted by the bed based intermediate care services being provided via the NHS and unable to be reported within the national SALT data. The local authority's own data showed outcomes from reablement were good with 88.7% completing a period of reablement without requiring further long-term care and support in 2024/25 and 84.6% in 2023/24 which was somewhat better than the national average (79.4%).

Staff told us the current reablement offer was for up to 6 weeks, then a Care Act assessment would be completed for long-term support which would be presented to a panel and reviewed after 6 weeks. People in Peterborough could access reablement more than once. Data from the Adult Social Care Outcomes Framework 2023/24 showed 84.63% of people who had received short term support no longer required support, better than the England average of 79.39%.

Staff told us they considered positive risk taking in some circumstances, for example, if people wished to use their stairs rather than moving their bed downstairs. Staff told us they received training in Mental Capacity Act assessments and would use this to support risk management.

Peterborough had an Intermediate Care Unit which was a 34-bed inpatient ward at the City Care Centre in Peterborough, providing rehabilitation to enable patients to return to their own homes which is operated by Health. Staff told us that the intermediate care service was supported by two social workers, employed by the local authority, who would assess and support co-ordination of pathways to home or bed-based care.

Staff told us the Intermediate Care Service worked in collaboration with the reablement, hospital discharge team and community-based therapy services to ensure people's assessed needs were met.

We heard from one person about the positive experience they had when they had accessed reablement services on several occasions following hospital admissions which had supported them to remain at home. The person also told us that when long-term support was eventually required a Care Act assessment was completed and a package of care initiated, along with a financial assessment that resulted in an award of Attendance Allowance that supported the cost of their care.

Occupational Therapists (OTs) from the local authority supported the intermediate care service and assessed people's needs. Staff told us OTs timely assessments benefitted people as there were long waits for other types of community-based therapy services such as physiotherapy.

Staff told us the local authority also provided funding for a Short-Term Adult Reablement Service (STARS) for people recovering from mental ill-health issues. STAR workers could support people for up to eight weeks to achieve personalised recovery goals which included maintaining their home, using public transport or support to gain employment.

Leaders told us about their local authority digital champions in all frontline teams, the use of artificial technology (AI) and advancements in technology to support the developing resilience and independence for people and carers with the use of TEC. For example, the introduction of Magic Notes in some teams had resulted a reduction in time required for administrative tasks and subsequently increased staff capacity that resulted in an increase in productivity and people being seen in a timely manner. Staff told us that they were able to attend annual events displaying advanced technology to support people to remain independent in their homes and gather information for the local authority to consider.

Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes.

Staff told us there was an Occupational Therapist (OT) in the team who would triage referrals on the same day, and therefore there was no waiting list for OT triage as an initial triage was undertaken within 24 hours of a referral being received. Staff told us all duty worker teams contain experienced OTs, able to triage for OT and Sensory support needs. Staff told us that during the initial conversation with the people, they gather information and assess need using a strengths-based approach, risks are identified and a priority rating set. An example of this was a person with Motor Neurone's disease who required a ramp, this was prioritised and allocated/fitted within a week.

The local authority had identified backlogs in waiting times for Occupational Therapy (OT) assessments, developed an improvement plan, and additional resources were sourced to reduce the occupational therapy waiting list and resulted in a wait time of 3-4 months being reduced to 8 weeks. The local authority explained that during 2023/24 Therapy Services responded to 1,966 enquiries, 1833 received an immediate OT Triage assessment and intervention at duty, with 1123 receiving an OT Core assessment with demand in 2024/25 increasing. Despite the high demand for an Occupational Therapy assessment the service managed the flow well, with the current median waiting time as of October being only 25 days and no one waiting longer than the target of 2 months.

Staff told us there had been recent improvements in the wait times for Occupational Therapy assessments, with a reduction in the wait time from 4 months to 7 weeks. Staff told us that there were systems in place to ensure anyone waiting 8 weeks or more was contacted, and their situation was discussed. Staff told us targeted efforts had been implemented to support the reduction in waiting lists which included prioritising moving and handling cases being and increasing staff caseloads but with fewer complex cases which helped staff effectively manage their workload. The local authority had processes in place enabling the team manager to have an oversight of all assessments and outcomes and ensure compliance under the Care Act 2014. Staff told us that the team manager would often contact people directly to obtain feedback on the support they had received from the team. Staff told us that at the time of our visit there were approximately 100 people on the waiting list for OT assessment. Data from the local authority showed that in March 2025 106 people were waiting for an Occupational Therapy assessment, with a median wait time of 23 days. The local authority had a target completion timescale of two months, and there was no one currently waiting longer than the target timescale.

OTs told us they undertake joint working to support person centred, holistic assessments, to further ensure that all equipment was considered to keep the people safe, prevent needs from increasing, possibly reduce care packages to increase autonomy/ independence. Staff told us the waiting list for OT assessment had been reduced and people were seen within 8 weeks. The Preventative team along with the Housing and the TEC team had helped to ensure there were not big delays in people receiving support.

Staff told us that there were 72 cases on the waiting list for the Disabled Facilities Grant work to be completed, this represents a 3 month wait. The average time from approval to work commencing is 42 days. Staff told us TEC and minor equipment can be provided within the same week as the assessment, with options of 1 day or 5 days for delivery, although specialist equipment may take a month to be delivered.

Staff told us that when equipment had been installed or provided the team always follow up with the people/their family to ensure this is meeting their needs. An example given was the follow up for a person who had a stairlift installed but firstly they needed a different seatbelt and had to check this did not impact on the warranty along with changes to joystick as the person could not use this. The follow up ensured that the stairlift was meeting the person's needs.

Data provided by the local authority confirmed that in October 2024 an average of 833 pieces of equipment were being delivered monthly. There were 327 items awaiting delivery. The 12-month median wait for adaptations was 6 days with a maximum wait of 28 days. In October 2024 there was no wait for adaptations. Bespoke equipment had a 12-month median wait of 33 days with a maximum wait of 370 days. The catalogue equipment had a 12-month median wait of 4 days and a maximum wait of 335 days. In comparison, by March 2025, 1 person was waiting for an adaptation, 21 people were waiting for bespoke equipment, and 137 people were waiting for general equipment. The median wait times were 366 days for adaptations, 1 day for bespoke equipment, and 1 day for general equipment. We were told by the local authority themes for delays identified included hospital discharges taking priority, and the vast majority were due to customers being uncontactable or requesting later delivery dates. Where some people were waiting longer, the local authority was aware of the specific circumstances that led to the delays and were able to manage the situation.

The local authority had developed a housing strategy which included an obligation to provide accessible and adaptable housing and supported accommodation. A dedicated Home Service Delivery Team coordinated an early help approach to keeping people in their own homes for as long as possible. The team includes the local authority's Home Improvement Agency which provides equipment and adaptations, in addition to giving advice and support in areas such self-directed support and obtaining financial assistance, for example the Disabled Facilities Grant.

The local authority provided a handbook to people who may be eligible for a Disabled Facilities Grant (DFG) which explained the process of how a DFG was applied for and processed. Staff told us that if it were identified that people would meet the criteria for adaptations, they completed their assessment and submitted for approval. A referral would then go to the care and repair team for DFG assessment. Staff also checked if people could be eligible for a grant so that this was identified at an early stage, or if there was support available in the community if they have to fund or part fund the work themselves.

Leaders told us the local authority had recently agreed to increase the level of funding available via a discretionary fund from £20k to £30K, which enhanced the current offer to people in Peterborough. The local authority had invested in prevention and early intervention services, which included a Care and Repair team who supported people with disabled facility grants, minor aids and adaptations, referrals to heating and insulation schemes. The local authority has also invested in a Handypeople Service, which focuses on preventing and/or reducing falls and supporting hospital discharge by delivering a range of practical help. This work included the installation of grab rails, moving beds downstairs, installation of key safes, security lighting, stair rails, curtain poles, replacing fuses and small electrical system repairs. The local authority told us the Handyperson Service was able to provide minor aids and adaptations in line with the Care Act, under £1000, to support people to remain independent in their own home.

Staff told us OT's carried out assessments of people's needs for the local authority's housing register, where needed. These assessments would consider the people's needs at the time as well as any future need when looking for appropriate future social housing options. The Occupational Therapists also reviewed properties available through the local authority's choice-based lettings scheme to ensure their suitability. OTs working in the Care and Repair team had been involved in work with housing developers, advising on development plans to ensure they were appropriately adapted for people with specialist needs, where appropriate.

The local authority had a Technology Enabled Care (TEC) team who provided advice on a wide range of equipment, devices and apps to promote independence, and managed a Smart Flat in the community which could be visited to see how TEC can be used in the home and provided information and training to partner agencies. Local authority data showed that in 2023/24 173 referrals were received. The local authority had also invested in a digital tool by creating Ask Geraldine, an artificial intelligence (AI) chatbot and a Smart Flat to act as an aid to social care and health workers in identifying potential technology enabled care solutions and enabled people to continue living independently.

The local authority had developed guidance for staff in relation to technology enabled care (TEC) services which recommended practitioners think 'TEC first' and a process for referring for technology enabled care devices. Staff told us there was a range of equipment available such as sensors, door contacts, alarms, Wi-Fi lifeline, GPS tracker, and sensors which pick up individual's movements. When referrals for equipment are received, the social worker completes a mental capacity assessment if needed related to equipment. We saw that people had been offered and provided with technology enabled care through the use of aids, alerts and alarms.

Staff told us most young people coming through the transition process already had Technology Enabled Care (TEC) in place that transitioned with them. Where this was not the case, people and their families were able to visit the council's TEC flat to see what was available. Staff told us a virtual flat was due to be added to the council's website soon, to enable families to access the same information online.

Provision of accessible information and advice

Generally, people told us they were able to access information and advice from the local authority. However, some people told us they could not always easily access information and advice on their rights under the Care Act and ways to meet their care and support needs. This included unpaid carers and people who fund or arrange their own care and support.

Data from the Adult Social Care Survey (ASCS) showed a differing picture, it was reported that 68.00% of people in Peterborough who use services find it easy to find information about support, this was similar to the England average of 67.12%. Data from the Survey of Adult Carers in England (SACE) highlighted that 64.15% of carers in Peterborough find it easy to access information and advice, better than the England average of 59.06% but there remains room for further improvement in the provision of accessible information and advice that meets the needs of the whole population.

Staff told us self-funders were offered assessments, but some people only wished to have information and advice. Information about care and services could be provided digitally or in a written format. In the case of people being placed in residential care, staff offered an assessment to inform the provider of people's needs. If people were unable to commission their own care, support could be provided and care commissioned via the local authority and that an administration charge would be made in line with national guidance. The local authority had received feedback in 2023 from the Partnership Boards that people had problems with how adult social care information was provided and the local authority needed to do better at providing information and advice. Since then, the local authority has updated the Peterborough Information Network webpages with easier to understand language, and plans to explore AI chat bot options.

Within the local authority's Prevention, Independence and Resilience strategy, was a list of key actions and detailing how things would look by 2026/27. For example, there was an aim to develop digital transformation through a redesigned, streamlined front door, increased assistive technology offer to residents and wider availability of information and advice online. The local authority had a resource booklet which contained information about staying safe, well, and independent in Peterborough. This included information for carers support, staying well, staying independent, support services and safeguarding. There were also a range of digital and online information and advice and posters which were widely distributed to direct people to these if it was their preference with use of tools such as QR codes.

The local authority's website Peterborough Information Network (PIN) provided information and advice as well as signposting to relevant organisation. The website also housed information sheets regarding money management, planning for the future and how to pay for care. This information was also available in easy read format. The local authority provided access to information in relation to Special Education Needs and Disabilities (SEND) aged 18-25 and had created a designated area on their website in 2018 in conjunction with partners. In addition, Peterborough Guide for Parent Carers of Children and Young People with SEND was also available as a hard copy brochure. All the latest information was shared enabling parent carers and young people to find information more easily about transition services.

The local authority had produced information in other formats including easy read versions that could be accessed via their public website. Reablement – an Easy Read Guide was just one example of the leaflet aimed at people using the reablement service which provided information about the purpose of the service and its focus on maximising independence. The local authority also encouraged the public to make contact if a specific document in an accessible format was required.

In addition, the local authority's Domestic Abuse and Sexual Violence (DASV) Strategy included public awareness campaigns on DASV, ensuring that people had information about how to access support services and recognise abuse early and the establishment of a network of Independent Domestic Violence Advocates (IDVAs) to provide specialist guidance and safety planning for people at high risk.

Direct payments

There was good uptake of direct payments, and they were being used to improve people's control about how their care and support needs are met. People had ongoing access to information, advice and support to use direct payments.

The local authority had policies and procedures in place for direct payments. The policy stated direct payments should be promoted and offered to people as a genuine choice to meet their support needs in a flexible way. The procedure stated most people have a right to receive direct payments and they should be offered to an adult with eligible needs who can consent to receive direct payments, a person acting on behalf of an adult who lacks capacity to consent to direct payments or a carer with assessed needs.

The direct payment procedure included clear guidelines in relation to financial records being returned on a quarterly basis, or a periodic basis as determined. The procedure also set arrangements in place for contact with the monitoring team prior to reviews being undertaken to ensure any concerns about the use of the direct payment were included.

The local authority website contained information about how to access a direct payment, what direct payments can be used for and contact details for the direct payments support service who can assist with recruitment and employment issues as well as managing direct payment accounts on behalf of people.

Staff told us they routinely offered people and unpaid carers a direct payment where they had assessed needs and highlighted that support to manage a direct payment was available including sourcing personal assistants. Staff told us direct payments were not well used in older adults, but they did work well for people with mental health needs, and for people with fluctuating needs as well. Staff gave examples of using direct payments to meet specific cultural, religious or language needs. Take up was somewhat better than the England average. However, we had some feedback from partners that the local authority's rate of pay of the living wage in respect of people who employ personal assistants sometimes affected the availability and access to personal assistants.

Staff told us that a lack of Personal Assistants can be a barrier to direct payments and if people want family members to be their PA as this is not readily agreed. However, the local authority explained that it does follow statutory guidance and will make exceptions if needs cannot be met in alternative ways.

Staff told us they discussed the option of direct payments with people, as they would often better meet cultural, religious and language needs. An example of this involved supporting a Polish woman who had been unhappy living in a local Polish care home to have a direct payment and employ a family member to be their personal assistant which had worked well for both the person and their family member.

Data from the Adult Social Care Outcomes Framework (ASCOF) – SALT showed 34.40% of service users in Peterborough receive direct payments; this was better than the England average of 25.48%. This included 47.64% of service users aged 18-64 received direct payments; this was somewhat better than the England average of 37.12%. 19.90% of service users aged 65 and over receive direct payments; this was somewhat better than the England average of 14.32%. This suggests that people in Peterborough were being provided with information, choice, and support to access direct payments.

However, there were mixed views about direct payments for unpaid carers with some not being aware of direct payments and others being informed of them but did not feel the payment was enough to make a difference so they did not proceed. This suggests there is further room for growth around direct payments which is supported by national data. 30.22% of carers receive direct payments in Peterborough and there is no England average to provide a comparison, but this means that 70% of carers did not access direct payments.

Staff told us they were unsure why there were the lower rates of carers direct payments, and told us about the promotion of direct payments which was already in progress with staff attending community events, including a monthly visit to carers centre.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority had taken steps to meet its equality duties under the Care Act 2014. The local authority understood its local population profile and demographics and analysed equality data on social care users and used it to identify and reduce inequalities in people's care and support experiences and outcomes.

The local authority proactively engaged with the people, community and faith groups where inequalities had been identified, to understand and address any barriers to gaining information or accessing appropriate support assistance.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions; there were equality objectives and a co-produced and adequately resourced strategy to reduce inequalities and improve the experiences and outcomes for people who were more likely to have poor care.

Staff involved in carrying out Care Act duties had a good understanding of cultural diversity within the area and how to engage appropriately.

The local authority recognised that their data around protected characteristics was not comprehensive and required more focus and work was happening to address this. In 2023/24 they received a total of 5480 new contacts an increase of 8% from 2022/23, of these 3923 people (71.6%) were recorded as having white ethnicity, with the next biggest group being 346 Asian/Asian British (6.3%). In total 535 people were recorded as having a non-white ethnicity at point of contact (9.8%) with no ethnicity being captured at that point for 1022 (18.6%). For Care Act assessments 1008 were completed in total for the financial year of which 803 (79.7%) had a recorded white ethnicity and 140 had a recorded ethnicity other than white (13.8%). 62 did not state ethnicity (6.2%). For safeguarding enquiries 77% of completed enquiries had been for people recorded as having a white ethnicity and 13% had been for people recorded as having a non-white ethnicity.

Staff told us they had started looking at ways to analyse data based on particular demographics. They had been able to analyse information by ethnicity, age and primary support reason. Further options around protected characteristics, including sexuality, had only recently been added to the system, and work was needed to increase the amount of available data recorded by staff before any analysis could be effectively carried out.

Leaders told us work had been undertaken over the past couple of years in relation to protected characteristics, and understanding community needs and within staff teams. They told us a community connectors type system was in place for those who worked with faith and community leaders. An example of this is related to the civil unrest in the summer of 2024 where police, the local authority and 40 community leaders completed work in relation to islamophobia in the community. The local authority told us they had ongoing and continuous engagement with the community.

Staff provided an example of the Community Champion Network who were involved in a Regeneration Project, and after listening to the voices of marginal groups, along with data and findings from a consultation, decided to review the planned footpath colours to ensure they did not impede people with visual impairments.

The local authority identified several at-risk communities, including people from Black African and Caribbean, Eastern European backgrounds, single-parent families, and housing association tenants. In response, they have launched targeted initiatives such as asylum seeker and refugee support services and Ukraine Response through the Homes for Ukraine scheme. The local authority managed dedicated forums for faith-based and underrepresented groups to improve communication and promote inclusive change.

We heard people from seldom heard groups, such as refugees and asylum seekers, did not always engage with the local authority due to fear, difficulty with the process, and receiving the correct information. Partners told us that the local authority needs to strengthen their connections with local communities.

The local authority recognised that efforts had been made in relation to supporting people in relation to ethnicity, but further work was required to understand and assist people from the LGBTQIA+ community.

Staff told us people's needs were assessed fully, including specific needs around language, religion and culture due to the diverse population which were highlighted within the assessment and care and support plan to ensure providers understood what the person required and if they could accommodate these needs. Staff told us there were numerous resources available to people locally including Muslim, Polish, Italian and African community groups and dedicated centres to access support, advice and guidance.

Partners told us the partnership boards were a useful platform for the local authorities to gather information from seldom heard voices and data that enabled them to address gaps. Partners told us the local authority understood the population's needs, however, there remained a need to continue to build trust with communities and build bridges with the organisations who supported them.

Partners told us they were also working with the local authority to analyse unpaid carer national data to identify how they could better reach harder to reach and more marginalised groups, specifically carers and reaching out to faith groups to inform them about available support for carers. The local authority was looking at barriers for carers accessing services and support and working towards breaking these down.

The local authority explained that they were actively looking at how their travellers' sites were supported with engagement in relation to tenancy issues and the physical environment. The team worked with Occupational Therapists when a need was identified around adaptations which were required to the properties to enable households to remain on site. The local authority was working with representatives from the sites who notified them of any welfare or care needs in relation to residents and Occupational Therapists were also supporting with adaptations on site to enable travellers to stay in their community. To enable the voice of this community to be heard the Communities service had identified a Community Champion who would work with the community over the next 12 months, and this would inform the development of policies and services.

The local authority had assurance arrangements in place for Equality Impact Assessments (EIAs) these were monitored and reviewed. The local authority considered the findings, which informed policies, practices and services to ensure these were equitable and created opportunity to understand existing barriers and address potential discrimination.

The Cambridgeshire and Peterborough Better Care Fund Plan Review dated April 2024, also identified several potential inequalities, for example pockets of inequality in neighbourhoods, referrals relating to unpaid carers being predominantly for white British people and the requirement for a defined mental health discharge model.

The local authority identified a need to progress with ensuring equality, diversity and inclusion was embedded. This will involve a widening of commissioning to include monitoring of equality, diversity and inclusion when providers are visited, targeting services for unpaid carers from minority groups and improving the referrals of hospital discharge services to minority groups.

Staff have mandatory equality, diversity and inclusion training as part of their induction and the membership of the staff Equality Diversity and Inclusion Network has increased. We found there was positive support for the local authority's workforce in matters of equality, diversity and inclusion and best practices, including the development of an anti-racist learning group. This peer support group which serves as a vital initiative in fostering inclusivity within the local authority. Staff told us it provided a safe and supportive environment for colleagues, particularly those who may have been disproportionately affected by societal inequities or discrimination.

Inclusion and accessibility arrangements

The local authority had appropriate inclusion and accessibility arrangements in place to support the diverse needs of people to engage in ways that work for them.

The local authority had a translation and interpretation policy which included useful information in many languages to offer the translation of information to ensure equitable access to information. The local authority had produced a factsheet on how to use an interpreter, providing clear guidance for practitioners to utilise in the use of interpretation services, including contact details for services.

Staff provided an example of arranging visits with an interpreter for one person, which helped them identify that they were at risk of domestic abuse. They supported them by moving out of the family home and linked them with a local charity which offered relevant cultural and spiritual support. Over time the person was able to develop the skills needed to look after themselves and no longer needed support from services.

The local authority's Peterborough Information Network (PIN) contained accessible information in easy read and video formats. The local authority had training for staff in accessible information standards which detail the local authority's legal obligations.

Staff told us that information was accessible to people, and leaflets and other documentation were available in different languages. Staff could also access a translation line for telephone or video calls or arrange face-to-face visits where appropriate. Staff told us they could also access BSL interpreters if required through community resources who supported deaf and visually impaired people. People experiencing visual impairment and/or sight loss told us about the challenges they faced accessing information and using digital and telephone-based services, and that more could be done to improve access.

Staff told us they used the translation line for telephone contact with people, with few challenges in accessing interpreters for specific languages, but this was based on availability. Staff told us they had previously highlighted difficulties arranging face-to-face contact with interpreters and escalated this issue to senior managers and have noted an improvement in recent months.

Staff told us the local authority has commissioned resources to support accessibility including translation and British Sign Language (BSL) interpreters, and that some staff were in the process of learning British Sign Language (BSL) to enable them to communicate more effectively with people.

The local authority explained that the national Personal Experience Survey completed in 2024 highlighted that Peterborough was similar to the England average in terms of access to information and advice. This information was shared with the existing co-production partners and the partnership boards to ensure continued accessible, clear, and comprehensive information and support for individuals seeking care and support services.

The local authority explained that in recent years it had upgraded their online information and advice platform, enabling accessible use via mobile phones and tablets and improving information for younger adults transitioning from children to adult services with a map of the customer journey. The local authority shared the results for their survey in 2025 which showed an improvement to 71.7% of people finding it easy to access information and advice.

The local authority had developed a digital transformation programme with a focus on improving customer experience and accessibility and had been working with partners on a digital inclusion strategy. This included a relaunched translation service and language line, whilst also looking at the development of artificial intelligence (AI) to support other accessibility needs such as British Sign Language. The local authority had also identified that the language used on its information web pages needed to be in plain English and avoid jargon and technical terms. Some partners told us for people who are digitally excluded, online services are not suitable, which resulted in them being shut out from accessing essential information. Staff told us people who were unable to access information digitally would be able to do so from other sources, and information in appropriate formats would be provided. The local authority told us support was available to people who may not have access to digital or online systems. The local authority told us information and advice could be provided over the telephone and information, and advice leaflets were available in hard copy and could be translated prior to being sent out using translation software.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority worked with local people and stakeholders and used available data to understand the care and support needs of people and communities. This included people who were most likely to experience poor care and outcomes, people with protected characteristics, unpaid carers and people who fund or arrange their own care, now and in the future.

The Cambridgeshire and Peterborough Joint Strategic Needs Assessment (JSNA) highlighted that health measures in Peterborough compared poorly with the England average. The JSNA highlighted that there had been substantial growth in Peterborough which saw an increase of over 17% from 2011 to 2021, amongst the highest in England. The growth was driven by migration into the area, and the difference between births and deaths.

The JSNA showed the number of people aged 65 or over grew by 26% between 2011 and 2021. Forecasts suggested that by 2031, the number of people aged 65 or over will grow by a further 26% with much of this growth in the over-80s age bands.

The JSNA showed there had been no improvements to health inequalities linked to deprivation. The JSNA highlighted there were struggling households everywhere, even in areas that were not considered deprived as a whole, and it highlighted that focusing work on areas where area-level deprivation was high, and health outcomes were very poor could risk missing opportunities. For example, to improve the health of people with poor health outcomes living in less deprived areas in Peterborough.

The local authority had developed a One City One Community prevention, independence and resilience strategy that outlined its aims and ambitions and outlined what people could expect to be delivered by 2026/27. Integrated neighbourhoods was a key priority with the aim of intervening early to support our residents and to prevent them from slipping into crisis. The local authority endeavoured to provide a community-based early intervention and prevention offer to ensure effective conversations with people living in Peterborough to help them define their idea of a better life (support to reduce debt, income maximisation, better housing and employment, reduced social isolation, access to coordinated health and care support to maximise independent living).

Some partners told us that the local authority had a good grasp of the demographics and needs of the population, but there were recognised challenges in respect of council funding and the very different demographics with growing younger population, poverty, housing issues and an older population and high levels of frailty. Whilst some other partners were unsure of the council's understanding of different communities, we found evidence of well-developed partnerships with a wide range of communities and VCSE groups and well embedded good practice with staff in relation to supporting, protecting and respecting protected characteristics.

Staff told us they had engaged with people with lived experience receiving support in the community to help understand what they valued in the support they received. They said a key issue for people which came out of this work had been the importance of effective communication which helped inform part of the evaluation criteria for the council's Care in the Community tender.

Staff told us the commissioning team were interested in hearing about any gaps they identified in the local authority's current service offer. They told us members of the commissioning team sometimes attended their team meetings to provide them with updates. Commissioners attended the local authority's daily quality review panel which reviewed placements proposed by staff. This gave them direct feedback about people's needs and experiences of people in need of support. This helped commissioners understand any potential shortfalls in the provider market, which in turn enabled them to engage more meaningfully with providers about what was needed locally.

Market shaping and commissioning to meet local needs

People had access to a diverse range of local support options that were safe, effective, affordable and high-quality to meet their care and support needs and there was specific consideration for the provision of services to meet the needs of unpaid carers.

Commissioning strategies and market shaping activity supported this with commissioning strategies aligned with the strategic objectives.

The local authority commissioned models of care and support were in line with recognised best practice and commissioning staff supported new and innovative approaches to care provision, where this led to better outcomes for people.

The local authority commissioning strategy provided a framework for planning and procurement of services. The Local Authority de-coupled from Cambridgeshire County Council in August 2023 and have developed their internal commissioning service into a hybrid service which incorporates commissioning, contract and quality management and sourcing of care. The local authority shared their adult social care commissioning strategy overview which provided a framework for analysing the current market, reviewing current services and co-producing future strategies. They also provided a range of evidence of current commissioning work.

Staff told us about their focus over the previous 18 months had been to better understand Peterborough's needs, accommodation options and the local provider market after decoupling from Cambridgeshire County Council. They said a key change for commissioners had been to combine the contract management and commissioning functions which had both been discreet roles prior to this. This had allowed them to develop their relationships with providers and enabled them to have a better understanding of contract management issues which helped inform their commissioning practice.

The local authority had developed a suite of service specifications for people in need of home care, live-in care, complex homecare and specialist community support to ensure people had access to right care where needed. The local authority had also developed a service specification for extra care housing and supported living services.

The local authority committed to a Home First programme to enable people to stay at home longer, using, among other things, new and emerging Technology Enabled Care. Day service, domiciliary care and live-in care provisions were commissioned and the local authorities market position statement 2024 highlighted that residential care provision was provided by local, regional and national providers.

Data from the Adult Social Care Survey showed that 67.54% of people who use services in Peterborough feel they have a choice over services, this was similar to the England average of 70.28%. The local authority provided data showing that there had been an improvement in this data for the most recent year. The local authority had commissioned a provider to provide support and services to unpaid carers to prevent them from going into crisis under the all-age carers contract. Their services included advice and support, offering information online, over the phone, or in person. They also supported people to access statutory carer assessments and carer's allowance. They also had an emergency planning service called "What If". Unpaid carers could access this service if they had an emergency and required a sitting service for up to 72 hours, allowing the carer to get the support they needed. They had some flexibility, and if care was needed beyond 72 hours, they would continue until the local authority could provide additional support.

Partners told us the local authority was aware of current and future carers needs and there had been huge efforts made around the development of carer services, which had included reaching out to various carers to gather their feedback to help improve and shape services for carers.

Data from the Survey of Adult Carers in England (SACE) showed performance to be above the England average. 22.22% of carers in Peterborough could access support or services allowing them to take a break from caring for more than 24hrs, this was better than the England average of 16.14%. In addition, 35.62% of carers access support or services allowing them to take a break from caring for 1-24 hrs. This was better than the England average of 21.73%. 19.72% of carers access support or services allowing them to take a break from caring at short notice or in an emergency; this was better than the England average of 12.08%.

Unpaid carers told us they knew about the carers centre however, there were mixed views as to what support was given and whether this was helpful. Some unpaid carers told us they often did not take advantage of respite services because the funding provided was insufficient to meet the needs of the people they cared for. The local authority told us there was not a standard amount set for funding respite services, the service was commissioned to meet the level of needs. There was also no fixed rate for carer direct payments and payments were made to reflect the actual cost of care which was considered against need and reviewed within the Quality Overview Panel. The local authority had a plan in place to update the market position statement and develop and shape the care market. The Local Authority had been engaging with the market through face-to-face provider forums to share good practice and improve dialogue. It was identified that increased funding had resulted in a stable market.

The local authority held regular engagements sessions with staff with an aim of updating staff on key areas to get feedback from frontline staff on their views of what they were doing well and areas for improvement. Sessions had specific themes and areas of focus and in a session themed around future commissioning priorities, staff highlighted several areas with opportunities for development including solutions to meet night-time care needs in a person's own home, extra care housing that supported reablement following hospital discharge, improved options for planned respite and improved communication regarding outcomes following notifications of concern. These areas had been progressed within commissioning priorities and at the time of the site visit the extra care with reablement had been delivered, and a full review of the notifications of concern had been completed. Leaders told us more work was required around specialist supported living accommodation for people with a learning disability and/or mental health need and supporting people with complex needs as the current offer was very generic.

Staff told us about the work undertaken in response to identified issues relating to supported living provision such as poor market condition, inconsistent fees and underfunding, quality assurance concerns and in summary an unsustainable market that did not meet people's needs. To address those concerns the local authority had implemented a 3 point fix plan. The 3 fix points on the plan were to address care provider rates, including higher rate for complex care; to build relationships with complex care providers and develop bespoke specialist services and to expand the care provision market and work with investors and developers. Staff told us their efforts had already had an impact and there was a planned redevelopment of a public house into 12 self-contained apartments and 4 bungalows alongside development of 48 supported living units over the next 12-18 months. This position means that the Learning Disability and Mental Health supported living market is moving towards a more vibrant, affordable quality service model in Peterborough.

The local authority's market position statement highlighted areas of focus for the future included building a resilient workforce, growing the provision of dementia residential and nursing home care and respite care and the need for an expansion of learning disability services as the population aged. Whilst the local authority felt it had sufficient provisions in place until 2028 it also, for example, anticipated an increase over the next years of people requiring nursing placements or dementia services. The local authority had a Commissioning Strategy 2024 to 2026, which detailed their approach to commissioning and the commissioning cycle.

The local authority had introduced a dynamic purchasing system (DPS), and with demand expected to rise, a new homecare contract was due to go live in March 2025, co-produced and commissioned with local people. In addition, the local authority told us that new extra care housing schemes would begin operating in 2025.

Staff told us they were working with providers to develop more holistic mental health support service options in the local area which focused on early intervention and prevention, for example, options to support people into employment and improve well-being by reducing social isolation.

Ensuring sufficient capacity in local services to meet demand

Generally, there was sufficient care and support available to meet demand, and people could access it when, where and how they needed it. However, some unpaid carers told us there was insufficient capacity for them to have access to replacement care for the person they cared for, in both planned and unplanned situations. Some services were commissioned jointly with other agencies. In these instances, there were clear roles and accountabilities for monitoring the quality of the services being provided and the outcomes for the people using them.

The local authority's daily Quality Overview Panel played a key role in ensuring care and support planning was safe, appropriate, and met financial regulations in terms of contracting and procurement. It included members from the commissioning team and supported co-ordination between commissioners and the brokerage team, to identify and address service gaps and long-term planning. For example, staff identified a shortfall in services for people with sensory impairments, prompting its inclusion in their market review and development plans.

Some partners told us the local authority were aware of gaps in service for unpaid carers such as respite, sitting service and counselling support. The local authority explained that there were good levels of access to breaks found within the carers survey and council data had shown a significant increase in take up in the last year. The local authority had held workshops to engage with carers and the voluntary sector, discussing further delivery of priorities within the carers strategy.

The local authority had identified challenges with capacity for people with learning disability and mental health needs and longer waits for specialist packages of care. An Interim Mental Health Commissioner was in post to work specifically in this area. Staff told us they were aware of the gaps and the work underway in commissioning with a focus on mental health supported accommodation. Staff told us about the transformation work for people in complex transitions and that planning was underway and aligned to the strategic aim of enabling people to become independent in their own homes. A leader told us the local authority was exploring options for specialist accommodation and placements for adults and young people. The Local Authority outlined how these plans would enable people to receive support in Peterborough rather than out of area.

Staff told us the approach to market expansion had involved working with investors, developers and a variety of care provision partners across service needs, as well as including the voice of the community. Engagement sessions and workshops were held to understand what their community needs. From those engagement sessions, the commissioning team developed an understanding of people's housing and care needs and explored technology enabled care (TEC) opportunities to ensure people's needs could be met if a property were re-developed.

Staff told us there was one main respite service available for young people locally which was set up to support people with more complex needs and wasn't suitable for all people, and instead people were offered direct payments as a way of widening their options for respite provision, where this was appropriate. Staff told us the local authority was in the process of further developing its respite offer for people with a learning disability and/or autism to better support people with less complex needs. They told us the current respite service did not offer a lot of support around the development of life skills, which had led to one person becoming deskilled during an emergency stay whilst they were waiting for adaptations to be made to the accommodation they were due to move into.

Data provided by the local authority in respect of the 3-month average for commissioned services showed that in March 2025 the time people had been waiting for their homecare to begin showed there were 63 people waiting with a median wait time of 5 days and the maximum wait time was 43 days. There was 1 person awaiting a supported living service, with a median wait time of 1 day and maximum wait time of 1 day. There were 7 people waiting for residential care with a median wait time of 10 days and maximum wait time of 43 days. In addition, for nursing home placements 9 people were waiting with a median wait time of 10 days and a maximum wait time of 26 days. The local authority confirmed that themes for waiting longer included delays in sourcing specialist Learning Disability, Mental Health and supported living placements. However, in general, there was good local capacity in both the care home and home care market for local non specialist provision as evidenced in the lower median waits.

Staff told us there had been an influx of providers setting up supported living for people with complex mental health needs, but other local authorities were placing people in Peterborough as costs were cheaper. Staff told us most people from Peterborough were placed within the borough or close to the borders of Peterborough.

Generally, there was minimal need for people to use services or support in places outside of their local area. When support was being accessed from outside of the area, there were plans to provide it in the local area, so that people could move back there if they wished to do so. Data provided by the local authority showed there were 134 people in out of area placements during 2023/24 with 63% of people residing in care homes in neighbouring authorities. The remaining 37% of people were residing outside of neighbouring authorities with 5% in a care home and 32% in supported accommodation supporting people with a learning disability or with mental health needs. A total of 23 placements were made in the last 12 months. The local authority explained that out of area placements occurred for several reasons including personal choice (often to be closer to family or due to past negative experiences), lack of local care capacity especially in learning disability and mental health services, hospital discharge arrangements during COVID, closure of secure settings which led to people with mental health needs moving to Norfolk. There were also cases whereby children's educational placements lead to longer stays out of area where people established local support networks and did not wish to return to Peterborough as an adult.

Staff described positive outcomes for people where they worked to enable them to move back to Peterborough. For example, one team member described having worked with a person with highly complex needs and their family for over two years to identify a way for them to be able to safely move back home. The council had also supported some families by commissioning transport for them to be able to visit their loved ones where their complex needs could not currently be met by the local care market. Staff told us there was not a service in Peterborough for anyone with forensic mental health needs, and they would have to access services in Cambridgeshire or beyond.

The local authority told us about its processes for placing individuals with providers outside of their framework, that is, those not regularly commissioned. The reasons for this were a possible lack of local provision, an emergency situation or service user choice. In these situations, social workers and the Brokerage Team worked to find a suitable placement, that both met the person's needs and provided safe and effective care that was agreeable to the individual and/or their representatives. There were robust processes in place.

Staff told us they were seeing increasing numbers of people who had been privately funding their care asking for support when their savings started to run out which could be challenging as the council was not always able to support them to stay in their current care homes where these were significantly more expensive than other locally available options. The local authority advised that it had developed practice guidance to support staff, and all threshold related cases were considered by the Quality Overview Panel to ensure risks were understood and a fair and equitable decision is made.

The local authority provided an example of issues that had been previously resolved between the local authorities in relation to Peterborough Approved Mental Health Professionals (AMHPs) providing cover to the Emergency Duty Team rota. At the time of the assessment visit Cambridgeshire County Council were completing a review to bring improvements to the service to meet demand.

Ensuring quality of local services

The local authority had clear arrangements to monitor the quality and impact of the care and support services being commissioned for people and it supported improvements where needed.

The local authority's Personal Experience Survey 2024 highlighted people's experiences of receiving care and support and identified mixed feelings about consistency and quality of care. However, the council shared the results they had submitted for the 2025 survey had evidenced improvements in several areas including overall satisfaction and questions relating to choice and control. For example, those who were extremely satisfied with care and support services increased by 5.6% to 30.5%.

The local authority had robust arrangements in place for quality monitoring including undertaking quality monitoring visits to providers at least annually and had recently implemented a new monitoring tool and did extensive preparation for this to ensure this was a seamless and positive experience for staff and providers through their Care Home Support team who provide intensive support to providers. The local authority told us how it monitored the quality of care provision in commissioned services, which was achieved through eight separate but co-ordinated channels. These were routine provider monitoring, including annual quality assurance visits and the monitoring of complaints, international recruitment, and section 42 enquiries. In addition, notifications of concern (NoC) were monitored weekly for possible action and to identify themes and trends. The Operational Leadership team also convened every two weeks to share soft intelligence about providers. Issues addressed as outcomes from these channels included provider finances, quality of care, leadership issues and the need for staff support.

Staff told us about their quality control and contractual oversight of providers. We heard an example of the local authority managing safety and quality in a robust way resulting in a terminated contract where improvements were not made. The local authority ensured that people were moved to ensure they were safe.

Staff told us about the new regional ADASS monitoring tool which was being implemented to further support quality and provider relationships. Staff also told us the commissioning team have good oversight of providers and their risks and have strategic risk management tools to look at individual provider risks, with themes reviewed fortnightly. Staff told us they also had access to financial alerts to flag any providers with financial risks.

Partners spoke positively about the local authority's Quality Assurance team who they said carried out effective audits of their work when they visited and held monthly contract monitoring meetings. They said the current audit tools used by the team provided a more meaningful way of auditing than had been used in the past, which helped them identify issues and drive service improvements where needed.

The local authority confirmed that there were no contracts handed back for home care or supported living, but three residential care homes had closed with all residents being moved to alternative accommodation. The local authority provided data that showed one home care provider, and one supported living provider had embargoes in place.

Some partners told us there was an extremely high volume of providers locally which they felt created challenges for the local authority in terms of monitoring. They told us many new providers did not last more than a year before closing, although they were not clear on how this impacted the local authority in terms of commissioning good quality care. However, the local authority advised that whilst there was a vibrant market there was no evidence of over provision. There had been no packages of care handed back as the result of home care agency closures. The local authority told us their new care in the community contract was designed to support sustainability of the market.

The local authority had also provided guidance for staff in relation to quality issues with providers, provider of concern guidance and notification of concerns which clarified staff responsibilities and the process for identifying and reporting concerns. Staff told us they had processes in place for sharing information about any provider concerns with commissioners and the Quality Assurance team, where they identified them in the course of their work, so they could follow up on them.

Ensuring local services are sustainable

The local authority collaborated with care providers to ensure that the cost of care was transparent and fair, contracting arrangements were efficient, and they provided stability for providers and allowed them to plan ahead.

The local authority worked with providers and stakeholders to understand current trading conditions and how providers were coping with them. Engagement and monitoring arrangements enabled the local authority to get early warnings of potential service disruption or provider failure; contingency plans were in place to ensure that people had continuity of care provision in this event.

The local authority understood its current and future social care workforce needs. It worked with care providers, including personal assistants and other agencies, to maintain and support capacity and capability.

The local authority told us about the current position of the care market locally and its use of the Market Sustainability and Improvement Fund (MSIF) to meet three target areas, such as to reduce social care waiting times, increase fee rates for providers or increase workforce capacity and retention. The local authority had chosen to increase fee rates as their priority.

Staff explained from the deep dive exercise undertaken and the subsequent 3-point fix plan, they had increased provider rates as they had identified there were lower rates in Peterborough than neighbouring local authorities, which was having an impact on market sustainability. Staff told us this had had a positive impact with providers, that they were now appropriately funding placements to reduce provider failure and any possible hand back of care contracts. The team told us there was not a hand back of service provision culture with providers. Staff told us they had also had new interest from property developers in expanding the market.

The local authority had developed a market sustainability plan which laid out market specific plans for each type of provision, including future commissioning plans, the potential growth of Direct Payments, early intervention services and community engagement. The care home provision in the borough was sufficient to enable people to be assessed and placed with minimal delay. Regarding homecare, the most pressing issue was around fees. The local authority recognised that specialist services for people with learning disabilities and autism were an urgent priority, and work was underway to address this. Extra Care housing provision was stable and growing.

The local authority market position statement highlighted the key challenges the local authority faced which included an underfunded system alongside an ageing population, workforce shortages, an increase in the National Living Wage and the cost-of-living crisis. There had been a 7.7% increase in demand for services from the previous year and an average of 2.5% increase in the number of care assessments. There was also a 16% increase in care assessments resulting in long term care.

Data from the Adult Social Care Workforce estimates that 6.27% ASC staff vacancy rate in Peterborough, this was similar to the England average of 8.06% with 0.34% ASC staff turnover rate, which was also similar to the England average of 0.25. There was a 4.83% ASC staff sickness absence rate, this was similar to the England average of 5.33. The local authority had recognised that there was little support for providers in relation to overseas recruitment and had invested in a Regional International Recruitment programme of work. These included the provision of webinars aimed at providers, covering ethical recruitment, sponsorship management and cultural orientation.

The local authority had developed a Provider Workforce support plan, spanning five years, that concentrated on the practical delivery of the improvement in recruitment and retention, learning development and improving career pathways in adult social care. Working groups had been established to facilitate this, with key performance indicators identified. The Board, comprised of Adult Social Care leaders, Skills for Care, Health Education England and members of the Integrated Care Board, would be responsible for monitoring progress.

The local authority told us about a free provider portal, offering training and support to social care staff, working in commissioned services. It was provided by the Care Professional Academy and staff could upload training certificates, obtain a training 'passport' and receive incentives, in the form of discounts, savings and benefits. Skills for Care data showed 58.78% ASC staff with care certificate in progress or partially completed or completed in Peterborough, similar to the England average of 55.53%.

Partners told us they had always found commissioners to be willing to engage with them and were happy to meet to discuss any issues where they arose. Partners told us they had been involved in consultations about the local authority's plans for the provision of care at home, prior to the current care at home tender. One provider also confirmed the local authority had consulted with them prior to the most recent advocacy service tender, and they said they could see how their feedback had fed into the tender documentation.

Staff told us they met regularly with members of the commissioning team to ensure they were aware of any provider developments or issues. Staff told us they would feed back to the relevant commissioning manager directly if they had any concerns about a provider's performance but could also share concerns more formally using a 'notification of concern' form. Staff told us the Brokerage team also recorded any issues identified with providers on a spreadsheet which gave the local authority oversight of provider risk over time and act accordingly where needed. For example, where an infection prevention and control nurse had shared feedback about poor infection control practice at a local home during the previous year, they discussed this issue at the weekly operational leadership meeting and identified a recent increase in the number of reported concerns about the home. This prompted a monitoring visit to the home which identified further issues and ultimately people were supported to move to other homes in the local area due to the provider's poor performance.

Partnerships and communities

Score: 2

3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area.

The local authority had integrated aspects of its care and support functions with partner agencies where this is best practice and when it showed evidence of improved outcomes for people.

In 2023, the then combined local authorities of Peterborough and Cambridgeshire separated into two local authorities. Partners and staff told us this was managed effectively, and relationships maintained with some combined arrangements remaining in place. Leaders told us this separation provided Peterborough with the opportunity to focus solely on the needs of its population.

The local authority had a health and wellbeing strategy, jointly owned by the Integrated Care Partnership and the Health and Wellbeing Board covering Peterborough and Cambridgeshire. In addition, the local authority had a Prevention Independence and Resilience (PIR) Board which oversaw prevention-based services to reduce the need for longer term care. Working in partnership with the Integrated Care Board (ICB) it plans to improve usage of the system wide prevention offer including better use of community assets, reducing poverty through work with education and housing, revising pathways into adulthood and reviewing Continuing Health Care and joint funding arrangements. There was also a plan to build digital capabilities and increase self-service and early-resolution, using technology to keep people independent for longer.

Generally, partners told us they had a good relationship with the local authority and had effective communication with them, addressing concerns and working together to develop services effectively. Partners told us that locally there was a culture and a will to be an integrated system and make best use of resources. An example of joint working to deliver shared local and national objectives is the Home First programme which brings together several multi-agency programmes designed to support the effective transfer of care. One partners provided further examples of partnership working with the local authority relating to integrated neighbourhood teams, effective hospital discharge and the reablement offer.

Partners told us the local authority had helped support and influence the work within integrated neighbourhoods and highlighted a different approach to understanding communities needs better. They gave an example of a scheme that was to be health focussed, but after talking with local authority they widened the approach, and this had helped health colleagues to understand frequent attenders to GP practices. The local authority provided insight in relation to motivational interviewing which helped to get the most out of conversations with people, and as a result, the ICB won an award.

Partners told us the pathways for hospital discharges were not yet fully integrated but close to it and there was more work to do in relation to Pathway One. The Transfer of Care Hub was not fully integrated but still working well. The relationship had improved remarkably well with Peterborough around hospital working and there had been a jointly designed and procured discharge platform which allowed better working on shared systems rather than individual spreadsheets. Partners told us they did not see delays as a result of inaction or poor relationships. Staff told us the virtual transfer of care hub started at the end of Covid-19 pandemic and works well across health and social care in Peterborough Hospital and other hospitals. The virtual hub can be used to discuss specific people, following assessment, and professional advice or opinion gained. Multi-disciplinary meetings were held when required and the Discharge Planning Team were situated on the same floor.

Partners told us they felt the reablement offer was good. The local authority confirmed that the reablement service has dedicated Occupational Therapy and an additional voluntary sector OT supported low level interventions.

The local authority told us there were five Adult Social Care Partnership Boards, independently facilitated by Healthwatch. The boards aimed to help improve care and ensure the highest quality and best value health and social care services for local people. The boards included people with lived experience of services, including people with learning disabilities and autism, older people, physical disability, sensory impairments and all age carers. Partners told us that they had directly participated in strategy development with all of the partnership boards in Peterborough. Partners told us they had captured the many changes and achievements made and could review any co-produced decisions and processes to ensure strategic direction was aligned.

The local authority told us about a section 75 agreement that was in place for the delivery of Mental Health social work services. This partnership work included joint workplans, service improvements and working together to explore and commission appropriate services for people with complex needs and avoid re-admission. Governance meetings were in place and operate with a culture of openness and transparency. Partners told us they met monthly with the local authority to review activity and performance and resolve any identified issues.

The local authority had developed guidance for staff relating to section 117 aftercare for people who were eligible for mental ill-health aftercare which explained eligibility and the joint responsibility of the local authority and Integrated Care System.

The local authority had an Approved Mental Health Professional (AMHP) who served the Peterborough area during office hours. The local authority told us they had an Approved Mental Health Professional (AMHP) rota to ensure AMHP coverage in the Peterborough area during office hours.

The local authority had commissioned Out of Hours Services from Cambridgeshire local authority. Staff told us that communication between the authorities were effective and recordings accessible on two systems ensuring there was clear communication and handover arrangements in place. Staff told us that in addition to this support there was a mental health liaison officer and mental health response car based within the Police who also provided support between 2pm and 10pm. Staff told us this support was introduced a few months ago and had already massively reduced the number of people being inappropriately taken to a place of safety under section 136 of the Mental Health Act. The service was funded by the Cambridgeshire & Peterborough Integrated Care System and supports people experiencing a mental health crisis to receive specialist care immediately.

Partners told us the daytime AMHP service only served people in Peterborough, and that Cambridgeshire local authority had been commissioned to deliver the emergency duty service out of hours, including weekends and bank holidays. However, the local authority confirmed that AMHP rota out of hours was covered by AMHPs across Cambridgeshire and Peterborough. One partner told us challenges remain in terms of what is the crisis pathway for people with mental health needs and responsive services highlighting that this work started a few times locally but then stalled but has now restarted, and there is multiagency engagement. Staff told us that this has already led to improvements in the crisis pathway for people with mental health needs.

Arrangements to support effective partnership working

When the local authority worked in partnerships with other agencies, there were clear arrangements for governance, accountability, monitoring, quality assurance and information sharing. Roles and responsibilities were clear.

The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes, for example as part of the Better Care Fund which supports the delivery of integrated health and social care. The Cambridgeshire and Peterborough Better Care Fund Plan Review dated April 2024, reviewed priorities including strengths, opportunities, achievements and future recommendations. Highlighted within the review was the success of the integrated commissioning of community equipment and technology; further development of integrated neighbourhood services; strong strategy and planned development of unpaid carer services and the positive impact of reablement and intermediate care services. The Review also highlighted eleven strategic recommendations which included future proofing the system and define shared priorities, develop future models of care, increasing focus on prevention and transformation and undertake a review of Home First demand and capacity.

Leaders told us that there was no overall political majority within the council and therefore scrutiny arrangements were cross-party and most decisions in relation to health and social care were by consensus. One leader told us that there is public access to committees, and the public could attend and speak directly to the committees. Co-opted members and Healthwatch also ensure the voice of the people is heard.

The local authority pooled budgets and jointly funded services with partners to enhance outcomes. The local authority provided details in relation to initiatives aligned to the Better Care Fund (BCF). There was a clear plan for spending in the financial years 2023/2025 with allocations towards Hospital Aftercare, Discharge to Assess (D2A) Residential and Nursing Beds with the largest allocation of funds were for Urgent Care and Crisis Support. Funds were also used to support carers with respite, sitting services and community care.

The local authority were partners on the Health and Wellbeing Board (HWB) which brought together housing, police, NHS, charities, and local authority leaders to tackle community issues such as employment and housing concerns, ensuring clear roles and responsibilities. Governance was held by the Health and Wellbeing Board and the BCF was a standing agenda item for its bi-monthly meetings. Board members were also separately kept informed and involved, as required, of developments and actions required. Focused workshops have been held with the Board to support BCF related decision making and planning.

One partner told us there was a high degree of alignment across the system resulting in a shift from treatment to prevention and what this means for integrated working, an example of which was hospital discharge. Partners are now looking at improvements to pathways and utilising funding from the Better Care Fund (BCF).

The local authority stated that they were committed to undertaking a full review of the BCF, including spending, value for money, effectiveness and performance of teams/ services funded through the BCF, evidence and reporting, engagement and co-production, and outcomes being achieved for people.

The local authority told us that the Reablement service was a core component of their discharge to assess (D2A) offer and working alongside the intermediate care at home service offered by Cambridge and Peterborough NHS foundation Trust and they were able to identify the number of people using each service for example, reablement service at home verses reablement in a bedded service.

Staff told us about the virtual hub which offers the opportunity for collaborative working between health and social care colleagues who worked together to discuss cases. Referrals were then triaged to the most appropriate service. The virtual hub could also be used for professional advice, for example, NHS Continuing Health Care (CHC) or complex case queries. Staff told us that all teams involved in hospital discharge had good working relationships, effective communication and access to Shared Care records and other relevant information. Staff told us consideration of CHC eligibility was part of their normal practice, and CHC checklists can be completed as required, and the Transfer to Care team can attend the Decision Support Tool (DST) meeting where it is appropriate to do so.

There was an Enhanced Response Service to prevent hospital admissions; to support people following a fall at home, providing one-off personal care support (not on their regular support plan) and provide reassurance following an incident at home. This service avoided the need for ambulance service to attend, thus reducing hospital admissions.

The local authority provided a commissioned service for people being discharged from hospital with low level needs such as transport home, help with shopping/prescriptions, companionship and rebuilding confidence.

Staff told us they felt the local authority provided a good range of services, such as early help, reablement services and older peoples day services. Staff told us there were positive working relationships within and across systems and partnership working in terms of integration, collaboration and co-production. For example, receiving timely responses from GP's and district nurses following any requests for support, information or advice they needed. Staff also told us about their involvement in co-production work with unpaid carers which had led to a greater understanding of carers respite preferences and the local authority was reviewing the current respite offer.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of social care and the outcomes for people. This informed ongoing development and continuous improvement.

The Joint Strategic Needs Assessment (JSNA) showed no improvements to health inequalities linked to deprivation, and highlighted that there were struggling households everywhere, even in areas that were not considered deprived as a whole. The local authority told us about their efforts to improve health inequalities and prevention through targeted areas of multi-agency work including a Multi-agency Fall Group and considering physical health and movement within care plans.

The local authority told us about the development of six Integrated Neighbourhood teams in Peterborough supported by the North Cambridgeshire and Peterborough Care Partnership. With a focus on improving health and wellbeing this involved agencies working across health, local authorities, the voluntary sector, and the wider community, to help people stay well, live longer and remain independent. The local authority had developed strong relationships with primary care networks to support the development of integrated neighbourhoods. As a result of joint working the Joy App, a social prescribing digital platform, has been introduced which provides a referral tool to GPs and other professionals and supports case management. Partners told us this tool had created both ease and efficiency in the ability to refer people to the local authority. Staff told us they were working closely with health colleagues following the introduction of the Joy APP and hoped to do more work in future with GP surgeries.

Partners reported that support from the local authority provided to the Integrated Care Board and Primary Care Network in the area of motivational interviewing had significantly enhanced the quality of their conversations with people, and as a result, the Integrated Care Board won an award, which would not have been possible without good partnership working.

The local authority and partners identified gaps in health and social care services in relation to people with learning disabilities and worked with the Cambridgeshire and Peterborough Integrated Care System on a transformation programme which included 5 workstreams focused on; joined up working across system partners and teams, increasing accessibility of mainstream services, specialist pathways for people with complex health needs, learning disability specialist staffing model and future pipeline and community-led support for people with behaviours of concern and in crisis. Clear timeframes had been set for each workstream to achieve its target within a 6 or 12 month time period, however some of the planned activities were not due to commence until April 2025.

The Joint Strategic Needs Assessment (JSNA), service specific needs assessments alongside the profile of demand for services, enabled the local authority to have a good understanding of local needs, services that are in place and the gaps in capacity for people with learning disabilities. Through engagement and feedback, the local authority now better understand the commissioning needs for people with a Learning Disability and had recruited a commissioner whose remit is to drive transition planning from children's services alongside Learning Disability and Mental Health commissioners in adults who will work to develop the services in a timely manner to meet needs at the point of transition.

Staff told us they had developed positive relationships with the local authority's health partners and described the Cambridgeshire and Peterborough Integrated Care Board as having a good focus on early intervention.

Partners told us about the partnership boards, and explained that this provided the opportunity for feedback, information sharing, ideas and opportunities for partnership working. Partners told us this was the catalyst for the context for the carer conversations to work.

Peterborough had a section 75 agreement in place for the delivery of mental health social work services. There were clear governance arrangements in place with monthly meetings to review performance and oversight. Partners told us about their relationship with the local authority was strong with an ambition to improve service provision for people with mental health needs. Partners told us they had been invited by the local authority to support commissioning activities, as an expert in the field, which was currently in progress. Leaders told us improvement work was being undertaken in relation to specialist supported living accommodation for people with a learning disability and/or mental health needs and supporting people with complex needs.

The local authority identified issues with their Adult Mental Health Professional (AMHP) Service and has worked with partners to analyse referrals, understand the support people require and review availability of AMHPs, doctors and bed capacity. This has resulted in increased internal training to enhance AMHP capacity, development of improvement plans specific to the AMHP Service, and providing information and advice to improve understanding in relation to appropriate referrals.

Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and charity organisations to understand and meet local social care needs. The local authority provided funding and other support opportunities to encourage growth and innovation.

The local authority's prevention, independence and resilience strategy aimed to work collaboratively with the Integrated Care Board to support the quality and sustainability of local voluntary and community sector (VCS) organisations and one of their actions was to develop a jointly commissioned oversight board to provide training and oversee the quality of the voluntary sector. The expected outcome for 2026-27 was to have a cultural shift towards collaboration with partners and reduce reliance on council services.

In line with its Care Act responsibilities to promote wellbeing and collaborate effectively with local partners, the local authority told us how they worked with VCS groups that primarily supported people who were underrepresented. The local authority's Communities service commissions a VCS infrastructure to facilitate forums that provide spaces for dialogue, collaboration, and capacity-building, to ensure that diverse voices are heard. These included a Disabilities Forum, Food Poverty Forum, Health and Wellbeing Forum and Gender Based Violence Forum and an overall membership of over 350 VCS organisations.

The local authority stated they had worked closely with community groups over the last twenty years and employed an Asset-Based Community Development (ABCD) approach, enabling strengths, skills, and resources within communities to be built upon to deliver solutions. The local authority told us the Community Connectors within the council's Communities service empower communities by focusing on their strengths and assets to drive positive change and over the last 4 years they have actively worked with 141 Voluntary Community Sector organisations, which has increased from 41 organisations in 2020.

The local authority told us about the recent creation of a Voluntary, Community and Social Enterprise (VCSE) working group, designed, in part, to prevent silo working within the sector and enable networking and sharing of information. Its members included Adult Social Care managers, Public Health, the Integrated Care Board and Integrated Neighbourhoods. The purpose of the group was to establish a forum for cross-agency discussions to prevent service duplication. In addition, it was to establish a central database, containing all funding, grants, contracts and services in the Voluntary, Community and Social Enterprise sector.

Staff told us they worked closely with a range of local Voluntary, Community, Faith and Social Enterprise (VCSFE) services. This included commissioned services which operated a handyperson service and a befriending service, another voluntary organisation also provided support with transport and medication delivery and providing grants to VCFSE providers working with different minority groups in Peterborough. Staff told us they were in the process of setting up a VCFSE provider forum to help improve partnership working.

We heard mixed responses from partners in relation to voluntary and community sector partnership working. Some partners told us the relationship between the voluntary care sector and the local authority was generally positive, and the local authority reached out to gather insights into the population. Partners told us they were invited to the Adult Safeguarding Board meetings, the Integrated Care Board meetings and the Health and Wellbeing Board, and other meetings. However, some partners felt the local authority did not listen to them and did not understand what services they could provide and highlighted there was a lack of communication and collaboration with VCS organisations. One partner reported that larger VCS organisations tend to receive more attention from the local authority than smaller ones, which often limits funding opportunities for smaller voluntary sector organisations. As a result, some smaller organisations have had to merge with others to stay afloat.

Theme 3: How Peterborough City Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 3

3 - Evidence shows a good standard

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

Safety was a priority for everyone. The local authority understood the risks to people across their care journeys; risks were identified and managed proactively; the effectiveness of these processes in keeping people safe was routinely monitored. The views of people who use services, partners and staff were listened to and considered.

Policies and processes about safety were aligned with other partners involved in people's care journey. This enabled shared learning and drove improvement. Information sharing protocols supported safe, secure and timely sharing of personal information in ways that protected people's rights and privacy.

The local authority had policies and procedures in place relating to people waiting for an assessment, including arrangements to monitor and manage risk.

The local authority commissioned Cambridgeshire County Council to deliver an out of hours service including AMHP services. Staff told us the use of the out-of-hours service was rare as most things were addressed by daytime services and any issues at nighttime were often addressed by health colleagues or the 111 service.

Staff told us that out of hours service may not always be appropriate for people's different or complex needs and gave the example that some people experiencing a mental health crisis may find it difficult to call the out-of-hours service for support, and for that reason staff ensured that providers delivering care had the correct contact details to support people to access this service. Staff told us there were arrangements in place to ensure Peterborough and Cambridgeshire local authorities had access to shared information about people through a recording system to enable efficient transfer of information. Staff told us about the good relationship they had with the police, who had access to a mental health liaison officer and a new police response car between the hours of 2pm-10pm which had a positive impact in the few months in which it had been running.

Partners told us there were plans to review AMHP activity and mental health activity and what systems were used for recording soon.

Staff told us about the different arrangements in place to ensure people and unpaid carers were supported. For example, staff told us the Community Long Term team were alerted by health partners when people with a learning disability and/or autism were admitted to hospital so they could start working with them to review their needs and plan for their discharge, if the person had an identified worker. If the person was not known to the team, the Hospital Team would support assessment and discharge planning.

Staff also told us that there was a carers' support service that provided a sitter service as a contingency for emergencies and provided support for the first 72 hours whilst formal care was put in place. However, staff also told us there was a lack of locally available emergency respite provision for people with a learning disability or autism.

The local authority had developed a standard operating procedure and guidance for staff in relation to NHS Continuing Healthcare and funded Nursing Care and the process for assessing a person's eligibility for NHS or joint funding. There was also a joint policy with the Integrated Care Board which covered disputes between the two parties in respect of funding arrangements which aimed to ensure the person remained central to the process and continued to receive continuity of service whilst the dispute was being resolved.

The local authority has produced a factsheet for practitioners on ordinary residence and the key tests which must be carried out to determine who is responsible for funding a person's care when they are moving in or out of a local authority area.

Safety during transitions

Care and support were planned and organised with people, together with partners and communities in ways that improved their safety across their care journeys and ensured continuity in care. This included referrals, admissions and discharge, and where people were moving between services.

Specific consideration was given to protecting the safety and well-being of people who were using services which were located away from their local area, and when people moved from one local authority area to another.

The local authority had developed policies, processes and guidance in relation to the transition process for young people. They had also produced a guide for parents of young people with Special Educational Needs and Disabilities about preparing for adulthood, a detailed and comprehensive document containing wide range of information about how parents can support their young person to transition to adulthood. Staff told us they attended regular sessions at local schools to ensure they were referring young people promptly where needed and to engage with parents to support their understanding of the transition process. Some young people told us they had been supporting the local authority by visiting schools to talk about their experience of transition, as well as attending virtual meetings with frontline staff to help raise awareness of what it was like to go through the transition process.

The local authority had recently separated their 0-25 Disability Social Care services to improve health outcomes and better meet the needs of young people as they transition into adult services and there were now two service areas; a 0-18 Children with Disabilities Service and a Transition's Team (18-25) with both teams working closely to ensure a smooth transition into adult services. The children with disability team and transitions team were co-located in the office and worked closely together. All children transitioning to adulthood from the children with disability team were co-worked by both teams for a two-year transition period which helped with consistency and continuity of care for people as they would have staff members who were already familiar with their needs. Staff told us team managers from both services met quarterly to review any young people coming through and ensure transitions work was appropriately planned.

Staff told us they started working with young people at the age of 16, although this could be lower for young people with particularly complex needs. They said they aimed to have young people assessed under the Care Act by the time they were 17. They would then take their proposals to the panel when the young person was 17 and three months as a quality assurance check. A further check through panel was made at 17 and nine months to finalise the young person's care provision when they turned 18. The team told us this system worked well, and they had had a 100% compliance rate for the completion of their transitions work before young people turned 18. We found records highlighted both current and future needs, which included support to develop independent life skills for transitioning to adulthood. Staff told us the local authority commissioned support for young people to prepare for adulthood, which included support in areas such as cooking, money management, employment and housing. Staff told us that there were significant challenges in identifying semi-independent housing options and appropriate housing support for young people with learning disabilities. Staff told us commissioners were working with housing developers to address this matter and increase availability.

People told us that work to prepare them for adulthood began at age 16, and they were assessed prior to their 18th birthday to ensure continuity of care and support. People and their families were supported to understand the transition process and engage fully in assessments and decision-making forums.

The local authority told us about their adult safeguarding priorities for 2024/25 included a focus on self-neglect and hoarding; the introduction of a collaborative preventative approach by the Safeguarding team, Care Home Support team and Commissioning team in relation to notifications of concern about providers; improving practice in relation to the Mental Capacity Act and utilizing themed audits and improvements in Making Safeguarding Personal outcomes. At the time of our assessment the local authority had co-located the Safeguarding and Care Home Support teams and delivered training to staff.

The local authority had developed policies and processes relating to hospital discharge and produced guidance for staff in relation to the safe transfer of care from hospital to home or a care setting. Staff told us the Transfer of Care Hub co-ordinated hospital discharges and was based at the hospital and the Intermediate Care Team co-ordinated rehab, intermediate care and interim beds. Staff told us they worked closely with the hospital and received timely referrals for their services. There was also a Reablement worker based in the hospital Monday to Friday and cover available at weekends. The reablement Team received discharge notifications and then assessed. If people were assessed as not suitable for reablement then they were passed to the Transfer of Care Hub.

People told us that they had been assessed prior to hospital discharge, and this included reablement assessments were appropriate. We heard some people had minor delays whilst waiting for a package of care to commence which delayed hospital discharge.

Staff told us that there were OT's available to check home environments prior to hospital discharge but that OT resource was limited. Staff told us there was an OT based in the Reablement team who could assess and provide basic equipment on the same day.

Partners told us they felt hospital discharges were now timely and there was sufficient capacity in the system due to additional resources provided by the local authority. However, this was not always the case when people had complex needs and specific decisions were required, such as funding streams and appropriate accommodation and support to be discharged to. Staff told us that risk assessments were completed as part of the assessment process and there were provisions to support timely discharge from hospital that included; a bridging service to support extra care and return home whilst awaiting a package of care to start; 6 reablement flats can be sourced via the brokerage team; Short-Term Adult Reablement Service (STARS) support workers for people with mental health needs as well as reablement. Where there were concerns about the home environment there was funding available to arrange for properties to be checked and deep cleans arranged, people could access a reablement bed whilst this process was completed.

People told us that they had received an assessment and explored care and support options. People told us they felt listened too and their wishes and feelings were considered along with their family's views. People told us when a change in need required a change in provider or placement this was actioned in a timely manner.

Contingency planning

The local authority undertook contingency planning to ensure preparedness for possible interruptions in the provision of care and support. The local authority knew how it would respond to different scenarios; plans and information sharing arrangements were set up in advance with partner agencies and neighbouring authorities to minimise the risks to people's safety and wellbeing.

Funding decisions or disputes with other agencies did not lead to delays in the provision of care and support.

Leaders told us the council had business continuity plans in place which included back-up copies of data which they could print out and work from if required. This included having access to data relevant to any open cases, the back-up of which was run on a daily basis to support managers' understanding of the situation with their team's workloads in the event of an IT failure. The local authority had an Information Technology (IT) team who were proactive in monitoring and working to prevent any cyber risks such as phishing.

The local authority had a Memorandum of Understanding (MoU) in place for local protection arrangements in the local authority area. The MoU sets out the health system arrangements for health protection in the event of infectious diseases outbreaks and health protection incidents. It also established the arrangements and undertakings of partners, including the local authority.

The local authority had carried out emergency planning learning, to review and learn from a winter flooding incident and remind staff of the emergency plans and how the various agencies worked together to support and protect people.

The local authority told us about the arrangements they had in place to conduct quality monitoring of commissioned providers. Intelligence was gathered through a variety of sources, including routine provider monitoring, complaints, notifications of concern and meetings with staff and partners. The local authority had a clear process following the identification of quality issues which would result in a full or focused monitoring visit and the development of an improvement plan and regular monitoring to review the progress made. Failure to make the necessary improvements would result in further action being taken by the local authority, including no new placements or a contractual default notice. The local authority told us they had recently implemented a new monitoring tool and supported staff and providers to prepare for its implementation.

Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

There were effective systems, processes and practices in place to make sure people are protected from abuse and neglect.

The local authority worked with the Safeguarding Adults Board and partners to deliver a co-ordinated approach to safeguarding adults in the area. There was a strong multi-agency safeguarding partnership, and the roles and responsibilities for identifying and responding to concerns were clear. Information sharing arrangements were in place so that concerns were raised quickly and investigated without delay.

Staff involved in safeguarding work were suitably skilled and supported to undertake safeguarding duties effectively.

Following the separation of services between Peterborough City Council (PCC) and Cambridgeshire County Council (CCC) in August 2023, Peterborough reviewed their delivery model for safeguarding to determine if it was fit for purpose for Peterborough. The separation had resulted in Peterborough having a considerable number of vacancies as most staff in shared roles were employed by Cambridgeshire. Recruitment to vacant posts has been completed, including the recruitment of an experienced Team Manager.

The local authority identified 8 key achievements in 2023/2024 in relation to safeguarding and these included training for practitioners and managers and a revised training matrix for officers to ensure competence and confidence, a review of the end-to-end safeguarding processes and practice guidance, training and upskilling Adult Early Help Care Advisors and learning from Safeguarding Adult Reviews, Domestic Homicide Reviews and complaints.

Partners told us there was effective communication with the adult safeguarding team and the safeguarding system was working well, and they had no concerns in this area. However, some partners explained it was difficult to understand the threshold for a section 42 enquiry.

Data from the Adult Social Care Survey (ASCS) showed 64.44% of people who use services in Peterborough feel safe, this is similar to the England average of 71.06%. In addition, 83.89% of people who use services in Peterborough say that those services have made them feel safe, this is similar to the England average of 87.82%. This data suggested there was room for improvement in supporting people to feel safe in Peterborough. In comparison, data from the Survey of Adult Carers in England (SACE) showed 83.78% of carers who feel safe in Peterborough, this is similar to the England average of 80.93% but highlights there remains further room for growth in these areas.

The local authority told us there were changes to the target time for completion of section 42 enquiries from 28 days to 35 days following a review by Partners In Care and Health, where the original timeframe was acknowledged to be too restrictive. Staff told us they continued to mitigate and reduce risk at the point of contact if possible, and cases were generally turned around within the new timescale, which had not been the case with the original timescale. Staff explained that they were made aware if an enquiry had breached the 35 day target.

The local authority explained that all staff must complete mandatory training modules in Safeguarding Children & Adults, including Prevent during the first week of their induction. The local authority had also developed a training matrix for staff which offered a wide range of training focused on minimising risk and maintaining people's safety, including training in suicide prevention, Deprivation of Liberty Safeguards (DoLs), Making Safeguarding Personal, Multi-Agency Risk training, domestic abuse and coercive control and the Oliver McGowan training levels 1 and 2.

Staff told us they had received comprehensive safeguarding training that enabled them to carry out investigations confidently when needed. They also confirmed that learning from Safeguarding Adult Reviews was shared with them and discussed at team meetings to help reduce the risk of repeat occurrence.

Data from the Adult Social Care Workforce Estimated 30.81% of independent/LA staff completed MCA / DoLS training in Peterborough, this was worse than the England average of 37.58% and 34.94% of independent/LA staff completed safeguarding adults training, this was significantly worse than the England average of 48.70% suggesting there was further room for improvement in this area. However, the local authority told us they do not submit training data to Skills for Care so this data only reflects the independent sector workforce. The local authority explained that all local authority staff complete mandatory MCA / DoLS training and Safeguarding training at a level appropriate to their role.

The Cambridgeshire and Peterborough Safeguarding Partnership Board provides safeguarding information and advice, as well as multi-agency training courses and virtual briefings. There were clear governance arrangements in place and several subgroups with specific roles and responsibilities. For example, the Safeguarding Adult Review (SAR) Subgroup considered whether cases met the threshold for carrying out a SAR and if there were processes in place should attendees disagree which helped to inform decision making. One partner told us the local authority representatives consistently attended the SAR subgroup meetings and engaged positively with the process. Leaders told us there were several SAR's currently being undertaken and the local authority was learning from them. Staff told us about learning from SARs and a thematic audit that had been completed, which led to improvements in management oversight and amendments to the recording system to incorporate management decisions. Workshops on recording and audits were also completed.

Some partners told us about the de-coupling from Cambridgeshire County Council had brought some challenges for the Cambridgeshire and Peterborough Safeguarding Partnership Board for example a pause on delivering multi-agency training.

Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in the area. The local authority worked with safeguarding partners to reduce risks and to prevent abuse and neglect from occurring.

Lessons were learned when people had experienced serious abuse or neglect, and action was taken to reduce future risks and drive best practice.

The local authority's Adult Safeguarding priorities for 2024/25 were identified as self-neglect and hoarding which remained an area of focus and remained a practice challenge and a Self-Neglect and Hoarding Group was established to ensure self-neglect and hoarding was a priority for wider council services.

The Care Home Support team was co-located within the Safeguarding team with the aim of providing a more joined up approach. Staff gave examples of having worked with people to improve their safety, which included working with one person at risk due to hoarding for a period of several months to build trust until they agreed for support to declutter their home.

The Mental Capacity Act was also an area of focus and remained a practice challenge. Specific training had been commissioned to improve practice, and a themed audit had been undertaken to specifically identify areas for greater focus. Closer monitoring and improvement of the key Making Safeguarding Personal outcomes and ensuring the voice of the person was clearly heard in safeguarding enquiries.

Staff told us themes were reviewed by managers, and had included pressure sores obtained in hospital, falls, financial abuse, self-harm and neglect, cuckoo-ing and domestic abuse. Staff told us low level safeguarding, for example, medication issues raised by a provider that they have already dealt with, results in a Notification of Concern being raised and if it occurs again action is taken. Providers of Concern were discussed at managers' meetings and actions agreed.

Partners told us that they had no concerns about raising and investigating safeguarding concerns/enquiries with the local authority. Data from the Safeguarding adult collection showed the number of Enquiries meeting S42 threshold over time 2019-2023. The average number of safeguarding concerns was 2114 and the average number of section 42 safeguarding enquiries was 164.

Data provided by the local authority highlighted that in 2023/24 the number of section 42 safeguarding enquires had increased from 5% (147) in 2022/23 to 9% (230) in 2023/24, with neglect and acts of omission (96) being the highest type of abuse, followed by financial or material abuse (55) and physical abuse (41).

Partners told us the local authority had a transparent, open approach to learning from SARs, which they said was to their credit. We heard the Safeguarding Adults Board responded appropriately to any issues coming out of SARs. For example, they had implemented a Multi-Agency Risk Management (MARM) Task and Finish group in response to recent findings and reviewed the action plans coming out of recent SARs and found that the local authority had acted on any learning from them to help ensure improved practice.

The local authority had developed a SAR Action Plan which demonstrated the council were learning and making improvements as part of their SARs process and lessons identified included triage times for safeguarding referrals, support for unpaid carers, multi-agency working particularly around the MARM (Multi-agency Risk Management) process and recorded keeping. In response, actions and improvements made include the introduction of new training, updating guidance and factsheets, and the launch of new case file audits.

The local authority had a well-established Deprivation of Liberty Safeguards Team with high levels of referrals and little backlog. The local authority had invested in staff training for Best Interest Assessors as well as commissioning independent Best Interest Assessors to meet demand. Data provided by the local authority showed that there were 70 DoLs assessments awaiting allocation including renewals in September 2024 and the average completion time for an assessment was 21 days. At the time of our visit staff told us there were currently 60 DoLs applications awaiting allocation which was due to a predicted annual spike during March / April.

We noted that appropriateness of deprivation of liberty safeguards were being considered by practitioners, especially when new placements were planned.

Responding to concerns and undertaking Section 42 enquiries

There was clarity on what constitutes a section 42 (s42) safeguarding concern and when section 42 safeguarding enquiries are required, and this was applied consistently. There was a clear rationale and outcome from initial enquiries, including those which did not progress to a section 42 enquiry. There were clear standards and quality assurance arrangements in place for conducting section 42 enquiries.

When safeguarding enquiries were conducted by another agency, for example a care or health provider, the local authority retained responsibility for the enquiries and the outcome for the person(s) concerned.

The local authority had developed policies and processes in relation to safeguarding adults. The local authority had recently made improvements to the process by removing an information gathering phase which meant referrals were dealt with appropriately and in a timelier manner. The local authority had carried out a review of practice around section 42 enquiries following the decoupling from Cambridgeshire County Council from which they had identified a high proportion of reported safeguarding concerns did not meet the threshold for a section 42 enquiry which resulted in the development of clearer guidelines for frontline staff.

Data provided by the local authority showed safeguarding referrals which were appropriate had increased from 71% in 2023/24 to 84% in July-October 2024. Subsequently, there had been a significant increase in concerns progressing to section 42 safeguarding enquiry, moving from 12% in 2023/24 to 54% between July and October 2024.

Staff told us safeguarding referrals were received through the Early Help Team who have been trained to identify if three criteria were met. Referrals could be made via telephone, online, or email. Most emails from professionals are sent via email or online form. Members of the public can call directly. Adult Early Help can provide advice and guidance or if needed speak to a member of the safeguarding team if required. If the criteria are met, the referral would be sent to the Safeguarding team to triage and identify if a section 42 enquiry was required and risk rate the referral ready for allocation to a worker.

Data provided by the local authority in March 2025 showed that the number of people awaiting safeguarding triage and information gathering totalled one, and the median wait time was 3 days. The local authority set a target for the completion of these activities of 5 days and there were no people waiting longer than 5 days.

Staff told us they felt able to identify safeguarding issues and applied Making Safeguarding Personal principles to agree outcomes with people. Staff told us if a person lacks mental capacity, the team speaks to family and/or lasting power of attorney (LPA) regarding support and decision making or use of advocacy as and when required. Staff told us safeguarding team referrals to the advocacy provider were prioritised, this was following a meeting between the team manager and provider.

Partners told us the safeguarding team was more professional than it had been in the past and there had been an improvement in receiving feedback in response to any safeguarding concerns raised.

Partners had mixed views on how well they understood the local authority's threshold for accepting safeguarding concerns, and this resulted in them referring everything to avoid any possibility of failing to make the necessary notifications. Some partners felt further work was required as individual allegations may not meet the safeguarding threshold but may be met when reviewing allegations over a period to identify emerging issues.

Staff told us there were quality assurance processes in place for managers to review case work and completed audits. There were also thematic audits completed by the Quality Practice Team to identify themes and trends which were shared with managers and staff. Staff were able to provide examples of themes in Peterborough including self-harm and neglect, hoarding, financial abuse and pressure sores.

In March 2025, data from the local authority showed that there were 12 people waiting for a safeguarding enquiry to be allocated, and the median wait time was 3 days. The local authority had set a target for allocation of 5 days and there were 5 people waiting longer than the target timeframe.

Staff in frontline teams were involved in completing section 42 enquiries, but the Safeguarding Team retained oversight of all safeguarding investigations. Staff told us they could ask providers to look into allegations directly but would only conclude investigations where they were satisfied with the outcome.

The local authority had systems in place to ensure section 42 enquiries were logged on the Notification of Concern (NoC) data sets at the investigation stage to enable commissioners to fully understand the providers context during contract management meetings or quality monitoring. Notifications of concern (NoCs) were reviewed weekly and individual action taken by the relevant commissioner with each provider. Themes and trends also guide content of the provider forums and are a source of intelligence which is used to determine if a focussed or full monitoring visit is required to provide assurance as to the quality of care.

Making safeguarding personal

Safeguarding enquiries were carried out sensitively and without delay, keeping the wishes and best interests of the person were prioritised. People had the information they needed to understand safeguarding, what being safe meant to them, and how to raise concerns when they did not feel safe or they had concerns about the safety of other people.

People could also participate in the safeguarding process as much as they wanted to, and people could get support from an advocate if they wished to do so. People were supported to understand their rights, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010 and they were supported to make choices that balanced risks with positive choice and control in their lives.

The local authority's Adult Safeguarding priorities for 2024/25 included closer monitoring and improvement of the key Making Safeguarding Personal outcomes and ensuring the voice of the person is clearly heard in safeguarding enquiries. Data provided by the local authority confirmed that in September 2024, 72.6% of people had making safeguarding personal information recorded in safeguarding enquiries.

The local authority had produced a Safeguarding Adults Training Strategy to ensure staff receive the appropriate training to reflect their role in safeguarding adults and promote a Making Safeguarding Personal approach.

Staff told us during the safeguarding process they aimed to empower people and keep them at the centre of safeguarding interventions. Data from the Safeguarding Adult's Collection showed 83.33% of individuals lacking capacity in Peterborough were supported by advocate, family or friend, this was similar to England the average of 83.38% indicating that most people in Peterborough who lack capacity were adequately supported but there remains room for improvement in this area.

Partners told us that advocates were regularly utilised to support people through the safeguarding process. Advocacy referrals relating to safeguarding are prioritised and the local authority is committed to making safeguarding personal.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

There were clear and effective governance, management and accountability arrangements at all levels within the local authority; these provided visibility and assurance on the delivery of Care Act duties including quality, sustainability, risk and peoples care and support experiences.

There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities. Leaders were visible, capable and compassionate.

There were clear risk management and escalation arrangements in place. These included escalation internally and externally as required. The local authority's political and executive leaders were well informed about the potential risks facing adult social care. These were reflected in the corporate risk register which was monitored monthly and taken into account in decisions across the wider council.

The local authority told us about the council's Corporate Strategy which was aligned to the Sustainable Future City Council Strategy 2022-2025 including one on prevention, independence and resilience which aims to work proactively with communities not reactively. The Prevention, Independence and Resilience strategy set out the objectives of the council and was available to staff and residents to view online. The local authority held quarterly cabinet meetings to review progress against the strategy and actions were driven through each layer of the local authority's organisational structure.

The local authority provided a detailed overview of the strategic oversight and governance arrangements in place, an example of which is the Adults and Health Scrutiny Committee who publicise details of the function it performs in terms of governance on the public website.

The local authority told us all Care Act delivery is subject to comprehensive quality assurance audits with reporting, scrutiny, and management via the Practice Governance Board. The local authority had an internal governance structure, with established boards covering Quality and Standards, Performance and Finance, Commissioning and Business and Transformation with several groups sitting under each Board.

Partners told us both local authorities had managed the decoupling of the joint local authority to that now of Peterborough and Cambridge as separate local authorities. We were told relationships were sound and collaborative, ensuring some combined arrangements were kept, for example, a joint safeguarding adults board. One partner told us there had been a real effort from the local authority to engage with partners since their decision to split from Cambridgeshire and spoke positively about the consistent membership and approach of the senior leadership team who they described as being approachable and willing to listen.

Partners told us there were financial challenges for both social care and health, but practical relationships had been built, there were established working practices with partners in health and a focus on improvements.

The local authority tracked adult social care risks through a risk register, and there were five areas highlighted as significant risk and significant likelihood of occurrence. There were identified owners of each risk area and mitigation and control measures identified. An example of which was an identified substantial risk in a lack of availability of resources in crisis situations, for people with learning disabilities or mental health needs and had recorded confirmation of plans to explore these issues.

The local authority had developed a Quality Overview Panel which meets daily to review all completed assessments where there is eligibility for council-funded care and support. The panel quality assures assessments and ensures consistent application of eligibility criteria. The meeting is chaired by a member of the adults' management team with a head of service and commissioning representatives as members. Staff told us decisions about eligibility are to be considered at the Quality Overview Panel which runs daily and is chaired by senior managers including the DASS. There is a focus on quality, and eligibility, and all new assessments and reviews with significant change in need have been identified are discussed with the practitioner. Staff spoke positively about the working culture of the local authority and described the senior leadership team as being approachable and keen to support staff where they could.

Staff and managers had access to performance data and Power BI reports had been developed to show progress at the directorate, team and individual level of progress made along workflows with information being refreshed daily. This enabled managers to see exactly what was happening within their teams rather than having to request and wait for feedback from a data analyst. Staff told us they presented a monthly activity report to the senior leadership team which gave them oversight of staff activity. This report was also shared with the Lead Member and Key Performance Indicator metrics were shared with the corporate leadership team each month and provided more detailed data to Cabinet on a quarterly basis.

Data provided by the local authority showed that in 2023/24, 2185, people in Peterborough aged 18+ years were accessing long term support. Looking at the support across community, residential and nursing care: (1) 77% of these people (1690) were supported through community care, which is better than 73% for England overall. (2) Only 17% (365) were supported through residential care, which is less than 20% for England overall; (3) 7% (155) were supported through nursing care, which is less than 8% for England overall. The local authority told us they were keen to continue to build on its use of evidence and intelligence journey and had a program of activity overseen by the Data Delivery Board to enhance available performance and management data.

The local authority had introduced quality assurance processes including case file audits. Guidance on conducting case file audits had been created for managers, who conducted two case file audits for each staff member per year and looked at all casework undertaken by the practitioner on that case. Managers were required to gather feedback from people as part of this process and ask practitioners to reflect on their audited work. Managers present audit findings quarterly at a managers' forum and themes are presented to senior management for future decision making. The Quality Practice Team oversees the quality assurance of practice and the recording of that practice. The audit process was launched in April 2024, with 4 quarterly managerial audits, reporting mechanisms, presentations and annual audit assurance.

Strategic planning

The local authority used information about risks, performance, inequalities and outcomes to inform its adult social strategy and plans, allocate resources and deliver the actions needed to improve care and support outcomes for people and local communities.

The local authority had developed a service delivery plan covering transformation and service development, and continued improvement plans for key areas such as prevention, independence and resilience, targeted prevention, prevention focussed integrated neighbourhoods, preparing for adulthood and digital and data analytics. Staff told us Equality Impact Assessments (EIAs) were recently relaunched and there was a monitoring and review system in place to ensure the local authority understood the potential impacts of activities on groups of people. Findings informed policies and services and ensure all services were equitable and create an opportunity to understand existing barriers.

We heard about the strategic alignment to government local and national priorities and leaders told us they had been trying to tie good health into every directorate of the council and there had been more co-location of teams to address better integration of services such as the transitions service. Leaders told us Peterborough had its unique inequalities, and work was in progress to look at health determinants, use of data and directorate information sharing to make a case for funding to help address health inequalities. One partner told us relationships with the local authority are good and senior leaders meet both formally and informally and discuss future areas of collaboration, sharing difficulties faced but also looking at what they can do together, for example combined strategies, shared ambitions, and priorities.

The local authority had established a Practice Governance Board (PGB) which evaluated the implementation of strategic priorities and monitors the quality of practice. The local authority explained that the PGB takes an overview of all practice including monitoring and learning from case audits, oversight of and learning from complaints and compliments, oversight and learning from Safeguarding Adults Reviews (SARs) and Domestic Abuse Related Death Reviews (DARDRs). In addition, the PGB reviewed and signed off the practice guidance which was co-produced by the Quality Practice Team and staff. The PGB provided monthly progress reports to the Executive Director's Adult Management Team.

The local authority service delivery plan highlights several areas where Peterborough was performing well compared to national benchmarking, including quality of life for people receiving services from adult social care, percentage of people receiving direct payments for their care and support and people completing reablement with no long-term care and support needs. The local authority had identified they perform less well in the areas of carers receiving direct payments, carers feeling consulted and having quality of life, and percentage of people who feel care and support services make them feel safe. The local authority had taken steps to address these issues by introducing monthly events at the carers centre to promote direct payments and provide information and advice and arranged co-production workshops and events with unpaid carers to understand their needs, support and preferences. During our assessment we saw evidence of improvement in these areas.

Staff told us Peterborough was a changing landscape and was a fast-growing city which brought lots of investor interest and activity for them which could impact on their oversight of the market. Staff told us they had developed a mechanism to address this by implementing a monthly accommodation panel which discussed health issues, strategic direction, issues of a sensitive nature, political and capacity issues. The team told us this was a multi-disciplinary panel that brought together a wide range of professionals to help identify solutions and use critical thinking to ensure their approach was working and market oversight was retained.

The local authority told us the Workforce Strategy was in development and involved co-production with staff. Staff told us there were some vacancies in teams but most people who came to work in Peterborough remained. Staff told us there were local and national issues relating to the recruitment of occupational therapists, and options were being explored in terms of return to practice opportunities and work with local universities. The local authority told us their vacancy rate for Occupational Therapists was currently low.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records, and data management systems. They adhered to data protection laws, ensuring compliance with relevant regulations to control the use and secure storage of personal information. Leaders told us about improvements made to increase capacity utilising artificial intelligence tools including Magic Notes and Co-pilot. Staff told us they ask the person for their consent to use these tools during their interactions.

Leaders told us the integrated care system had a system-wide information sharing agreement in place, which they followed accordingly. They confirmed the introduction of Shared Care records had been working well and proved helpful for frontline staff in being able to access relevant information to support people's assessments and reviews in a timely manner. For example, it helped frontline staff to directly identify whether relevant people had relevant diagnoses or had been seen by health partners at the memory clinic, rather than having to request this information and wait for partners to respond which could take time.

Access to data was regulated through protocols, allowing only authorised personnel to handle local authority information. One partner told us about the local authority's sharing of relevant information including demographic data. Further enhancements in relation to data sharing and shared systems were planned with the adoption of a digital tool.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome, and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

The local authority had developed enhanced training and development opportunities for staff linked to career pathways which supported personal growth and wellbeing and had led to high rates of staff retention.

The local authority had developed a training matrix to support continuous professional development within adult social care including Best interest Assessor, AMHP training, Occupational therapist Apprenticeship level 6 and Leadership and Management Apprenticeship levels 3 to 7 and registered professionals all received 6 continuous professional development (CPD) days to take throughout the year to support them to enhance their skills and knowledge. Staff told us the local authority had 'grow their own' ethos for staff development. For example, members of the team had been supported to complete their social work degrees and qualify and complete their Assessed and Supported Year in Employment (ASYE) since starting work in the team.

Monthly managerial supervision takes place between staff and their line managers which were called 'our conversations'. The supervision supports professional development and staff wellbeing. There was also a yearly 'our conversation' which acts as an appraisal. Staff were expected to complete one learning module per month and this was monitored by line managers. Staff told us they had onsite supervision which reviewed practice and identified any ongoing support required through training. The team told us new starters had a full induction and an ongoing training programme. The team told us they felt there was a wide training offer which allowed staff to progress in their careers if they wanted to. Staff felt confident carrying out their roles with the training they had received.

The local authority were introducing an inclusive leadership programme, via an external training consultancy firm. One aspect of the programme was mandatory for all managers. The second aspect was to complete an optional apprentice in Inclusive leadership management. Both routes were offered to staff at all levels and tailored towards their role and the first cohort commenced in October 2024. Staff told us there had been a big investment in leadership training across the council, at all levels. Staff told us access to leadership roles for staff from diverse cultures was important and there was visibility of progress at operational manager level.

The local authority provided details of a plan to improve workforce wellbeing including the Principal Social Worker (PSW) setting up staff forums to listen to staff and establishing a monthly meeting with the PSW with staff from all services. Staff told us there was a programme of monthly sessions, providing the opportunity for practitioners to meet with the Principal Social Worker to raise issues of concern and undertake best practice discussions with staff sharing learning from within their teams and huddles.

The local authority had developed its own Quality Practice team, and a monthly Quality Assurance Forum had been established to provide a workshop space for the team to co-design tools and policies with Team Managers. A new case file audit tool had been developed and a quarterly reporting programme provided improved management oversight of practice as each practitioner was audited twice yearly within supervision with further planned enhancements including direct observations.

Staff told us the local authority had developed a suite of 91 guidance documents to support staff with legal literacy and best practice, and themes included ordinary residence, young carers, Mental Capacity Act and section 117 aftercare.

Partners also told us they had access to multiple free training including adult safeguarding provided by the local authority.

The local authority had developed a best practice approach to co-production and put in place the essential elements to support this such as recognition guidance and the roll out of training to all managers and commissioners. The focus now was to embed this in everything the local authority did and be able evidence “you said we did” through all aspects of their work from care and support planning through to developing strategies. The local authority told us a co-production website was launched for local people to find out more about co-production opportunities in the council and how to get involved. Training sessions took place with staff, and a co-production champion was identified within the commissioning team to support with improving engagement and developing the commissioning toolkit. Partners told us the local authority acknowledged that co-production was an area of development for them.

The local authority told us their bid was successful to participate in the IMPACT project through Sheffield University. IMPACT is the new UK Centre for Implementing Evidence in Adult Social Care. The local authority told us the project had supported a better understanding of changes they needed to make to their commissioning processes to ensure they were using co-production, resulting in better outcomes for people.

The local authority had co-created their internal guidance on co-production with people with lived experience, voluntary and community professionals and council staff. It provided best practice guidance on how the Adults, Public Health and Commissioning directorates can recognise the contribution of members of the public. It outlined how staff should undertake co-production activity and practical aspects such as reimbursing people for travel.

Partners provided mixed responses in relation to co-production, with some partners being involved in co-production, which involved people with lived experience, an example of this were recently held workshops, led by Working Together For Change and the local authority to further engage with unpaid carers and providers, which has helped prioritise delivery of the remaining recommendations within the co-produced carers strategy 2022-26. Unpaid carers told us they had been involved in planning the tender for a forthcoming tender contract. This included involvement in determining the questions used to evaluate tender submissions and in evaluating the submissions themselves.

One partner told us that both Peterborough City Council and Cambridgeshire County Council have funded "Working Together for Change," which focused on carer services and another agency had been brought in to help with co-production, leading to events held at various locations and times that many carers appreciated attending. Both local authorities have also introduced "Bridget," an artificial intelligence (AI) powered website that provides information to carers based on their specific needs.

However, some partners told us that they had not been involved in co-production activities but attended partnership boards and asked to provide feedback on services but felt there was a lack of communication and collaboration.

The local authority provided examples of co-production including co-designed forms with people with lived experience to make them more accessible, with each form being available in an easy read format to support accessibility for people with learning disabilities. The forms relate to giving feedback on the adult social care assessment process and the Adult Early Help Team. The local authority had also worked with the Learning Disability partnership board to offer drop-in sessions that provided the opportunity for people to share their views regarding the supported living tender, which was then submitted to the commissioning manager. The local authority told us the Learning Disability Vision was co-produced with people with learning disabilities. The vision outlines what people with a learning disability want from services and communities.

Learning from feedback

The local authority's website provided detailed information and guidance for people who wished to provide feedback or raise a complaint. There were also details on progressing cases to the Local Government and Social Care Ombudsmen. The local authority explained that it also provided this information as a hard copy or digital information sheet to feedback at the point of completion of assessment, or reviews etc.

The local authority monitors complaints and produces an Annual Adult Social Care Complaints Report. The report for 2023/24 highlighted a total of 40 complaints were logged through the adult's statutory process about adult social care service but 2 were later withdrawn and the average adult social care complaint response time was 23 working days. The report also provided an overview of a complaint which was registered and investigated by the local government ombudsman. The outcome of these recommendations identified by the council regarding staff knowledge and the involvement of people in their reviews is clear.

Local Government and Social Care Ombudsmen Complaints showed there had been one complaint in 2023/24. LGSCO risk flag was 0 and the uphold rate 100%. 3 detailed investigations were completed and there was 100% Compliance rate 0% remedies late and 0 incidents of late compliance.

Staff told us the Quality Assurance team carried out insight work into any complaints or compliments received by the local authority to understand the causes. For example, they interviewed any frontline staff who received compliments about the way they had supported people to understand what it was they might have done differently from other staff so they could share any relevant learning. This learning was shared through team meetings and a monthly practice update newsletter.

Data provided by the local authority showed that there was only one complaint received during 2023/2024 regarding failure to fully assess need and eligibility, which the local authority apologised for and arranged a reassessment with a different worker.

The local authority used multiple ways to obtain feedback from people, staff and partners about their experiences of care and support, which helped to inform strategy, improvement activity and decision-making at all levels.

Staff told us that surveys were provided to people using services, examples of which included at the end of reablement or occupational therapy interventions and at 6-week reviews. Staff told us some people and practitioners would be contacted directly by managers or the Quality Practice team to gather further insight and share learning about best practice. Staff received a quarterly email providing information about feedback from people.

People told us the local authority asked for feedback, and one person explained that feedback was provided verbally, and they were then sent a summary of the information provided in written format which they felt was positive.

Partners told us there were opportunities for people with lived experience to give their views including customer satisfaction surveys, along with case studies and feedback from partners.

The local authority told us feedback received from carers has been used to inform an all-age carers strategy and the strategic intention of reaching and identifying carers. Unpaid carers told us they were involved in a wide range of council-led initiatives looking at the experience of carers in Peterborough.

People also told us about several activities the local authority was undertaking in order to obtain feedback from people including setting up a panel for people living with dementia and their families to give feedback on their experiences following concerns raised by people after the council had cut its budget for the provision of dementia specialist support. People told us the panel was going to involve a wide range of system partners looking at ways to support people holistically to reduce and duplication across the system. They told us they felt the local authority was listening to their concerns and had a good focus on driving improvement in the support available for people living with dementia, despite the cuts.

The local authority completed an Adult Services Staff survey and had a response rate of 63%. The survey identified areas of focus that included staff perception around career prospects and progression which was low within all teams. Some teams within adult services felt communication relating to change was less positive and required further exploring and improvement. There were some negative responses from staff around staff pay, rewards and recognition. The local authority identified next steps to respond to the staff survey and would revisit the survey as a 'pulse' survey in 2024/25 to measure corporate progress. A corporate action plan to focus on cross cutting/structural responses, for example careers and rewards and directorate plans included focused discussions to understand and engage, address concerns and involve people in improvements.

The local authority had embedded technological advancements to support both people and staff. To support people to remain safe and independent within their own homes the local authority had invested in an Assistive Technology flat, fully equipped with voice activated sensors, reminder and alarm systems, and other items such as robotic pet companions to support people's emotional needs. The flat was open for people and professionals to visit and see the equipment in operation before tailoring a package that was suitable for people's individual needs. There was also a virtual reality version of the flat which could be explored online.

To support staff to deliver Care Act statutory duties in a timely and effective manner and maximise capacity, the local authority had invested in digital tools. The local authority had introduced Hey Geraldine, a virtual assistant based on a real person within the local authority and provided staff with immediate access to knowledge and information in relation to assistive technology to support people to retain their independence. The local authority were also in the process of rolling out Magic Notes and Co-pilot within their teams. This was being completed sensitively, with people's consent, and there was ongoing monitoring of the implementation of digital tools to monitor effectiveness and quality assurance.

The local authority had also supported unpaid carers through the launch of the Bridgit Carer app, enabling unpaid carers to access free online support with information, advice and guidance via the app.