

HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL

TUESDAY 17 FEBRUARY 2009

7.00 PM

Bourges/Viersen Room - Town Hall

AGENDA

Page No

1. **Apologies for Absence**

2. **Declarations of Interest and Whipping Declarations**

At this point Members must declare whether they have an interest, whether personal or prejudicial, in any of the items on the agenda. Members must also declare if they are subject to their party group whip in relation to any items under consideration.

3. **Minutes of the Meeting held on 22 January 2009**

1 - 4

4. **Update on Adult Protection**

5 - 36

To consider and comment on the six monthly report and identify any areas of concern.

5. **Quarterly Performance Report on Adult Social Care Services in Peterborough**

37 - 46

To receive an update on progress and key achievements on the objectives within the Annual Accountability Agreement 2007/08 and performance against other social care targets.

6. **Peterborough NHS Budgetary Monitoring Report**

47 - 68

To receive a budgetary report for NHS Peterborough.

7. **Equitable Access Project**

69 - 78

To receive an update on the progress with provision of a Primary Care Centre.

8. **Standards for Better Health (Annual Health Check)**

79 - 80

To consider the approach to be adopted for receiving and commenting on the Standards 4 Better health submissions.

9. **Forward Plan of Key Decisions**

81 - 92

To consider the latest version of the Forward Plan

10. Agenda Plan 2008-09

93 - 96

To review the agenda plan for 2008-09.

11. Date of Next Meeting

Tuesday 31 March 2009 at 7pm



There is an induction hearing loop system available in all meeting rooms. Some of the systems are infra-red operated, if you wish to use this system then please contact Alex Daynes on 01733 452447 as soon as possible.

Committee Members:

Councillors: B Rush (Chairman), C Burton (Vice-Chairman), F Benton, J Goodwin, J Holdich, K Sharp and W Trueman

Substitutes: Councillors: R Dobbs, D Harrington and D Fower

Further information about this meeting can be obtained from Alex Daynes on telephone 01733 452447 or by email – alexander.daynes@peterborough.gov.uk

**MINUTES OF A MEETING OF THE HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL
HELD ON
THURSDAY 22 JANUARY 2009 AT THE BOURGES/VIERSEN ROOM - TOWN HALL**

Present: Councillors B Rush (Chairman), C Burton (Vice-Chairman), F Benton, J Goodwin, J Holdich, D Harrington and D Fower

Also Present: Diana Millard, Peterborough LINK
Peter Sigsworth, Peterborough LINK

Officers Present: John Blair, Head of Strategic Finance and Performance Improvement
Aidon Fallon, Head of Corporate Assurance
Robert Ferris, Chief Operating Officer
Annette Newton, Cambridgeshire and Peterborough Mental Health Trust
Prity Patel, Principal Lawyer
Denise Radley, Director of Adult Social Services & Performance
Chris Wilkinson, Director of Nursing
Louise Tyers, Performance Scrutiny Manager
Alex Daynes, Cabinet Officer

1. Apologies for Absence

Apologies were received from Councillors Trueman and Sharp.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest from Members of the Panel.

3. Minutes of the Meeting of the Health & Adult Social Care Scrutiny Panel held on 25 November 2008

The minutes of the meeting held on 25 November 2008 were approved as a true and accurate record.

4. Future Organisational Arrangements for Peterborough Community Services

The Panel received a report advising on the decision of the Cabinet regarding the long-term organisational model for Peterborough Community Services.

Members were advised that the NHS Peterborough Board had decided to support the recommendations for the future role of Peterborough Community Services subject to Cabinet approval; Cabinet had met and the work to progress the project would continue as no call-ins had been received.

ACTION AGREED

To note the report.

5. Budget 2009/10

The Panel received a report outlining the proposed budget for 2009/10 and Medium Term Financial Strategy to 2011/12 to which Scrutiny and Scrutiny Panels had been invited to make comment. The purpose of this report was to review aspects of these proposals relevant to the functions and remit of this Panel. Any observations would be included in a report back to Cabinet on 2 February 2009. The Panel was asked to comment on the draft budget 2009/10 and medium term financial plan to 2011/12 in so far as it related to the remit of the Panel.

The Panel was advised of the loss of income that the Council had endured and would continue to do so in the coming year totalling up to a £4m fall in income. Members were advised that government spending had not increased to off set the loss but efficiency savings had contributed to the ability of the council to cope with the fall in income.

The Panel received a further draft report detailing the sixth Annual Accountability Agreement produced in accordance with the Partnership Agreement between Peterborough City Council and the former Greater Peterborough Primary Care Partnership (now NHS Peterborough – the local Primary Care Trust – PCT).

Observations and questions were raised and responses given including:

- More cost effective staffing arrangements for temporary staff in the adult social care service and the development of a 'talent pool' of temporary staff would contribute to savings of £750k.
- There will be no change to the eligibility criteria to receive disability allowances.
- Stanground is an area that is being looked at for improvement in Care Home provision. There will be improvements made to all Council owned care homes across Peterborough.
- The government is looking at introducing personal budgets for long term health care provision. Pilot schemes for this will be started soon.
- An estimated 52,000 people in Peterborough suffering from long term health conditions is a correct figure.
- The NHS 5 year plan outlines the goals and systems that will tackle the 8 main causes of hospitalisation in Peterborough.
- Lots of work is done with Children's Services to access young carers and assess their needs. Each carer's needs are individually assessed and support tailored to them. A range of professionals are involved in providing support.
- There will be no service cuts in adult social care as savings have been identified. The £750k saving is only a small proportion of the total adult social care budget.
- Mechanisms are in place and patients will be engaged in many ways to ensure a patient-led service.
- There are around 50 care placements outside Peterborough but would have to confirm this figure. There are various reasons for this including the availability of specialised care.

Members raised concerns regarding the rise in charges for sports facilities as this could contradict efforts to get more people to be healthy. A report was requested to be brought back to the Panel in one year to determine whether fewer people had used sports facilities in Peterborough following a rise in charges.

Members recommended that Cabinet review the decision to reduce scrutiny support staff from 3 to 2. The Panel felt that the level of support should not be reduced.

ACTION AGREED

1. to receive a report in one year on levels of use of sports facilities.
2. to recommend Cabinet review the decision to reduce scrutiny officers from 3 to 2.
3. to receive accurate figures for the number of out of area care home placements.

6. Annual Review of Performance

The Panel received a presentation and was asked to comment on the Commission for Social Care Inspection's (CSCI) Performance Assessment letter and summary of Adult Social Care and the action plan that had been developed to support the key areas for development. Members were advised that an inspection by the CSCI would take place soon and adult social care currently held a 2 star rating (out of 3). Assessment criteria for the 2008-09 year had not yet been published but it was expected in February 2009.

Observations and questions were raised and responses given including:

- A 2 star rating had already been achieved but the new assessment criteria would not use star ratings.
- CSCI met with only one group of carers and this group had set up a craftwork activity group amongst themselves.
- Officers will investigate whether documentation exists addressing post 16 education for learning impaired and disabled people.

ACTION AGREED

Officers to report back concerning post 16 education for disabled and learning impaired.

7. No Secrets Review Consultation

The Panel received a report on the current national review in relation to safeguarding vulnerable adults in order to provide an opportunity for Panel members to contribute to Peterborough's response to the consultation. The Panel was advised that Safeguarding Vulnerable Adults (SVA) was at the heart of the Sustainable Community Strategy's ambitions that included working to help the people of Peterborough "be protected from abuse, discrimination and harassment". The Local Area Agreement targets relating to vulnerable people had particular links to this area.

The No Secrets consultation was a multi-agency piece of work led by NHS Peterborough in the Peterborough area.

The Panel was asked to consider the need for either guidance or legislation to ensure SVA goals were achieved successfully and was advised of the considerations that must be made when deciding this including the involvement of partners, financing, choice and risks. Members of the Panel were advised that their responses must be received by the end of January to be included in the consultation.

Observations and questions were raised and responses given including:

- Any cases of abuse should be referred to the Safeguarding team in the first instance.
- The Police is providing a separate response to the document.
- The employer has the responsibility to ensure all their staff are CRB checked. The CSCI would check this during inspections.
- A lack of legislation could lead to a lack of cooperation from partners if roles and statuses are not formerly established.
- If legislation is to be adopted, more funding would be needed to effectively resource and staff the operations.
- The document addresses who would be responsible if it was deemed necessary to remove someone from their place of residence.

ACTION AGREED

To note the report.

8. Forward Plan of Key Decisions

The Panel received the Council's Forward Plan which outlined forthcoming Executive Decisions for the period January 2008 to April 2009 for consideration.

ACTION AGREED

To note the report.

9. Health and Adult Social Care Scrutiny Panel Work Programme 2008/09

A request was made to bring forward an item on Safeguarding Adults from March to February.

The Panel received and noted the latest work programme for 2008/2009.

Councillor Rush passed his thanks to Peterborough & Stamford Hospitals NHS Trust for allowing visits to the new hospital site.

10. Date of Next Meeting

Tuesday, 17 February 2009 at 7.00pm in Bourges & Viersen Committee Rooms.

The meeting began at 7.00 pm and ended at 8.30 pm

CHAIRMAN

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL	Agenda Item No. 4
17 February 2009	Public Report

Report of the Director of Adult Social Services and Performance

Report Author – Denise Radley
Contact Details – 01733 758444

PETERBOROUGH SAFEGUARDING ADULTS REPORT

1. PURPOSE

- 1.1 The purpose of this report is to ask the Scrutiny Panel to consider, challenge and comment on the six monthly report on adult safeguarding.

2. LINKS TO CORPORATE PLAN, SUSTAINABLE COMMUNITY STRATEGY AND LOCAL AREA AGREEMENT

- 2.1 Safeguarding vulnerable adults is at the heart of the Sustainable Community Strategy, our ambition includes working to help the people of Peterborough “be protected from abuse, discrimination and harassment”. The Local Area Agreement targets relating to vulnerable people have particular links to this area.

3. PERFORMANCE

- 3.1 Appendix 1 shows the number of alerts for the four quarters from 1 January 2008 to 31 December 2008. It also includes the data for January 2009, which is provided in a different format as the breakdown of categories has been changed since the start of this year.
- 3.2 This change, and continuing work on the management information systems in relation to safeguarding data, will result in better quality and more extensive performance data being available for Scrutiny Panel (and the Peterborough Safeguarding Partnership) including the outcomes of alerts. This will ensure that the performance management of this function at the strategic level is strengthened. Scrutiny Panel members are asked to identify any further data which would be helpful in overseeing safeguarding arrangements for Peterborough.
- 3.3 Data relating to alerts regarding people from black and minority ethnic communities requires further scrutiny as numbers appear to be low. This will form part of the three year work plan which has been drafted for submission to the Peterborough Adult Safeguarding Board in February 2009.
- 3.4 Consultants, commissioned by the Director of Adult Social Services & Performance carried out a diagnostic of safeguarding vulnerable adults in Peterborough in September 2008. The diagnostic recognised the good progress and strengths in the Safeguarding Board since it was set up in early 2008 and highlighted the effectiveness of awareness raising work which has resulted in high levels of alerts being made. It also identified a number of areas where improvements were needed including case recording, protocols and tools for staff, policies, user and carer involvement and our capacity to manage the increasing number of alerts received. A number of actions have been taken as a result of this work including amendments to our supervision policy, amendments to our safeguarding protocols, additional capacity provided within Peterborough Community Services for this work and changes to recording practice. A number of longer-term actions are also underway including the improvements to our data systems as mentioned above. It is proposed to run the diagnostic six-monthly (yearly in due course) as a check on progress.

- 3.5 The work completed reviewing case files following the diagnostic has illustrated shortcomings in current quality assurance processes. Proposals to review and improve these processes will be put forward to the February Safeguarding Board.
- 3.6 A referral for a Serious Case Review has been received by the Director of Adult Social Services. This case will be dealt with under the Peterborough Serious Case Review Protocol and Scrutiny Panel will be updated as appropriate.
- 3.7 The Commission for Social Care Inspection (CSCI) is currently inspecting adult social care in Peterborough, including safeguarding vulnerable adults. Feedback from the inspection is expected in June 2009.

4. PETERBOROUGH SAFEGUARDING ADULTS BOARD (PREVIOUSLY THE ADULT PROTECTION COMMITTEE)

- 4.1 The Adult Protection Committee agreed on 29 August 2008 to adopt the title of "Peterborough Safeguarding Adults Board" within the Peterborough Safeguarding Partnership. The term "safeguarding" is increasingly widely used when describing work to protect vulnerable adults and also reflects the aspiration to develop a wider safeguarding role for the Board in line with the wider role adopted by Child Protection Committees when they became Safeguarding Children Boards.
- 4.2 The multi-agency protocols for safeguarding were reviewed in the light of comments received from consultants who have examined the current documentation and the revised procedures were approved by the Safeguarding Board in November 2008. The new policy is attached at appendix 2. The new procedures are available on the PCT website and on request. The new procedures were introduced from 1 January 2009.
- 4.3 An away day for the Board was held in December with a focus on the roles and responsibilities of Board members, developing the annual report of the Board and formulating the future work plan.
- 4.4 Councillor Diane Lamb joined the Safeguarding Board in November 2008 to ensure that there is high profile political leadership for this important agenda. The Board is chaired by The Director of Adult Social Services & Performance with additional representation from the Chief Operating Officer of Peterborough Community Services.
- 4.5 The Chair of the Safeguarding Board and some Adult Safeguarding Board members are part of the Peterborough Community Safety Partnership. The Annual Report of the Safeguarding Board will be presented to the Community Safety Partnership in early 2009. A mapping exercise has been undertaken to illustrate the strategic links and governance around safeguarding vulnerable adults in Peterborough. It is proposed that the annual report of the Safeguarding Board will also be presented to the Scrutiny Panel.

5 SAFEGUARDING FORUM (PREVIOUSLY THE ADULT PROTECTION FORUM)

- 5.1 The Forum continues to meet regularly. Recent meeting topics have included the consultation regarding adult protection training and discussions regarding the format and content of a proposed "quick guide" to adult protection for staff of all agencies.
- 5.2 The Forum's suggestion of two formats for quick guides for staff – a credit card size laminated card and an A5 size laminated card was agreed by the November meeting of the Safeguarding Adults Board.
- 5.3 The September meeting of the Forum also included an introductory presentation by a member of the Adult Protection Unit, on the Independent Safeguarding Authority. This will be a new, improved, checking and monitoring scheme aimed at preventing unsuitable people from working or volunteering with children and/or vulnerable adults. The scheme came into being from 12 October 2008 and we will be doing further work on the details of the scheme within the Forum.

6 RAISING AWARENESS OF SAFEGUARDING IN THE GENERAL PUBLIC

- 6.1 The planned article on protecting vulnerable adults was included in the June/July issue of "Your Peterborough".
- 6.2 A new public leaflet has been published. The leaflet is a simple guide to what abuse is and what to do if you suspect abuse of a vulnerable adult.
- 6.3 Scrutiny Panel members are asked to suggest any additional ideas for further public awareness raising.

7 TRAINING

- 7.1 The transfer of adult protection training from the Cambridgeshire and Peterborough Adult Protection Partnership to Peterborough Primary Care Trust Workforce Development Department took place on 1 October 2008 following a six month lead in. During these six months, consultations took place with statutory and non-statutory agencies to create a training plan which meets local need. There will be continuing co-operation between Peterborough Primary Care Trust and Cambridgeshire County Council especially in view of agencies such as Cambridgeshire Constabulary and Cambridgeshire and Peterborough Foundation Trust, which cover the whole of Cambridgeshire and Peterborough.
- 7.2 The training plan continues to include the half day Raising Awareness of Adult Protection course, provided to all agencies. Between 1 June 2008 and 30 September 2008, 158 people were trained. This included a "bespoke" course for 22 housing association staff. This course is now to be mandatory for Peterborough Community Services staff and is also being rolled out to relevant staff in the commissioning arm of the PCT. In response to consultation, a one-day enhanced Raising Awareness course has also been introduced aimed at professional staff and supervisory/first level managers. 31 people have attended this course.
- 7.3 The two-day Adult Protection Enquiries and Investigation course continues, aimed at Social Workers within the Peterborough Primary Care Trust and Cambridgeshire and Peterborough Foundation Trust. By the end of October all current social work professionals in both Trusts will have received this training. Further courses will be arranged as new staff are recruited. Half-day follow up sessions are also held following this course.
- 7.4 Two new sets of quarterly workshops have been set up, one for Managers of the two Trusts and one for Social Workers. These followed consultation with staff and managers. The aim of the Social Worker Workshops is to support Social Workers in their adult protection role. The Managers' Workshops will explore the manager's role in supporting and encouraging social workers in adult protection work and examine the part managers need to play in protecting vulnerable adults from abuse.
- 7.5 At the request of the independent sector, a specialist course on "Adult Protection Investigations and Staff Disciplinary Procedures" was arranged for January 2009.
- 7.6 A one-day course covering Domestic Violence and Vulnerable Adults was held in November and will then be held on a twice yearly basis.
- 7.7 A session for primary care was scheduled for November 2008 following the suggestion at the May 2008 NHS Peterborough Board. This focused on the definition and forms of abuse and what to do to raise an alert. The session was tailored for primary care practitioners and GPs and aimed to identify any further development needs.
- 7.8 All training courses have been reviewed and updated to reflect the new policy and procedures. Training for managers in the new procedures took place in December 2008. Further support and training for staff will follow.

8. NATIONAL REVIEW

- 8.1 Following the report to the Scrutiny Panel on 22 January 2009, a response to the national review of "No Secrets" consultation was submitted on 31 January 2009 (attached as appendix 3).

9. EXPECTED OUTCOMES

- 9.1 The Scrutiny Panel is asked to note and discuss the content of the report.

10. NEXT STEPS

- 10.1 Safeguarding adults reports are submitted to the Scrutiny Panel on a six-monthly basis.

11. BACKGROUND DOCUMENTS

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

None.

APPENDICES

Appendix 1 – safeguarding alerts 1 January 2008 to 31 January 2009.

Appendix 2 – Peterborough Safeguarding Adults Policy

Appendix 3 – Peterborough response to the "No Secrets" Review January 2009

Denise Radley
Director of Adult Social Services and Performance

**CONCERNS, SUSPICIONS OR ALLEGATIONS OF ABUSE
REPORTED
JANUARY 2009**

TOTAL NUMBER OF ALERTS	73
Age breakdown	
18 to 30	3
31 to 45	4
46 to 64	13
65 to 79	7
80+	41
Unknown	5
Whereabouts at time of alert	
Own home	33
Care home	25
Hospital	7
Other	3
Unknown as yet	5
Gender	
Female	48
Male	22
Unknown as yet	3
Ethnic origin	
White British	60
Other white	3
Pakistani	3
Other Asian	3
Unknown as yet/not recorded	4
Vulnerable adult client group	
Physical disability	22
Mental health	11
Learning disability	14
Frailty and temporary illness	12
Dementia	7
Other vulnerable people	2
Unknown/not recorded	5
Self funding	
Yes	8
No	51
Not known/not recorded	14
Funded by another authority	7

This page is intentionally left blank

**CONCERNS, SUSPICIONS OR ALLEGATIONS OF ABUSE
REPORTED TO THE ADULT PROTECTION UNIT
1.12.08 to 31.12.08**

ALERTS

Please note these are not 'outcome' figures.

	<u>Number of Alerts</u>			
	<i>January to March</i>	<i>April to June</i>	July to September	1.12.08 to 31.12.08
<u>BY CLIENT CATEGORY</u>				
Older People	58	48	45	33
Older People with Mental Health problems	41	14	49	11
Adult with a Learning Disability	51	47	35	17
Adult with a Physical Disability	11	8	8	10
Adult with a Sensory Disability	4	0	5	4
Adult with Mental Health problems	23	21	23	5
<u>Total</u>	<u>188</u>	<u>138</u>	<u>165</u>	<u>80</u>
<u>BY AGE</u>				
Aged 64 or below	89	76	71	36
Aged 65 or above	99	62	94	44
<u>BY GENDER</u>				
Male	80	50	59	24
Female	108	88	106	56
<u>BY ETHNICITY</u>				
Black and Minority Ethnic people	8	5	5	6
<u>PLACE WHERE (RISK OF) ABUSE ALLEGED TO OCCUR</u>				
Own home	80	54	64	25
Family home	14	5	7	1
Sheltered accommodation	13	13	9	1
Supported Living accommodation	10	17	12	6
Residential Home	41	27	34	26
Nursing Home	11	7	24	15
Hospital	11	7	10	1
Day Services	1	1	0	0
Other	7	7	5	2

Unknown	0	0	0	3
---------	---	---	---	---

BY PRIMARY NATURE OF ALLEGED ABUSE

Physical	70	57	57	33
Financial	47	31	55	22
Psychological	43	26	26	19
Neglect	14	16	16	11
Sexual	14	8	11	3

BY CATEGORY OF POSSIBLE PERPETRATOR

Partner	23	14	22	8
Son/Daughter (in Law)	32	22	27	4
Parent	10	8	2	0
Other relative	13	11	8	11
Friend/Acquaintance/Neighbour	26	22	18	8
Stranger	0	0	0	0
Other Service User	29	25	25	7
Domiciliary Home Carer	10	10	8	2
Care Home Carer	5	9	13	2
Nurse or Nursing Assistant	8	7	10	8
Other Professionals	9	4	7	2
Institutional <i>(general rather than specific allegations)</i>	9	4	8	26
Not known	9	1	14	1
Other	5	1	3	1

Comments

- ◆ These statistics are for the month of December 2008 as requested whereas previous statistics were quarterly.
- ◆ The average weekly number of Alerts so far this year is **12/14**. In 2007 it was **11.4**.
- ◆ It is unusual to have only one referral for someone living in sheltered accommodation.
- ◆ There are 88 categories of abuse over 80 referrals as some may have more than one primary concern.
- ◆ I understand that as at June 2006 the Peterborough Black and Minority Ethnic population was 12.9%. Proportionately, therefore, the number of Alerts about BME people is lower than would be expected.

Joanna Palmer 9.2.09

Peterborough

Safeguarding Adults Policy

Lead Author	Denise Radley, Director of Adult Social Services and Performance
Developed by	NHS Peterborough
Approved by	Peterborough Adult Safeguarding Board
Ratified by	Policies Group
Document type	Policy
Version Number	1
Latest revision date	November 2008
Review date	November 2010

This policy can only be considered valid when viewed via the NHS Peterborough website www.peterborough.nhs.uk If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one on-line.

Document Control Sheet

Development and consultation:	Developed jointly by relevant agencies and organisations via the Peterborough Adult Safeguarding Board
Dissemination:	Email notification to senior management teams for dissemination to staff. Further notification included in staff newsletter.
Implementation:	This policy is to be implemented by NHS Peterborough
Training:	On-going training is provided by NHS Peterborough on Safeguarding Adults awareness.
Audit:	
Review:	To be reviewed by the Peterborough Adult Safeguarding Board.
Standards for Better Health:	This policy supports the PCT in its compliance with the DH (2004) Standards for Better Health in reference to: C1, D1.
Links with other documents that guide practice:	The policy should be read in conjunction with: Other Trust policies and procedures relating to information sharing and confidentiality. http://www.peterborough.nhs.uk/default.asp?id=312
Equality and Diversity:	An Equality Impact assessment has been completed on this policy.

Revisions

Version	Page/ Paragraph no.	Description of change	Date approved

Contents

Section	Title	Page
1.	Introduction	4
2.	Purpose and Scope of this Policy	4
3.	Duties and Responsibilities	5
4.	Aim of the Policy	6
5.	Objectives of the Policy	6
6.	Principles	7
7.	Joint Policy Statements	8
8.	The Peterborough Framework	9
9.	Definitions	12
10.	Information Sharing	13
11.	Monitoring and Review of this Policy	14
12.	Equalities and Diversity	14
13.	Whistleblowing	15

1.0 Introduction

- 1.1 This policy has been developed jointly by the agencies and organisations that have responsibility for safeguarding vulnerable adults in Peterborough from abuse. The coordinating role rests with NHS Peterborough which has the responsibility for delivering adult social care services on behalf of Peterborough City Council.

The partners to this policy, through the Peterborough Adult Safeguarding Board, are:

NHS Peterborough
Peterborough City Council
Peterborough and Stamford Hospitals NHS Foundation Trust
Cambridgeshire and Peterborough NHS Foundation Trust
Cambridgeshire Constabulary
Commission for Social Care Inspection
Department for Work and Pensions
Peterborough Regional College
Peterborough College of Adult Education
Providers of sheltered and supported housing
The local voluntary sector providing for the needs of vulnerable adults
Peterborough Domiciliary Care Forum
Peterborough Care Home Forum
East of England Ambulance Service NHS Trust
National Probation Service

Each agency and organisation is committed to supporting the right of vulnerable adults to be protected from abuse and to ensuring that all staff and volunteers work together in accordance with these policies and act promptly in investigating allegations or suspicions of abuse. The way we work will take into account a vulnerable adult's race, religion, cultural background, age, disability, gender and sexuality.

2.0 Purpose and scope of this policy

- 2.1 The protection of vulnerable people is one of the most important tasks facing social and health care services. Awareness of adult abuse has received growing attention from the public, the media and voluntary and statutory agencies over recent years. However there is still much for agencies commissioning and providing services to vulnerable adults to do, in order to raise the profile of adult protection.
- 2.2 The publication of "*No secrets*" in 2000 as statutory guidance emphasised the need for agencies to work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse. The primary aim of the policy should be to prevent abuse wherever possible. In addition to the prevention of abuse wherever possible, '*No secrets*' also required agencies to work together to ensure that procedures are in place to deal with incidents of abuse. The guidance allocates the coordinating role in developing local policies and procedures for the protection of vulnerable adults from abuse to Adult Social Services, but emphasises that all agencies must work together to ensure that appropriate policies, procedures and practices are in place and implemented locally.
- 2.3 In 2002 The Centre for Policy on Ageing was commissioned by the Department of Health to undertake an analysis of local codes of practice for the protection of vulnerable adults.
- 2.4 The study focused on the three main areas of the many detailed requirements and recommendations contained in '*No secrets*':

- Strategies and Plans
- Procedures and Protocols
- Guidance and Information

2.5 The publication of '*No secrets*' was followed in 2005 by the publication of a national standards framework by the Association of Directors of Social Services. This publication ('*Safeguarding Adults*') is aimed at developing adult protection work throughout England and collects best practice into a framework to work towards preventing and addressing abuse across the country.

2.6 This Policy has been developed to reflect the guidance given in '*No secrets*' and '*Safeguarding Adults*' and the recommendations made as a result of the study undertaken by the Centre for Policy on Ageing. Examples of good practice named in the study have been used to develop this document.

2.7 This Policy contains:

- The scope, aims and objectives and the purpose of the Policy
- Structures for planning and decision-making relating to Safeguarding Adult Work in Peterborough
- The principles to be upheld by all organisations who are signatories to the Safeguarding Adults Policy
- Key definitions including Vulnerable Adult and what constitutes abuse
- Responsibilities of those organisations who are signatories to the Safeguarding Adults Policy

2.8 Core Principles

2.8.1 • Doing Nothing Is Not An Option

If we know or suspect that a vulnerable adult is being abused, we will do something about it and ensure our work is properly recorded.

2.8.2 • Safeguarding Is Everybody's Business

Safeguarding is the responsibility of everyone including statutory, independent and voluntary agencies as well as every citizen. We will work together to prevent and minimise abuse.

3.0 **Duties and responsibilities**

3.1 The Policy is intended to apply to all individuals and agencies with a part to play in the support and protection of all adults, including:

- Commissioners of health and social care services;
- Providers of health and social care services;
- Providers of sheltered and supported housing;
- The Police and other law enforcement agencies;
- Voluntary and private sector agencies;
- Other local authority departments, e.g. housing and education;
- National Probation Service
- The Department of Work & Pensions;
- Carer support groups;
- User groups and user led services;
- Advocacy and advisory services;

- Community safety partnerships;
- Services meeting the needs of specific groups experiencing violence; and
- Agencies offering legal advice and representation

3.2 This Policy sets out how all individuals and agencies with responsibility for wellbeing and protection should work together to protect vulnerable adults from abuse, exploitation and/or mistreatment. This policy applies to vulnerable people living within the boundaries of NHS Peterborough.

This policy has been developed in accordance with:

- *No secrets: Guidance on Developing and Implementing Multi Agency Policies and Procedures to Protect Vulnerable Adults from Abuse. (Department of Health, March 2000)*

This guidance was issued by the Department of Health under Section 7 of the Local Authority Social Services Act 1970.

- *Safeguarding Adults: A National Standards Framework for enabling all adults to live safer lives. (Association of Directors of Social Services, October 2005)*

4.0 Aim of the Policy

4.1 The aim of this policy is to ensure that all individuals and agencies working with, and/or having contact with vulnerable adults work effectively and in partnership to:

- Promote the wellbeing, security and safety of vulnerable people consistent with their rights, capacity and personal responsibility, and prevent abuse occurring wherever possible
- Ensure that the process of reporting, investigation and subsequent action, is as effective as possible in achieving good outcomes for vulnerable people
- Ensure that the processes of investigation, assessment and prevention of abuse do not constitute an abusive or harmful series of events for the vulnerable person
- Ensure that the promotion of safeguarding adult work is integral to the development and delivery of services in Peterborough
- Comply with formal Department of Health Guidance

4.2 Accomplishing these aims requires the careful consideration of time and commitment of all the people and agencies involved in the vulnerable person's life. This Policy requires the maintenance and development of co-operative relationships based upon trust and a mutual understanding of the roles, responsibilities and limitations of those involved.

5. Objectives of the Policy

5.1 In order to achieve positive outcomes for vulnerable adults who are experiencing abuse, or at risk of abuse, agencies will actively work together within an inter-agency framework to:

- Identify the abuse of vulnerable adults where it is occurring
- Respond effectively to any circumstances giving grounds for concern or where formal complaints or expressions of anxiety are expressed
- Ensure the active participation of individuals, families, groups and communities wherever possible and appropriate
- Raise awareness of the extent and impact of abuse on vulnerable adults
- Promote and strengthen partnerships and actions designed to reduce abuse and the fear of abuse as experienced by vulnerable adults
- Gather and use information relating to the abuse of vulnerable adults in Peterborough in accordance with the Data Protection Act 1998

- Regularly monitor and evaluate the way in which policies, procedures and practices for the protection of vulnerable adults are working
- Regularly review and update policies, procedures and practices to reflect the current state of knowledge in relation to safeguarding vulnerable adults, and learning gained from experience
- Ensure that the law is known and used appropriately where necessary so that vulnerable adults receive the protection of the law and access to the judicial process

6. Principles

6.1 To protect basic civil and human rights, a set of principles must underpin all work with vulnerable adults.

6.2 The Department of Health has identified key principles in a number of documents that are considered applicable to all work with vulnerable adults wherever they live in our multi-cultural society.

6.3 **Privacy** The right of individuals to be left alone or undisturbed and free from intrusion or public attention into their affairs. However, if there is reason to believe that a crime has been committed and/or vulnerable adults may be at risk, then there is a duty to inform other agencies such as the Police and regulatory bodies. NHS Peterborough is a signatory to the county-wide *Cambridgeshire Information Sharing Protocol* which sets out the principles of information sharing with other relevant organisations.

6.4 **Dignity** Recognition of the intrinsic value of people regardless of circumstances by respecting their uniqueness and their personal needs; treating with respect.

6.5 **Independence** Opportunities to act and think without reference to another person, including a willingness to incur a degree of calculated risk.

6.6 **Choice** The opportunity to select independently from a range of options.

6.7 **Rights** The maintenance of all entitlements associated with citizenship.

6.8 **Fulfilment** The realisation of personal aspirations and abilities in all aspects of daily life

6.9 In practice, this means that all agencies should:

- Actively work together within an inter-agency framework.
- Actively promote the empowerment and well-being of vulnerable adults through the services they provide
- Act in a way which supports the rights of the individual to lead an independent life based on self determination and personal choice
- Recognise people who are unable to make their own decisions and/or to protect themselves, their assets and bodily integrity
- Recognise that the right to self determination can involve risk and ensure that such risk is recognised and understood by all concerned, and minimised whenever possible (there should be an open discussion between the individual and the agencies about the risks involved to him or her);
- Ensure the safety of vulnerable adults by integrating strategies, policies and services relevant to abuse within the framework of the NHS and Community Care Act 1990, the Mental Health Act 1983, the Public Interest Disclosure Act 1998, Care Standards Act 2000 and Mental Capacity Act 2005.
- Ensure that when the right to an independent lifestyle and choice is at risk the individual concerned receives appropriate help, including advice, protection and support from relevant agencies.

- Ensure that the law and statutory requirements are known and used appropriately so that vulnerable adults receive the protection of the law and access to the judicial process.

6.10 Organisations and agencies providing services to vulnerable people in Peterborough are expected to develop their own in-house policies, which will operate to these basic principles.

7. Joint Policy Statements

7.1 Organisations who are signatories to this policy have agreed the following policy statements on the protection of vulnerable adults:

7.2 There can be no excuses for not taking all reasonable action to protect vulnerable adults from abuse, exploitation and/or mistreatment.

7.3 All citizens of the United Kingdom have their rights enshrined within the Human Rights Act 1998. People who are eligible to receive health and community care services may be additionally vulnerable to the violation of these rights, abuse, exploitation and/or mistreatment by reason of disability, impairment, age or illness. However, it needs to be recognised that not all people who are eligible to receive health and community care services would wish to be considered vulnerable.

7.4 No single agency can act in isolation to ensure the welfare and protection of vulnerable adults. Abuse, and the fear of abuse, has a significant impact on an individual's ability to maintain and maximise their health and wellbeing. All individuals and agencies working with, and/or having contact with vulnerable adults, including the general public, have a key role to play in protecting vulnerable people from abuse, exploitation and/or mistreatment.

7.5 A position of Zero Tolerance towards the abuse of all vulnerable adults in any situation, be it in their own home, a supported tenancy, residential or nursing home, day care centre or hospital will be adopted.

7.6 All vulnerable adults should be protected from abuse and supported in seeking treatment and redress in the event that they have been abused and that action should be taken against those who deliberately abuse vulnerable adults.

7.7 Agencies and organisations in Peterborough will work co-operatively on the identification, investigation, treatment and prevention of abuse of vulnerable adults and local policies will be developed within the framework of this Policy to ensure that a consistent response is given to the vulnerable adult(s) when concerns are raised, whether these are reported under complaints procedures, through regulatory activity, as a result of whistle-blowing or as a result of disclosure on the part of the vulnerable adult or their carer.

7.8 Action will be coordinated against perpetrators to ensure that parallel processes are dovetailed including prosecution, disciplinary action and removal from, or notification to, professional registers, the POVA list and similar bodies.

7.9 Local agencies and organisations will record, monitor and report incidences of abuse to appropriate authorities in accordance with agreed strategy, local procedures and service agreements or contracts.

7.10 Local agencies have a shared and common understanding relating to the principles of confidentiality and sharing information on a need to know basis so that effective decisions can be made and appropriate preventative action taken. Such principles will

serve the best interests of service users and should not be confused with secrecy or serving management interest.

- 7.11 People in Peterborough who belong to minority groups may, by reason of their membership of these groups, be additionally vulnerable to abuse.
- 7.12 Equality of opportunity under this policy and procedure will be available to all vulnerable adults regardless of their age, marital status, gender, disability, ethnicity, religion or sexuality.
- 7.13 It is important that all who have contact with vulnerable adults should make every effort to develop and maintain a culture which prevents the development of poor care practices.
- 7.14 Safeguarding Adults policy should not be seen as separate from, nor a substitute for, the effective management of the care environment. Safe services depend on clear standards and active promotion of good practice.
- 7.15 Organisations that are open and have effective human resource management policies in place, avoid the extremes of isolation which, research has shown, can lead to abuse occurring and remaining unchallenged over time. In particular the following areas can have a significant impact on the effectiveness of an organisation in protecting vulnerable people from abuse.
- Recruitment procedures
 - Induction and training
 - Supervision
 - Record keeping
 - Staff development programmes
 - Workplace counselling schemes
 - Whistleblowing
 - Accountability and systems of delegation
 - Disciplinary procedures
 - Grievance procedures
 - Complaints procedures
 - Incident reporting
 - Advocacy
 - Confidentiality policies
 - Information sharing protocols
 - Health and Safety Policies
 - Contract specifications, service level agreements and monitoring
 - Hate Crimes Policy
- 7.16 Agencies can also contribute to reducing the possibility of abuse occurring by maintaining a culture of respect for the contribution that unpaid carers or families can make. Where carers are over-stretched the aim should be to support them. It is, however, acknowledged that family carers can sometimes be perpetrators and also victims of abuse.

8. The Peterborough Framework

- 8.1 In accordance with the Government guidance “*No secrets*”, local authorities are required to co-ordinate the establishment of a framework of inter-agency arrangements that will facilitate and promote effective vulnerable adult protection arrangements in their area.
- 8.2 Central to the aims of the multi agency policy for the protection of vulnerable adults from abuse, exploitation and mistreatment is to ensure that the promotion of vulnerable

adult protection is integral to the development and delivery of services in Peterborough.

8.3 It is the intention of the organisations that have signed up to the Policy to promote the development of awareness and good practice amongst all staff with responsibility for the care and support of vulnerable adults in Peterborough in relation to:

- The identification and prevention of the abuse of vulnerable adults; and
- The promotion of working practices that minimises the risk of abuse to vulnerable adults.

To achieve this, the multi agency Peterborough Adult Safeguarding Board (previously Peterborough Vulnerable Adult Protection Committee) has been formed.

8.4 Partner Organisations

8.4.1 Working together is dependent on there being a clear framework for doing so. However, a successful partnership is built on the strength and capacity of individual organisations and is dependent on each partner being able and willing to engage in the process. Fundamental to this commitment is the implementation of good practice in the prevention of abuse and neglect within the service provided by the organisation.

8.4.2 Partner organisations are responsible and accountable for meeting national guidance and legal requirements in relation to Safeguarding Adults. Partner organisations have a responsibility for working actively to implement Safeguarding Adults work.

8.4.3 Specifically this means that partner organisations will ensure that:

- Accountability for Safeguarding Adults work is recognised by the organisation's executive body.
- The organisation has a designated champion for Safeguarding Adults work. This lead should have sufficient seniority in their organisation to effectively champion the deployment of resources for Safeguarding Adults work.
- Designated champions have clear lines of accountability within their organisation and a means of feeding back to the Peterborough Adult Safeguarding Board, either through direct representation or other means. As safeguarding champions, designated individuals are expected to promote the safeguarding agenda to all appropriate audiences.
- Each partner organisation provides a statement that has been endorsed by the Peterborough Adult Safeguarding Board that describes:
 - How the organisation relates to the Adult Safeguarding Board
 - Any specific professional and legal responsibilities that their organisation will adopt
 - The internal reporting and decision-making framework in relation to any concerns about abuse or neglect
 - Organisational plans for the implementation of Adult Safeguarding work
 - Organisational plans for the dissemination of information about the principles of the work
 - Organisational plans to ensure that all service users and carers are aware of Adult Safeguarding policy and procedures.
 - Organisational plans to provide monitoring information to the Peterborough Adult Safeguarding Board.
- Policies and procedures are audited for consistency with the multi agency policy and procedures.
- Where appropriate core business plans are cross-referenced with Adult Safeguarding plans and include targets and standards relating to Safeguarding

Adults.

- Appropriate actions relating to Safeguarding Adults are included within mainstream activities.

8.5 Role of Peterborough Adult Safeguarding Board

8.5.1 The Peterborough Adult Safeguarding Board is a standing multi agency committee of lead officers with the agreed objectives of:

- Determining policy
- Promoting good practice and communication between agencies and with the public
- Coordinating activity between agencies
- Promoting joint training
- Monitoring and reviewing progress of Safeguarding adult work in Peterborough

8.6 Aims of Peterborough Adult Safeguarding Board

8.6.1 The aims of the Board are to:

- Promote the wellbeing, security and safety of vulnerable people consistent with his or her rights, capacity and personal responsibility, and prevent abuse occurring wherever possible.
- Ensure that the processes of investigation, assessment and prevention of abuse do not constitute an abusive or harmful series of events for the vulnerable person.
- Ensure that the promotion of vulnerable adult protection is integral to the development and delivery of services in Peterborough.
- Comply with Department of Health Guidance and best practice.

8.7 Peterborough Adult Safeguarding Board Activities

8.7.1 The primary activities undertaken by the Board are:

- To establish, monitor and review procedures and guidelines in relation to vulnerable adults on an inter-agency basis.
- To promote and encourage good practice, responses and preventive work aimed at minimising risk to vulnerable adults on a multi-agency basis.
- To increase professional and public awareness of the abuse and neglect of vulnerable adults.
- To collect information about neglect and abuse in the City.
- To maintain an awareness of developments in the areas of abuse and neglect both locally and nationally.
- To design, commission and develop training in, awareness of and responses to the problems of abuse and neglect on behalf of all agencies.
- To resolve disagreement between partner agencies about how to work together to safeguard adults who may be at risk of abuse or neglect.
- To establish a Serious Case Review Protocol as a multi agency decision and to be approved by the Coroner's Office. This protocol is to establish the criteria for a case to be referred for a Serious Case Review i.e. the circumstances which would warrant such a review, and to set out the remit of a Serious Case Review. The protocol should also set out any links between a Serious Case Review and a Domestic Violence Homicide Review as usually conducted by a Crime and Disorder Reduction Partnership (in Peterborough this requirement is met by the Community Safety Partnership). The protocol will set out a clear process for commissioning a Serious Case Review and the Peterborough Adult Safeguarding Board will provide each Serious Case Review Steering Group with sufficient resources, both personnel and financial, to carry out its functions.

8.8 Membership of the Board

8.8.1 The Board is made up of representatives of the following agencies and organisations:

Peterborough City Council
Cambridgeshire Constabulary
NHS Peterborough
Peterborough and Stamford Hospitals NHS Foundation Trust
Peterborough Community Services
Cambridgeshire and Peterborough Mental Health Partnership NHS Trust
National Probation Service
Peterborough Association of Care Homes
Peterborough Association of Domiciliary Care Organisations
Commission for Social care Inspection
Department for Work and Pensions
Peterborough Regional College
Peterborough College of Adult Education
Providers of supported and sheltered housing
The local voluntary sector working with vulnerable adults
East of England Ambulance Service NHS Trust

8.9 Board Finance and Administration

8.9.1 Peterborough City Council and NHS Peterborough currently provide resources the Board and the work it undertakes.

8.9.2 Partner agencies currently do not contribute to the costs of supporting the Board or its work but do provide the time of representatives to attend meetings without cost, and contribute to one-off events. The long-term funding arrangements are under discussion.

9. **Definitions**

9.1 Vulnerable Adults

Safeguarding Adults: A National Standards Framework developed by the Association of Directors Of Social Services describes vulnerable adults as adults 'who may be eligible for community care services' to access their human right to a safe and secure future.

9.1.1 Adults 'who may be eligible for community care services' are those whose independence and wellbeing would be at risk if they did not receive appropriate health and social care support. They include adults with physical, sensory and mental impairments and learning disabilities, whether present from birth or due to advancing age, chronic illness or accident. They also include family and friends who provide personal assistance and care to adults on an unpaid basis. They are not a self defined community, but a group that has been created by social policy.

9.1.2 A vulnerable adult can be a person:

- With a mental health problem (including dementia);
- With a physical disability;
- With drug and alcohol related problems;
- With a sensory impairment;
- With a learning disability;
- Who has a physical illness;
- With an acquired brain injury;

- Who is frail and/or is experiencing a temporary illness.

9.1.3 Who may be:

- Living in their own home
- In hospital;
- In a residential care and/or nursing home;
- Attending a day centre;
- Attending a social club;
- Without a permanent home.

(The above lists are not intended to be exhaustive)

9.2 Forms Of Abuse And Mistreatment

9.2.1 Abuse is defined as:

*'...a violation of an individual's human and civil rights by any person or persons.'*¹
(Department of Health, No secrets, March 2000)

9.2.2 It may include:

Physical abuse, including hitting, slapping, pushing, kicking, misuse of medication, misuse of restraint, or inappropriate sanctions;

Sexual abuse, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting, or where such abuse was itself an abuse of a power relationship between a vulnerable person and any other person including a carer or professional;

Psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;

Financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;

Neglect and acts of omission, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating;

Discriminatory abuse, including racist or sexist remarks or comments based on a person's impairment, disability, age or illness, and other forms of harassment, slurs or similar treatment. This may also include isolation or withdrawal from religious or cultural activity, services or supportive networks; and

Institutional abuse involves the collective failure of an organisation to provide an appropriate and professional service to vulnerable people. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect vulnerable adults and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping and liaising with other providers of care.

¹ It should be noted that this definition precludes self harm as an adult abuse issue.

10. Information Sharing

- 10.1 Each agency holds information that in the normal course of events is regarded as confidential and will have their own safeguards and procedures for dealing with the same.
- 10.2 Personal information is subject to the principles of the Freedom of Information Act 2000, the Data Protection Act 1998, the Human Rights Act 1998 and the common law doctrine of confidentiality.
- 10.3 Concern about the abuse of vulnerable adults provides sufficient grounds to warrant sharing information on a “need to know” basis and/or “in the public interest” in accordance with established data protection principles. Unnecessary delays in sharing that information should be avoided
- 10.4 The principles that govern the sharing of information include the following:
- Information should only be shared on a ‘need to know basis’ when it is in the best interests of the service user
 - Confidentiality must not be confused with secrecy.
 - Informed consent to the sharing of information should be obtained from the person involved. However, if it is not possible as other vulnerable adults may be at risk, or a crime may have been committed, it may be necessary to override this requirement.
- 10.5 It is not appropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other vulnerable people may be at risk.

11. Monitoring and Review of this Policy

- 11.1 Monitoring and review of this policy and associated procedures is undertaken annually and changes to it are informed by consultation with staff and agencies that operate the policy. Results of consultation are provided to the Peterborough Adult Safeguarding Board and the Board agrees amendments to this policy.
- 11.2 It is the intention that the Peterborough Adult Safeguarding Board monitors the performance of Adult Safeguarding Work in the City. While it is not necessarily desirable to set a performance target to either increase or reduce reported incidents of abuse, the effectiveness of the process in terms of speed of response and outcome achievement will be measured. The numbers of reported incidents will be benchmarked against available data from other authorities to check they are consistent.
- 11.3 All staff and partner agencies are encouraged to give feedback at any time on any difficulties they have in operating the policy. Any issues can be raised with line management or a Board member, who will ensure they are considered and appropriate action taken.

12. Equalities and Diversity

- 12.1 Peterborough Adult Safeguarding Board recognises that we belong to a society that can sometimes discriminate unfairly and unjustly against some individuals and groups and that discrimination results in disadvantage and lack of opportunities. The Board particularly recognises that some people can suffer disadvantage as a result of discrimination and that this can increase vulnerability. We will work to ensure that no-one receives less favourable treatment on the grounds of:

- sex
- age
- marital status
- race or origin
- religion
- disability
- sexuality

12.2 Peterborough Adult Safeguarding Board and its member organisations want those facing discrimination to feel able to report abuse and receive the same protection as any other member of society.

12.3 The Board is committed to positive action towards removing barriers to services and opportunities for those from discriminated against groups. There will be ongoing monitoring of the operation of this policy and the associated procedures to ensure that they are not discriminating against any particular minority group and that there is equality of access to the protection that the procedures offer.

13. Whistleblowing

13.1 Where concerns are held about a vulnerable adult regarding malpractice or misconduct in a workplace or by employees of an organisation/agency, those concerns should in most circumstances be raised with the organisation/agency involved and also with NHS Peterborough under Safeguarding Adults Procedures.

All partner organisations should have a Whistleblowing Policy.

This page is intentionally left blank

PETERBOROUGH RESPONSE TO NO SECRETS REVIEW **JANUARY 2009**

Approach

The following groups contributed to the consultation in Peterborough:

- Peterborough Adult Safeguarding Board
- NHS Peterborough Board
- NHS Peterborough Professional Executive Committee
- Safer Peterborough Partnership
- Health and Adult Social Care Scrutiny Panel
- Learning Disability Partnership Board (LDPB)
- Peterborough City Council Corporate Management Team,
- Mental Health Joint Development Group
- Other partnership groups (in less detail)

The approach in Peterborough has been to include as many partnership groups and stakeholders as possible in the consultation using existing partnership groups which fell within the consultation period.

The Safeguarding Board held a specific workshop to consider its views. Board members noted that some partners e.g. the Cambridgeshire Constabulary would be submitting their own responses.

The LDPB had a very detailed discussion using the easy read tools and made detailed responses to some questions – these have been specifically referenced in the response.

By agreement with these groups, the Director of Adult Social Services (a joint appointment of the City Council and NHS Peterborough) has compiled and submitted this composite response.

Leadership

National leadership appears to fit best with the Department of Health given the key roles for health and social care.

In Peterborough, health and social care services are fully integrated and we believe this provides a good model for leadership around safeguarding. Joint posts between councils and the NHS may be in a particularly good position to lead the adult safeguarding agenda. The LDPB felt it was important that the police take on an active role.

Arrangements for safeguarding Boards should be consistent with the arrangements for Children's Safeguarding Boards and there is support in Peterborough for moving forwards with independent chairs of these Boards. We support putting these boards on a statutory footing with firm duties for co-operation across agencies.

Primary Care Trusts as local leaders of the NHS should have lead responsibility for safeguarding however it is important that all parts of the NHS (hospital trusts, mental health trusts, primary care) are represented on safeguarding boards.

Nationally there is insufficient emphasis within NHS guidance and planning frameworks which relates to safeguarding vulnerable adults. Specific issues in relation to learning disabilities have become more prominent following 'Healthcare for All' but there is a need to increase the focus on safeguarding more broadly. For example the 2009/10 Operating Framework has minimal requirements in terms of safeguarding. 'Standards for Better Health' includes child protection but not adult protection.

Service providers including from the care home sector should form part of safeguarding boards. Leadership should be provided by commissioners and regulators of these services as well as umbrella bodies that represent the sector. This also applies to domiciliary services.

Prevention

The LDPB suggested that people with learning disabilities could support others to keep themselves safe. It was suggested that "Feel Safe Groups" which exist in Peterborough's day centres and drop-ins were good – people talk about what is okay and what isn't. These groups should exist in all services. Other suggestions included carrying safety alarms, information in doctors surgeries and dentists, advertising on buses, using supermarket notice boards, having hate crime reporting centres and looking at local demographics to decide what is needed especially around black and minority ethnic communities. There is a need to consider people who don't use services as well. It was suggested that people with profound and multiple needs should be supported through communication devices and through advocacy. It was also suggested that information on staying safe should be sent out with benefits information.

Outcomes

There is a need for an outcomes framework linked to safeguarding and support to develop this would be welcome. Local annual reports should be more outcome focused and evaluative.

There is support for national indicators in this area and these will clearly need to be metrics which are measurable and can be compared across areas. The consultation agreed with the difficulty in identifying one or more suitable measures. Repeat abuse was thought to be a useful indicator of effective safeguarding work but misses the primary preventative angle.

The LDPB felt that there should be more police especially at weekends and that the police would have more awareness about people with learning disabilities. The police should have one or more people who are specifically trained in relation to disability issues. Police locally should meet with people

with learning disabilities. In Peterborough, the police have met with sheltered housing residents and talked to them about keeping safe. The police should respond more quickly to people who live in flats on their own and it was suggested there should be a target about responding to vulnerable people very quickly.

Managing risks

We acknowledge that risks to individuals may sometimes increase with greater choice. There is some public concern in Peterborough, as elsewhere, on this matter with the introduction of Individual Budgets. The suggestion of a safeguarding pack for all recipients of Individual Budgets is a suggestion which could be explored.

The LDPB noted that some people have family to help them. For others social workers, care workers and advocates can all be helpful. It can take a long time to build a relationship with an advocate however and advocacy is not always useful for people with profound and multiple needs. IMCA is available for those with no family but the threshold was considered very high.

The LDPB was concerned about private services which are developing to manage people's finances. Approved providers were felt to be safer. It was suggested that all young people are taught at school how to keep their pin numbers safe.

The LDPB felt there should be support for family carers.

Managing Choice

There is considerable concern to ensure that those with Direct Payments make choices which are safe. This particularly relates to safe employment practices and CRB checks. There is a very strong view that every effort must be made to enable people to protect themselves through safe recruitment practice and awareness raising, information, support services and discussions during assessments and reviews could all contribute to this. Some people are of the view that CRB checks should be compulsory for Direct Payments users to carry out on any staff they employ.

Health Services & Safeguarding

Because NHS Peterborough is the organisation commissioning all health and social care in Peterborough, awareness and practice around safeguarding is stronger in the primary care trust than in many areas. That said, there is no room for complacency and ongoing awareness raising and practice development continues to be required. We are developing primary care awareness and engagement and suggest this is something which requires further attention. Primary care services are perhaps best placed to identify risk factors and early signs of abuse. A link to the quality frameworks for primary care are likely to be needed to effect change in this area. The PCT

Board considers the emphasis should be on the whole of primary care and not just GPs.

The LDPB was concerned about security in hospitals – this needs to be improved. It was also suggested that doctors need to be able to recognise people with learning disabilities and have a register of them so that extra time is allowed for appointments.

In Peterborough two people with learning disabilities are employed to help improve GP's awareness and good practice. They use role play to demonstrate good and bad practice.

Safeguarding, Housing & Community Empowerment

Housing providers have been shown to be critical partners in detecting and reporting risk and abuse in some recent, national serious case reviews. It is essential to get engagement across the sector locally and nationally. Supporting People provider networks can assist with this. Commissioning of services for supported living and housing more broadly need to consider safeguarding issues and outcomes. There is a role for the Housing Corporation successor organisation in reflecting standards in safeguarding for registered social landlords.

The LDPB felt that secure locks, intercoms and strong front doors were important to protect people from burglary and other crimes and to help people feel safe. The Board also felt that housing associations needed to be more responsive to vulnerable people living on their own. Vulnerable people may need help to choose safe areas to live in using Choice Based Lettings. Neighbourhood Watch was also suggested.

Access to the Criminal Justice System

The integration of adult safeguarding into more mainstream criminal justice activity is supported. The links with MAPPA and MARAC are currently not sufficiently clear, consistent or formalised and this needs to be addressed.

Guidance and Legislation

There is strong consensus in Peterborough for legislation in this area. Overall it is considered that only legislation will bring about sufficient change, raising of profile, co-operation and resources to address the area. There is a strong view that parity with safeguarding children work can only be achieved by legislation equivalent to the Children Act 2004.

It is essential that resources are provided to properly implement new legislation or changed guidance. All key agencies considered that a lack of dedicated resources limited progress in safeguarding work. Rising alert levels through raised awareness is adding year on year pressures to social services budgets.

There is support for statutory Safeguarding Boards, a duty to co-operate and legal definitions of key terms. There is some hesitancy with regard to powers to enter private homes and the power to remove individuals however most people contributed could see the need for such powers in some, limited circumstances. Legislation would need careful safeguards to ensure the appropriate use of such powers which would usually be exceptional.

The LDPB felt that if there were powers to enter people's homes, these should be very transparent and people should be kept involved in what is going on. Sharing information was felt to be important and the capacity of the person and any carers' issues should be considered. There should be regular reviews as circumstances may change and someone may be able to return home.

There was support for independent chairs of safeguarding boards and a reconfirmation of the need for a strong serious case review protocol.

Statutory posts similar to those in children's work were suggested e.g. specialist doctors and nurses.

Definitions

Vulnerable Adult is subject to so many different interpretations that clarity is recommended. The definition of abuse seems more consistent.

This page is intentionally left blank

HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL	Agenda Item No. 5
TUESDAY 17 FEBRUARY 2009	Public Report

Report of the Director of Adult Social Services and Performance

Report Author – Tina Hornsby, Head of Performance and Informatics

Contact Details – 01733 758416

PERFORMANCE REPORT – QUARTER 3 2008/09 ADULT SOCIAL CARE

1. PURPOSE

1.1 This report recommends that the Scrutiny Panel:

- Reviews and notes the Quarter 2 position on adult social care targets (appendix 1).
- Reviews areas of identified risk and considers proposed remedial actions.

2. LINKS TO CORPORATE PLAN, SUSTAINABLE COMMUNITY STRATEGY AND LOCAL AREA AGREEMENT

- 2.1 Supporting vulnerable people is an important part of the Sustainable Community Strategy and a key priority for the Local Area Agreement.
- 2.2 Key performance targets from the new National Indicator set have been identified as priorities within the Corporate Plan and Local Area Agreement.

3. BACKGROUND

3.1 Previously, the performance of adult social care functions has been measured via the national Performance Assessment Framework (PAF) indicators, and these have been reported quarterly to Health and Adult Social Care Scrutiny Panel. From 1 April 2008, the National Indicator set has been introduced with 12 social care specific indicators. A number of these indicators have not yet been finalised nationally and others will run from the final quarter of the year. This report covers a balance of measures taken from the new framework, where available, and from the previous PAF framework, where the measures remain relevant.

4. KEY ISSUES

4.1 Comprehensive Area Assessment National Indicators and key local performance targets

- 4.1.1 The indicator set previously reported has now been replaced with a new set of national indicators (NI). This new set of indicators measures some new areas of performance and replaces other indicators, often including additional criteria to the indicator it replaces. There are also some old indicators that measure useful performance which are not included in the new indicator set and, because of this, we plan to continue reporting these indicators as local targets even though there is no statutory obligation to do so.
- 4.1.2 In the past we have monitored the indicators against band ranges. However, for the new national indicators there are no such benchmark measures available as yet and so when setting targets we have had to do this without knowing what good performance is expected to look like (where baseline data has been available we have used this).
- 4.1.3 Of the indicators updated in Quarter 2, the following indicators are flagged as high risk:

Indicator	Q2/Q3 Performance	Target	Comments and actions being taken
NI 131 Average numbers of delayed transfers from acute or mental health hospital beds per week.	8.91 (Q3)		<ul style="list-style-type: none"> ▪ The previous PAF indicator around delayed transfers of care counted only delays from acute hospital beds. The target was set based on this number. Weekly reports from the Mental Health Trust have revealed a small number of patients whose discharge has been delayed from acute mental health beds. Actions have now been taken to reduce this number. ▪ A weekly status report is being submitted on progress for the 3 remaining patients affected. ▪ Suitable housing for MH users seems the blocker. Mental Health accommodation and housing group has been set up to look at the needs and develop a suitable pathway
NI132 Timelines of social care assessment	68(Q3)	85%	<ul style="list-style-type: none"> ▪ Q1 performance on this indicator was 73.2%. ▪ This indicator is closely monitored and performance in July is up to 74.3%. ▪ A comprehensive action plan to address the performance issues is in place. ▪ Where breaches are identified, these are communicated back to the relevant teams so that dates can be checked and modified if incorrect. ▪ The Director of Adult Social Services & Performance and the Managing Director of Peterborough Community Services will report on the latest analysis of this on-going performance verbally at the Scrutiny Panel meeting.

4.1.4 Quarter 2 indicators can be seen at appendix 1. Updates are included for Quarter 3 where the data was available at the time of dispatch of this report. This is to address members' previous concerns regarding the time lags in reporting.

5. EXPECTED OUTCOMES

5.1 The Scrutiny Panel is asked to note and discuss the content of the report.

6. NEXT STEPS

6.1 Performance reports are submitted to the Scrutiny Panel on a quarterly basis.

7. BACKGROUND DOCUMENTS

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

None.

8. APPENDICES

Appendix 1 – Quarter 2 performance indicator outturns (including Quarter 3 data where available).

This page is intentionally left blank

Appendix 1

07/08 Q4 08/09 Q1 08/09 Q2 08/09 Q3

OLD TARGETS	Q4 Year end Outturn	Q1 Outturn	Q2 Outturn	Q3 Outturn	Target (Old PI's set on SAS)	Comment	CAA / Local Target	Direction of Travel
C28 Intensive home care - number of households receiving 10 or more hours of home care per 1,000 of the population aged 65+	14.3	N/A	N/A	17.49	14.3	Comes from HH1 return Sept 2008 last year of collection (High is good)	Local Target	▲
C72 Older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care. Number of people aged 65+ admitted to permanent residential care per 10,000 of the older population.	73.51	18.48	81.88	67.66	79	Q3 multiplied up for full year forecast - equates to 159 older people admitted to permanent residential care between April - December. (Low is good)	Local Target	▲
C73 Adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care - Number of adults aged 18-64 admitted to permanent residential care per 10,000 of the population.	1.37	0.09	0.98	0.95	1.1	Q3 multiplied up for full year forecast - equates to 10 adults admitted to permanent residential care between April - December. (Low is good)	Local Target	▲
D40 Clients receiving a review - Percentage of service users receiving a review of their care plan within the previous 12 months.	62.1869%	71%	73%	88%	75	Based on a rolling 12 months to 31/12/08 - last 6 months show activity over 75% - High is good.	Local Target	▲
D54 Percentage of items of equipment and adaptations delivered within 7 working days - Percentage of items of equipment delivered within 7 working days from completion of assessment.	88.13%	98.55%	96.80%	95%	90.0%	Proxy based on first 9 months data from NRS only (does not include minor adaptations)(high is good)	Local Target	▼
E47 Ethnicity of older people receiving assessment - as a ratio against the percentage of the general population for ethnic minorities	1.7386		1.7	2.13	1.80%	Based on rolling 12 months - (high is good)	Local Target	▲
E48 Ethnicity of older people receiving services following an assessment - as a ratio against the percentage of the general population for ethnic minorities	0.9497		1.82	1.34	1.0000	Based on rolling 12 months (high is good)	Local Target	▲

NEW INDICATORS
NI 130 Social care clients receiving self directed support per weighted population
NI 131 Delayed Transfers of Care - average number of delayed transfers per week from acute and mental health hospital beds per 100,000 of the populations aged 65+
NI 132 Acceptable waiting times for assessment - % of social care assessments completed within 4 weeks of first contact
NI 133 Timeliness of social care packages - % of care plans fully implemented within 4 weeks of assessment
NI 135 carers receiving needs assessments or review and carer's services, advice and information - as a proportion of all users receiving services
NI 136 Numbers of adults supported to live independently through social services per 1,000 of the population, weighted by age
NI 145 The % of adults with learning disabilities who are in settled accommodation - as a % of all adults with Learning disabilities known to adult social care services
NI 146 % of adults with learning disabilities who are supported in employment - as a % of all adults with Learning disabilities known to adult social care services
NI 149 Adults in contact with secondary mental health service in settled accommodation - as a percentage of all adults known to secondary mental health services
NI 150 Adults in contact with secondary mental health services in employment - as a percentage of all adults known to secondary mental health services
NI 125 Achieving independence for older people through rehabilitation/intermediate care - percentage of service users still living at home 3 months from referral into intermediate care / rehab services
NI 127 Self reported experience of social care users

Q1	Q2	Q3	Target	Comment	CAA/Local Target	Direction of Travel
137.31	163.38	194.84	185	This reflects 235 clients having received a direct payment at some point between April and December 2008. High is good	CAA	▲
8.57	9.9	8.59	3.92	This indicator has been amended to include all delays including mental health beds. The target was set based on acute hospital beds only.	CAA	▼
73.20%	70.10%	68%	85%	YTD to 31/12/08 Performance - High is good	CAA	▼
N/A	N/A	N/A	94%	A proxy indicator need to be developed	CAA	
24.50%	26.90%	28.8	27%	Quarter 2 performance in line with target - High is good	CAA	▲
49.36	51.53	55.94	48.17	Recalculated from grant funded services return plus commissioned services (High is good)	CAA	▲
N/A	N/A	85.2	70%	Initial forecast based on numbers supported outside of long term residential care.	CAA	
16.45	12.81	15.8	16.50%	73 of the 462 known clients are in paid employment	CAA	▲
N/A	N/A	N/A	80%	Awaiting info from Mental Health Trust	CAA	
N/A	N/A	N/A	12.50%	Awaiting info from Mental Health Trust	CAA	
71%	79%	81.50%	70%	This will be measured on performance in last quarter.	CAA	▲
This is fed from the survey of all home care users due to take place in February 2009						

Key

↑	Stable
↓	Increasing - high is bad
↗	Increasing - high is good
↘	Decreasing - low is good
↔	Decreasing - low is bad

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL	Agenda Item No. 6
17 FEBRUARY 2009	Public Report

Report of NHS Peterborough

Report Author – David Bacon, Director of Finance and Contracts, NHS Peterborough

NHS PETERBOROUGH BUDGETARY MONITORING REPORT

1. PURPOSE

- 1.1 The purpose of the report is to inform the Panel of the financial performance of NHS Peterborough for the eight months to 30 November 2008.

2. RECOMMENDATIONS

- 2.1 That the Panel notes the finance report for the eight months to 30 November 2008.

3. BACKGROUND

- 3.1 At their meeting on 7 January 2009 the Partnership Governance Group considered a finance report for the eight months to 30 November 2008.
- 3.2 The Panel had previously asked to receive a regular report on the financial performance of NHS Peterborough and the report which was considered on 7 January is now being brought to the Panel consideration and for any appropriate comments to be made.
- 3.3 A copy of the report considered by the Partnership Governance Group is attached at Appendix 1.

5. IMPLICATIONS

- 5.1 Any implications are contained within the attached report.

6. EXPECTED OUTCOMES

- 6.1 That the Panel notes the report and makes any appropriate comments.

7. BACKGROUND DOCUMENTS

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

- 7.1 None

8. APPENDICES

- 8.1 Appendix 1 – Report to the Partnership Governance Group

This page is intentionally left blank

PETERBOROUGH PRIMARY CARE TRUST
(Working in partnership with Peterborough City Council)

SUBJECT: FINANCE REPORT FOR THE EIGHT MONTHS TO 30TH NOVEMBER 2008

ACTION REQUIRED: FOR NOTING

MEETING: PARTNERSHIP GOVERNANCE GROUP

DATE OF MEETING: 7 JANUARY 2008

REPORT OF: DAVID BACON DIRECTOR OF FINANCE AND CONTRACTS

1 RECOMMENDATION

This report recommends that the Partnership Governance Group note:

1.1 The forecast performance for the 2008/09 financial year against key Statutory and Administrative targets as they relate to the Pooled Fund as set out in the table below:

Target	Frequency of Measurement	Forecast Performance	Comment
Do not Exceed Revenue Resource Limit (RRL) i.e. Financial Balance	Yearly	Green	Overall year end forecast outturn is a surplus of £684,000 (Appendices 1 – 3)
Do not exceed Overall Cash Limit	Yearly	Green	Year end forecast is that cash will be managed within limits (Appendix 6)
Achieve Full Cost Recovery on Provider Function	Yearly	Green	
Achieve 3.5% Return on Capital	Yearly	Green	Low risk, requires relevant calculation of and application of capital charges into financial position
Achieve Better Payment Practice Code	Yearly	Amber	Whilst improved on 07/08 position, currently not achieving across all 4 measures (Appendix 7)

1.2 The Pooled Fund revenue position is an over spend of £1,363k to date and a £684k forecast outturn under spend broken down as follows:

Business Segment	Variance to Date £000	Previous Variance £000	Forecast Outturn £000
Commissioning External	(141)	442	684
Commissioning Internal	(1,222)	(1,119)	0
Total Pooled Budget	(1,363)	(677)	684

This position includes the release of £1,432k of reserves held as a contingency to mitigate overspending.

2 TIMETABLE FOR DECISIONS

2.1 Immediate

3 PREVIOUS DECISIONS RELEVANT TO REPORT

- 3.1 PCT Financial Plan 2008/09 (PCT Board 5th March 2008)
- 3.2 Annual Delivery Plan 2008/09 (PCT Board 5th March 2008)
- 3.3 The Operating Framework for the NHS in England 2008/09 (PCT Board 9th January 2008)
- 3.4 Finance Report for the seven months to 31st October 2008 (Partnership Governance Group 3rd December 2008)

4 RELATES TO PCT PRIORITY AND ANNUAL DELIVERY PLAN TARGET

- 4.1 The PCT has a statutory duty to break even on its revenue and capital resources and administrative duties for other aspects of financial performance as set out in the table in 1.1 above.
- 4.2 The PCTs Annual Delivery Plan approves certain investments in health care. This report provides financial information covering the expenditure position of those investments.

5 FINANCIAL POSITION

5.1 Revenue Summary (Appendix 1)

Appendix 1 provides a summary of the pooled funds revenue position at the end of November 2008. This is reported as an over spend against profiled budgets of £1,363k with a year end outturn under spend of £684k and splits between the various business segments of the PCT as follows:

Business Segment	Variance to Date £000	Previous Variance £000	Forecast Outturn £000
Commissioning External	(141)	442	684
Commissioning Internal	(1,222)	(1,119)	0
Total Pooled Budget	(1,363)	(677)	684

The Sections 5.2 through to 5.4 give further detail on the different elements of the pooled funds activities that are driving this position.

5.2 Revenue Resource Summary (Appendix 2 and 4)

Appendix 2 shows the PCTs overall resource (income) position. Since the last report to the Partnership Governance Group on 3rd December 2008 the following additions to income have been recognised in the plan.

Changes to Resource Assumptions since Board Report 3 rd December 2008	Plan Adjustments £000
Revenue Allocation <ul style="list-style-type: none"> • Eclizumab (£21k) • Primary Care Service – Healthcare SLA £10k • Impairment funding (£1,285k) • Increased access to contraception £100k • ICES transfer from Cambs PCT £35k 	(1,161)
Peterborough City Council	0
Other Income	0
Hosted Income	1,234
Non Discretionary Allocations	0
Total	0

To date there are no further variances against income expectations for the PCT and forecast outturn is indicating no income variances.

Appendix 4 shows the split of revenue allocations between those confirmed and those still to be actioned.

5.3 Pooled Revenue Expenditure Summary (Appendix 3, 9 and 10)

Appendix 3 shows the summary expenditure position for the Pooled Fund. The plan adjustment column includes a net change of £993k from the movements reported on 3rd December 2008. This includes the impact of adjustments to the revenue resource allocations above relevant to the pool. There have also been some minor movements between budget lines to match more accurately the areas where expenditure occurs.

Overall the Acute commissioning expenditure is over performing against plan with an overspend to date of £3,059k. Appendix 9 gives detail by activity area for the Peterborough and Stamford Hospitals NHS Foundation Trust element of this which equates to £2,813k. This position is mitigated by the offset of £350k shown against reserves which represents the amount released to date for activity relating to well babies and maternity and an offset of £937k from

high cost drugs. Nevertheless, activity and costs at the Trust continue to exceed plan with non-mandatory costs being of particular concern. The forecast outturn shows that we are anticipating the acute commissioning position to continue with a forecast over spend of £4,554k. Again though, the position is mitigated by funds held in respect of well babies, maternity and high cost drugs.

Other NHS Commissioning (excluding High Cost Drugs) is under performing against plan with an under spend to date of £665k falling to £345k at the year end. The majority of this position is due to the incorporation of the position relating to Specialised Commissioning reported to us by the East of England Specialist Commissioning Group. The anticipated under spend is reduced by higher than expected costs relating to Individual Care Placements and costs associated with supporting the East of England Ambulance Service to achieve Call Connect targets.

Non NHS Commissioning expenditure is reporting an over spend of £490k to date which relates to additional activity within the Ramsey Fitzwilliam contract. The overall forecast position for pooled expenditure is an under spend of £684k. Appendix 3 shows how the various areas of higher than planned expenditure noted above are managed through the use of under spends and the release of reserves.

5.3.1 Risk Areas to be managed to the year end

a) Acute Non Elective

The actions being taken to manage this area have been covered in the Performance Report discussed elsewhere on the Board agenda.

b) Acute Non Mandatory

A proportion of the non mandatory line overspend is offset by a drawing down of the high cost drugs budget. In addition the PCT has raised a number of queries with PSHFT re the basis of charging this year and will be working to clarify those over the coming weeks.

c) Peterborough Community Services (Appendix 10)

Peterborough Community Services are working to achieving a balanced position for the year. There are a number of cost pressures being experienced at the current time reflected in the overspend to date of £1.2m and a programme of cost reduction and expenditure avoidance has been put in

place that will generate a combination of short term improvement and medium to long term improved cost efficiency for the services as they develop the Community Foundation Trust application. The management of this in year position coupled with an original efficiency requirement of £1.8m means that PCS will be delivering a total efficiency of circa 6% for the year. Actions being undertaken include a review of the support community nursing services can give to the management of Acute Non Elective admissions to support/improve that position.

5.4 Demand Management and Cost Improvement Programme (Appendix 5)

Appendix 5 reports on progress on the delivery of demand management and cost improvement schemes. Progress continues to be made on the demand management elements to be implemented later in the year.

The delivery of cost improvement schemes is underway and progress is on track with profiled expectations.

5.5 Cashflow (Appendix 6)

The Cashflow statement at Appendix 6 shows that for the eight months to 30th November 2008 the PCT has drawn down £370k less than had been planned against its cash limit and received £2,086k more from third parties than had been anticipated. This improved position reflects actions taken to reduce the need for additional cash that had been seen in previous months. The £5.5m variance on plan for Other Income recovery is primarily due to other NHS organisations paying Hosted Services invoices quicker than anticipated.

Following recent events in the banking industry the Board are advised that the PCT holds all its cash in its HM Treasury Account and has no exposure to any commercial banks in the UK or overseas.

5.6 Public Sector Payment Policy (Appendix 7)

Appendix 7 contains the Public Sector Payment Policy position for the PCT for the eight months to 30th November 2008. Whilst there has been an improvement in the rates achieved when compared with the 2007/08 year, the PCT has not yet achieved the 95% mark for all indicators at a Commissioner, Provider and Combined level at the end of November.

The PCT is reviewing its process for making payments to small and medium sized organisations to ensure they are paid as soon as possible in response to announcements made by senior government officials.

5.7 Balance Sheet (Appendix 8)

Appendix 8 shows the Balance sheet as at 30th November 2008 with comparisons against the previous month and the opening position for the year.

Total Debtors and Total Creditors have increased from the 31st March position and have also increased in month. The increase in month for Total Debtors reflects delays in raising invoices for income due. The in month increase in total creditors is due to anticipated invoices for individual care placements that have not yet been received. The large increase from the 31st March position, however, is largely due to a technical adjustment relating to the Local Government pension scheme. The impact of this is offset within the General Fund and does not affect the in-year revenue position. Other movements within Debtors and Creditors are primarily due to the cash management activities described in 5.6 above.

5.8.1 Risk Areas to be managed to the year end

a) Accounting for Local Government Pension Scheme Liabilities

As reported to the Partnership Governance Group at the December meeting there are some technical issues to be resolved re the accounting treatment of the Local Government Pension Scheme in the accounts of NHS organisations. Work continues to find an acceptable solution to the matter and at this stage no adverse impact is reflected in this financial report

6 CONSULTATIONS UNDERTAKEN/ TO BE UNDERTAKEN

6.1 Detailed reports are submitted to budget holders. The respective management accountants, will be discussing these reports with them in detail.

7 IMPLICATIONS

7.1 Legal and Financial

The PCT has a statutory duty to not exceed its Revenue and Capital Resource Limits and Administrative Duties re not exceeding its cash limit, achieving full cost recovery on its Provider function, achieving a 95%

performance on its Public Sector Payment Policy and achieving a 3.5% return on capital employed

7.2 Other

7.2.1 The PCT is accountable to the Strategic Health Authority for the achievement of the national targets and our performance is monitored monthly against this achievement.

7.2.2 The year-end performance rating of the PCT depends on the achievement of all national targets and statutory and administrative duties.

8 DIRECTOR RESPONSIBLE FOR ADVICE:

David Bacon Director of Finance and Contracts

Name of author: David Bacon

Designation: Director of Finance and Contracts

Date: 24 December 2008

\\victs.nhs.uk\dfs\data\PPCT\Userdata\DBacon\Financial Reporting\0809\Pooled Fund\Jan 09 Meeting\Finance Report Month 8 08 final (2).doc

This page is intentionally left blank

**PETERBOROUGH PRIMARY CARE TRUST
SUMMARY REVENUE STATEMENT
PERIOD ENDED 30th NOVEMBER 08**

Appendix 1

	OPENING PLAN £000's	PLAN ADJUSTMENTS £000's	ANNUAL BUDGET £000's	BUDGET TO DATE £000's	INCOME TO DATE £000's	VARIANCE TO DATE £000's	PREVIOUS VARIANCE £000's	FORECAST OUTTURN £000's
RESOURCES								
PCT pooled	217,284	4,393	221,677	142,822	142,822	-	-	-
Total PCT Resources	217,284	4,393	221,677	142,822	142,822	-	-	-

	OPENING PLAN £000's	PLAN ADJUSTMENTS £000's	ANNUAL BUDGET £000's	BUDGET TO DATE £000's	EXPEND TO DATE £000's	VARIANCE TO DATE £000's	PREVIOUS VARIANCE £000's	FORECAST OUTTURN £000's
EXPENDITURE								
Commissioning External	154,283	3,236	157,519	100,035	100,176	(141)	442	684
Commissioning Internal	63,001	1,157	64,158	42,787	44,009	(1,222)	(1,119)	-
Total Pooled Budget	217,284	4,393	221,677	142,822	144,185	(1,363)	(677)	684

	OPENING PLAN £000's	PLAN ADJUSTMENTS £000's	ANNUAL BUDGET £000's	BUDGET TO DATE £000's	NET POSITION TO DATE £000's	VARIANCE TO DATE £000's	PREVIOUS VARIANCE £000's	FORECAST OUTTURN £000's
NET POSITION								
PCT Pooled	-	-	-	-	(1,363)	(1,363)	(677)	684

**PETERBOROUGH PRIMARY CARE TRUST
RESOURCE SUMMARY
PERIOD ENDED 30th NOVEMBER 2008**

Appendix 2

Total Resource

	OPENING PLAN £000's	PLAN ADJUSTMENTS £000's	ANNUAL BUDGET £000's	BUDGET TO DATE £000's	INCOME TO DATE £000's	VARIANCE TO DATE £000's	PREVIOUS VARIANCE £000's
Revenue Allocation	234,180	4,367	238,547	152,842	152,842	0	0
Peterborough City Council	36,887	0	36,887	24,591	24,591	0	0
Other Income	2,915	441	3,356	2,237	2,237	0	0
Hosted Income	0	5,369	5,369	3,596	3,596	0	0
Non-Discretionary allocation	273,982	10,177	284,159	183,267	183,267	0	0
	1,416	0	1,416	1,117	1,117	0	0
Total Resource	275,398	10,177	285,575	184,384	184,384	0	0

Application of Funds

	OPENING PLAN £000's	PLAN ADJUSTMENTS £000's	ANNUAL BUDGET £000's	BUDGET TO DATE £000's	INCOME TO DATE £000's	VARIANCE TO DATE £000's	PREVIOUS VARIANCE £000's
Pooled budget	177,482	4,945	181,434	115,993	115,993	0	0
Revenue Allocation	36,887	0	36,887	24,591	24,591	0	0
Peterborough City Council	2,915	441	3,356	2,237	2,237	0	0
Other Income	0	0	0	0	0	0	0
Total Pooled	217,284	5,386	221,677	142,822	142,822	0	0

ok

Non-Pooled

Revenue Allocation	53,498	1,286	54,606	35,611	35,611	0	0
Peterborough City Council	0	0	0	0	0	0	0
Other Income	0	0	0	0	0	0	0
Sub Total	53,498	1,286	54,606	35,611	35,611	0	0
Non-Discretionary	1,416	0	1,416	1,117	1,117	0	0
Total Non-Pooled	54,914	1,286	56,022	36,728	36,728	0	0

ok

Hosted Services

Revenue Allocation	1,200	1,307	2,507	1,238	1,238	0	0
Peterborough City Council	0	0	0	0	0	0	0
Other Income	0	5,369	5,369	3,596	3,596	0	0
Total Hosted	1,200	6,676	7,876	4,834	4,834	0	0

**PETERBOROUGH PRIMARY CARE TRUST
SUMMARY POOLED REVENUE STATEMENT
PERIOD ENDED 30th NOVEMBER 08**

Appendix 3

EXPENDITURE	OPENING PLAN £000's	PLAN ADJUSTMENTS £000's	ANNUAL BUDGET £000's	BUDGET TO DATE £000's	EXPEND TO DATE £000's	VARIANCE TO DATE £000's	PREVIOUS VARIANCE £000's	FORECAST OUTTURN £000's
Commissioning Acute Trusts								
Peterborough and Stamford Hospitals FT	72,150	(65)	72,085	48,826	51,639	(2,813)	(2,126)	(3,914)
Cambridge University Hospitals FT	4,501	(477)	4,024	2,682	2,994	(312)	(201)	(540)
Hinchingsbrooke	675	(73)	602	401	448	(47)	(41)	(100)
University Hospitals Leicester	1,545	-	1,545	1,030	926	104	86	-
Nottingham University Hospital	266	(14)	252	168	159	9	4	-
	79,137	(629)	78,508	53,107	56,166	(3,059)	(2,278)	(4,554)
Other NHS Commissioning								
Specialist Commissioning Consortia	11,744	(983)	10,761	7,010	6,466	544	522	780
Cambs & Peterborough Mental Health Partnership	14,662	1,337	15,999	10,666	10,660	6	-	-
Other Mental Health	2,130	(556)	1,574	1,050	1,091	(41)	(36)	-
Individual Care Placements	13,718	(928)	12,790	8,559	8,808	(249)	(366)	(680)
East of England Ambulance service	4,717	86	4,803	3,202	3,289	(87)	(43)	(255)
High Cost Drugs	3,358	(17)	3,341	937	-	937	853	3,341
Non Contracted Activity	1,039	2,497	3,536	2,974	2,482	492	547	500
	51,368	1,436	52,804	34,398	32,796	1,602	1,477	3,686
Non NHS Commissioning								
	3,469	188	3,657	2,458	2,948	(490)	(367)	(834)
Corporate Services								
Management structure	11,003	905	11,908	7,362	7,394	(32)	9	(50)
Public Health	1,137	458	1,595	928	872	56	42	-
	12,140	1,363	13,503	8,290	8,266	24	51	(50)
Reserves								
Contingency	2,148	-	2,148	1,432	-	1,432	1,253	1,048
Provider Reserve	475	(475)	-	-	-	-	-	-
Commissioning Reserve	5,546	1,353	6,899	350	-	350	306	1,388
	8,169	878	9,047	1,782	-	1,782	1,559	2,436
Total Commissioning external	154,283	3,236	157,519	100,035	100,176	(141)	442	684
Peterborough PCT Provider Services	63,001	1,157	64,158	42,787	44,009	(1,222)	(1,119)	-
GRAND TOTAL EXPENDITURE	217,284	4,393	221,677	142,822	144,185	(1,363)	(677)	684

RESOURCE & CASH LIMITS AT NOVEMBER 2008

	R/N_R	RL £000's	Cash £000's
Revenue			
Actual notified resource limit at start of period		234,447	233,886
Notified Changes in Period. Month 1		-	-
Notified Changes in Period. Month 2		206	206
Notified Changes in Period. Month 3			
Notified Changes in Period. Month 4		36	36
Notified Changes in Period. Month 5		3,839	3,839
Notified Changes in Period. Month 6		33	33
Notified Changes in Period. Month 7		62	62
Notified Changes in Period. Month 8		2,495	2,495
Notified Changes in Period. Month 9			
Notified Changes in Period. Month 10			
Notified Changes in Period. Month 11			
Notified Changes in Period. Month 12			
Actual notified limit at end of period		241,118	240,557
<u>Expected Changes Outstanding</u>			
Roundings		1	1
Outstanding QOF		454	454
Growth re 5 Practices		(153)	(153)
Population baseline Adjustment		(2,794)	(2,794)
Growth on lat not in Baseline		(550)	(550)
Releasing Time to Care		(190)	(190)
2007/08 surplus		9	-
Impairments		580	-
Increased Access to Contraception		100	100
Ices Transfer to Cambs PCT		(63)	(63)
Surestart from Cambs		35	35
Total Revenue Limits		238,547	237,397

Capital			
Actual notified resource limit at start of period		0	0
Notified Changes in Period. Month 3		5287	5287
Notified Changes in Period. Month 8		-747	-747
Actual notified limit at end of period		4540	4540
<u>Expected Changes Outstanding</u>			
Total Capital Limits		4,540	4,540

Total Expected NHS Resource Limit	243,087	241,937
------------------------------------------	----------------	----------------

<u>Total Revenue Resources</u>			
Revenue Resource limits		238,547	237,397
PCC resources SLA		36,887	36,564
PCC resources Grants		3,356	3,356
Total resources limit/cash limit		278,790	277,317

**PETERBOROUGH PRIMARY CARE TRUST
DEMAND MANAGEMENT/COST IMPROVEMENT PROGRAMME
AS AT NOVEMBER 2008**

Appendix 5

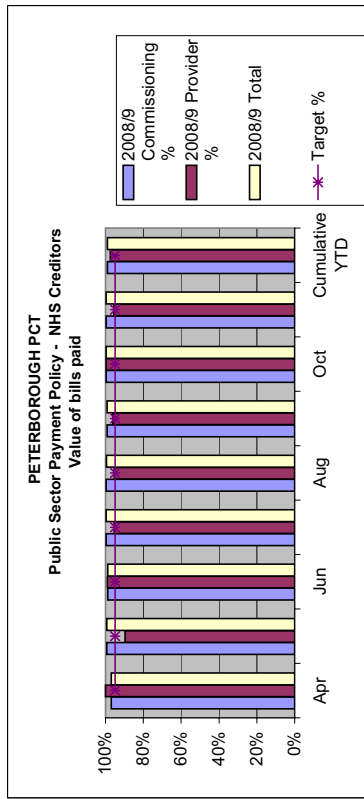
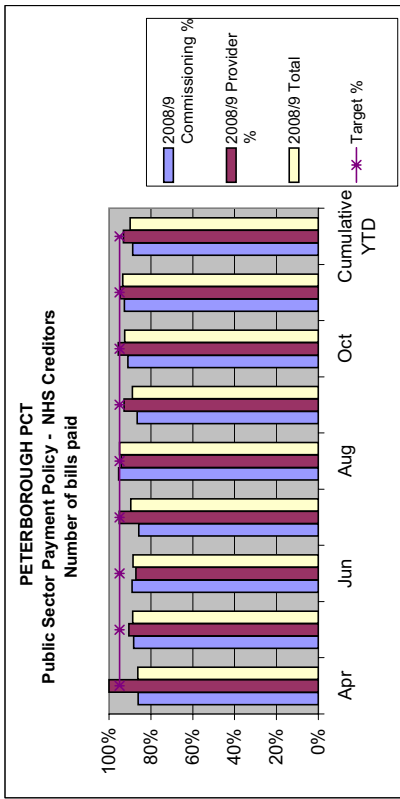
	Director Sponsoring Project	Project Manager	Scheme Start Date	Plan £000s	YTD Actual £000s
<u>Demand Management Schemes</u>					
<u>Medium Risk</u>					
PHT Emergencies			Jul-08	500	260
PHT Excess Bed Days			Jun-08	200	120
PHT Out Patients Follow up			Oct-08	150	50
Parachute & Care of the Elderly Team			Oct-08	250	83
<u>High Risk</u>					
S 22 HRG			Oct-08	50	17
<u>Low Risk</u>					
Mental Health 2 Months slippage on Re investment			Apr-08	150	150
Maternity Services			Apr-08	400	400
TOTAL				1700	1080
<u>Cost Improvement Programme</u>					
Tariff transactions and SLA adjustments			Apr-08	3575	2383
Independent Contractor efficiencies			Apr-08	872	581
Medicines Cat M			Apr-08	857	857
Provider Efficiency			Apr-08	1748	977
Comm - Scriptswitch			Jul-08	150	65
Comm - Medicines Management in year			Apr-08	240	111
Comm - Medicines Management - fye			Apr-08	240	209
Comm - GPIIP			Apr-08	188	125
				7870	5309

**PETERBOROUGH PRIMARY CARE TRUST
CASHFLOW
As at NOVEMBER 2008**

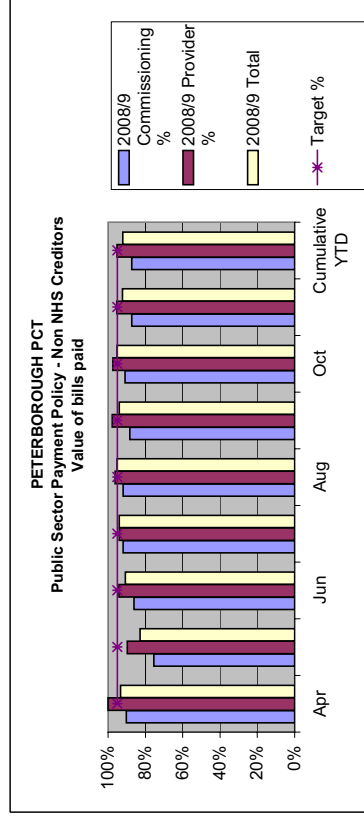
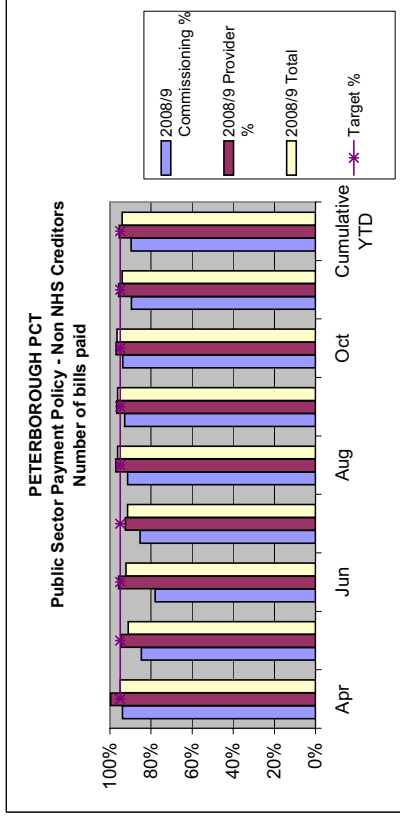
Appendix 6

	Opening Plan £000's	Plan Adjustment £000's	Annual Budget £000's	Plan to Date £000's	Actual to date £000's	Variance to Date £000's
	238,454	3,483	241,937			
Cash limit for 2008/9 (capital and revenue)						
In year drawings April to November 2008 by PCT	207,853	3,483	211,336	131,907	132,000	-93
Prescribing Cash April to November 08 by DOH	24,000	0	24,000	16,000	15,553	447
Dental Cash April to November 08 by DOH	6,601	0	6,601	4,410	4,394	16
Resource Cash Available	238,454	3,483	241,937	152,317	151,947	370
Other Sources of funds						
Peterborough City Council SLA & Grants April to November 08	39,478	441	39,919	26,054	23,007	3,047
Other Income April to November 08	14,729	4,135	18,864	12,576	18,079	-5,503
Total Cash Available	292,661	8,059	300,720	190,947	193,033	-2,086
APPLICATIONS						
Total cash expenditure April to November 2008	292,661	8,059	300,720	190,947	193,012	-2,065
Balance at Bank	0	0	0	0	21	21

**PETERBOROUGH PRIMARY CARE TRUST
PUBLIC SECTOR PAYMENT POLICY NOVEMBER 08**



		2008/9		2008/9		2008/9	
		Commissioning %	Provider %	Total	Target %		
Number of Bills paid	Period	Nov	92.63%	93.38%	95%		
Value of Bills Paid	Nov	99.72%	95.68%	99.68%	95%		
Number of Bills paid	Cumulative	89.10%	93.32%	90.30%	95%		
Value of Bills Paid	Cumulative	99.11%	97.31%	99.08%	95%		



		2008/9		2008/9		2008/9	
		Commissioning %	Provider %	Total	Target %		
Number of Bills paid	Period	Nov	92.03%	93.15%	92.98%	95%	
Value of Bills Paid	Nov	86.56%	93.35%	91.31%	95%		
Number of Bills paid	Cumulative	89.78%	95.46%	94.01%	95%		
Value of Bills Paid	Cumulative	87.27%	95.19%	92.16%	95%		

**PETERBOROUGH PRIMARY CARE TRUST
BALANCE SHEET
AS AT NOVEMBER 2008**

Appendix 8

Balance at 31/03/2008 <u>£'000</u>		Balance at 30/11/2008 <u>£'000</u>	Balance at 30/10/2008 <u>£'000</u>
	FIXED ASSETS		
10,610	Intangible Assets	10,518	10,664
	Tangible Assets		
	Investments		
<u>10,610</u>	Total Fixed Assets	<u>10,518</u>	<u>10,664</u>
	CURRENT ASSETS		
2	Stock and Work in Progress	2	2
10,737	Total Debtors	14,709	13,293
17	Cash	230	189
0	Cash In Transit	(1,029)	(842)
<u>10,756</u>	Total Current Assets	<u>13,912</u>	<u>12,642</u>
<u>(21,499)</u>	CREDITORS	<u>(27,568)</u>	<u>(25,966)</u>
<u>(10,743)</u>	Total Amounts Falling Due Within One Year	<u>(13,656)</u>	<u>(13,324)</u>
	NET CURRENT ASSETS/(LIABILITIES)		
0	CREDITORS	0	0
<u>0</u>	Total Amounts Falling Due After More Than One Year	<u>0</u>	<u>0</u>
(1,148)	Provisions for Liabilities and Charges	(1,060)	(1,077)
<u>(1,281)</u>	TOTAL ASSETS EMPLOYED	<u>(4,198)</u>	<u>(3,737)</u>
	TAXPAYERS EQUITY		
(4,412)	General Fund	(7,330)	(6,869)
2,423	Revaluation Reserve	2,424	2,424
	Donated Asstes Reserve		
	Government Grant Reserve		
708	Other Reserves	708	708
<u>(1,281)</u>	TOTAL	<u>(4,198)</u>	<u>(3,737)</u>

Peterboro Peterborough and Stamford Hospitals Foundation Trust

Appendix 9

Contract F Contract Performance Report 2008/9

Month Month 8 November

	Activity						Finance						Previous Month FY Variance £'000	
	Year to Date			Full Year			Year to Date			Full Year				
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance		
Elective	9,812	9,494	318	14,243	13,782	461	707	9,792	9,207	585	14,159	13,361	798	946
Non Elective Indicative threshold	12,572	13,185	(613)	18,921	19,844	(923)	(860)	18,291 (85)	19,080 (296)	(789) 211	27,251 (127)	28,543 (77)	(1,292) (50)	(1,322) (39)
Outpatients - New	25,851	25,848	3	37,779	37,775	4	236	3,692	4,307	(615)	5,304	6,299	(994)	(961)
Outpatients - Follow	53,551	54,436	(885)	78,511	79,808	(1,297)	(1,090)	4,244	4,416	(172)	6,228	6,479	(251)	(233)
Accident & Emergen	41,307	39,793	1,514	61,961	59,690	2,271	2,271	3,029	2,936	93	4,543	4,404	139	139
Non Mandatory								9,819	11,945	(2,126)	14,728	16,991	(2,263)	(1,881)
Total								48,782	51,595	(2,813)	72,085	75,999	(3,914)	(4,017)

Note:
Includes estimated threshold adjustment

DETAILED MONTHLY FINANCE REPORT FOR THE PERIOD ENDED:

30th November 2008

INCOME		Annual Budget	Period to date	Expend to date	Variance to date	Previous Variance to date	Potential Forecast year end
		£000's	£000's	£000's	£000's	£000's	£000's
Contract Income	Contract Income						
Peterborough PCT	Peterborough PCT	64,158	42,843	42,843	0	0	0
Other PCTs	Cambridgeshire PCT	3,325	2,226	2,242	16	0	16
Other PCTs	Northants PCT	1,138	758	763	5	20	20
Other PCTs	Lincolnshire PCT	244	163	163	0	0	0
Other PCTs	Norfolk PCT	283	189	189	0	0	0
Other PCTs	Leicester County	1	1	8	7	0	7
Other PCTs	Total other PCTS	4,991	3,337	3,365	28	20	43
Foundation Trusts	Total Foundation Trusts	557	367	369	2	17	0
Third party contributions to costs	Total Third Party Contributions	1,208	803	901	98	81	123
Client Charges	Client Charges						
Learning Disabled	Total LD client charges	100	68	144	76	61	121
Older People	Total Older People client charges	5,289	3,359	3,754	395	324	598
Sensory Support	Total Sensory Support Client Charges	0	0	50	50	43	62
Health charges	Total Health Charges	69	46	41	-5	-1	-2
Other Income							
Staff Charges	Private use of phones	0	0	0	0	0	0
Training	Other training	12	8	12	4	4	4
Donations	Hospital at Home	30	20	20	0	0	0
Other Income	Total Other Income	526	318	366	48	37	53
Roundings		1	-1	1	2	2	0
TOTAL INCOME		76,941	51,168	51,866	698	588	1,002

GROSS EXPENDITURE		Annual Budget	Period to date	Expend to date	Variance to date	Previous Variance to date	Potential Forecast year end
		£000's	£000's	£000's	£000's	£000's	£000's
Core Services	Core Services						
Clinical and Specialist Services	Total Clinical and Specialist Services	7,246	4,834	4,783	51	21	81
Operations Integrated Community Care	Total Operations and Integr	22,550	15,052	14,789	263	225	374
Corporate	Total Corporate	2,837	1,913	1,925	-12	3	5
Workforce	Total workforce	894	596	575	21	8	50
Finance	Total Finance	275	183	180	3	2	9
Primary Care	Primary Care	1,782	1,223	1,256	-33	-26	-48
Dental	Dental	1,061	712	620	92	80	130
Childrens Services	Total Childrens Services	6,218	4,136	3,999	137	104	182
Managed Budgets							
Older People Residential Placements (ASC)	Total Older Peoples Reside	7,307	4,871	5,061	-190	-230	-394
Older People Non Residential Placements (ASC)	Total Older Peoples Non Re	10,181	6,786	7,244	-458	-377	-637
Sensory Support Residential Placements (ASC)	Hospital Discharge	18	12	11	1	1	0
Sensory Support Non Residential Placements (ASC)	Sensory Support	425	283	325	-42	-34	-58
Integrated Equipment Store	Integrated Equipment Servi	755	503	586	-83	-76	-130
Free Nursing Care Special Placements	Free Nursing Care	1,367	911	826	85	61	120
Learning Disabled Floating Support	Learning Disabled Floating	154	103	148	-45	-42	0
Learning Disabled Special Placements	Learning Disabled Special Pl	2,891	1,927	1,452	475	432	689
Learning Disabled Independent Sector Placements	Learning Disabled Independ	8,880	5,920	6,723	-803	-609	-1,251
Continuing Care Placements	Continuing Care Placements	2,542	1,695	2,284	-589	-318	-841
Unachieved Savings - Original 2008/2009 plan	Unachieved Savings	-31	30	0	30	1	-31
Tactical savings plan achieved	Tactical savings plan achiev	242	158	0	158	0	242
Reserves 2008/2009	Centrall held Reserves	753	-41	0	-41	1	0
Reserves b/fwd from 2007/2008	Opening baseline issues	-836	-557	0	-557	-488	-836
Learning Disabled Supporting People Income not recievabl	Care contribution - Floating	-570	-380	0	-380	-332	-570
Rounding		0	2	5	-3	3	0
Minimum additional savings/efficiencies to be achieved							1,912
TOTAL EXPENDITURE		76,941	50,872	52,792	-1,920	-1,590	-1,002

NET POSITION		Annual Budget	Period to date	Expend to date	Variance to date	Previous Variance to date	Potential Forecast year end
		£000's	£000's	£000's	£000's	£000's	£000's
NET POSITION		0	-296	926	-1,222	-1,002	0

This page is intentionally left blank

HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL	Agenda Item No. 7
17 FEBRUARY 2009	Public Report

Report of the Director of Finance and Contracts, NHS Peterborough

Report Author – David Bacon, Director of Finance and Contracts, NHS Peterborough; Jay Agostinelli Equitable Access Project lead officer; Chris Palmer Programme Manager Estates and Facilities.

Contact Details – 01733 758494, david.bacon@peterboroughpct.nhs.uk

EQUITABLE ACCESS TO PRIMARY MEDICAL CARE TENDER EVALUATION REPORT

1. PURPOSE

This report is submitted to Scrutiny Panel to inform them of the Equitable Access to Primary Medical Care tender and evaluation process.

2. RECOMMENDATIONS

The Panel note the report.

3. LINKS TO CORPORATE PLAN, SUSTAINABLE COMMUNITY STRATEGY AND LOCAL AREA AGREEMENT

The plan relates to PCT priority and annual delivery plan targets. It is a national target that the PCT signs a contract by 31st December 2008 for the provision of additional clinical services under the Equitable Access to Primary Medical Care Services Initiative.

4. BACKGROUND

4.1 As agreed at the PCT Private Board Meeting on 3rd December 2008 Negotiations with 3Well Medical were concluded on the 17th December 2008 and the contract was formally signed on 18th December 2008.

4.2 Previous meetings of the PCT Board that discussed the Primary Care Centre:

- PCT Board Private Meeting 5th March 2008 approval of initial specification;
- PCT Board Private Meeting 2nd July 2008 approval of revisions to scope of scheme;
- PCT Board Private Meeting 6th August 2008 approval of PQQ Evaluation Criteria, delegation of decision making and revised timeline;
- PCT Board Private Meeting 3rd September 2008 approval of PQQ Evaluation, issuing of Invitation to Tender and approval of ITT Evaluation Criteria;
- PCT Board Private Meeting 5th November 2008 update report on procurement process, service location and stakeholder engagement;
- PCT Board Private Meeting 3rd December 2008 endorsement of preferred bidder following receipt of full evaluation report, delegation to Chief Executive to conclude contract negotiations.

5. IMPLICATIONS

- 5.1 Legal: a legally binding APMS Contract has been entered into.
- 5.2 Financial: Cost over 5 years based on projected activity levels is well within the affordability calculations and assumed in the PCT's financial strategy.
- 5.3 Equality & Diversity Impact Assessment.
- 5.4 Impact on Patients: More services provided closer to home Tackling NHS Peterborough's priorities of access, healthy lifestyles and reducing inequalities.

6. CONSULTATION

In accordance with consultation and engagement strategy.

7. EXPECTED OUTCOMES

To note the report.

8. BACKGROUND DOCUMENTS

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

None.

9. APPENDICES

Appendix 1 - Equitable Access Project Invitation to Tender. This is an anonymised version of the formal tender evaluation report that was considered by the Board at its private meeting on 3rd December 2008 when the Board confirmed 3Well Medical as the preferred bidder. It is in a format recommended by the procurement hub (advisers to East of England PCTs in this procurement).

Invitation To Tender:
Equitable Access to Primary Medical Care
Tender Evaluation Report

Version 0.1

Table of Contents

1. Executive Summary	3
2. Purpose	4
3. Introduction	4
4. Background	5
5. Evaluation Process	5
6. Evaluation Results	5
7. Overall Score	6
8. Recommendation	6
9. Approval.....	6

1. Executive Summary

1.1. The procurement strategy for the project was to ensure that sufficient suitably qualified Potential Providers were invited to tender to meet the requirements of NHS Peterborough in their Equitable Access to Primary Medical Care Procurement. It was anticipated that one Framework Agreement would be awarded on a single provider basis.

- Following completion of the Pre-Qualification process, 11 Potential Providers were selected to receive an Invitation to Tender. The ITT was issued on 20th August, 2008

1.2. A Tenderer's Event was held on 10th June to enable potential bidders to seek clarification relating to the requirement and ITT documentation.

1.3. 5 Tender responses were opened at 9am on Tuesday 7th October, 2008.

1.4. All 5 received Potential Providers submitted a compliant Tender Response.

1.5. A Tender Response was not received from 6 of the 11 issued to Potential Providers.

1.6. Tenders were evaluated in accordance with the approved Evaluation Process and Methodology distributed from the East of England Strategic Health Authority and approved by the PCT Board on 3rd September 2008.

The selection of the Preferred and Reserve Bidders to advance to contract signature for the Scheme was based on consideration of evaluation results for the following four primary procurement parameters:

- Performance;
- Cost;
- Risk; and
- Timings.

The assessment of performance was quantitative. Weighted scores for the requirements relating to each Work stream were aggregated into an overall performance score.

The Bid Price was compared against a pre-determined affordability limit.

Risk was graded as either low, medium or high, for each of the risk areas below, and then translated into an overall risk grade of low, medium or high:

- Financial;
- Legal;
- Service delivery – transition; and
- Marketing (for Schemes such as this one where growth in patient lists is required).

The Service Commencement Date and aspired Early Commencement Date proposed by the Bidder was graded as either, Prompt, Timely, or Late in relation to the Target Commencement Date set as 1st April 2009.

A copy of the Evaluation Process and Methodology documents are available on request from:

The Equitable Access to Primary Medical Care Procurement Lead, Jay Agostinelli

Jay.agostinelli@peterboroughpct.nhs.uk

01733 758506

1.7. The performance scores of the evaluation are as follows:

• Bidder A	~	3.01
• Bidder B	~	2.86
• Bidder C	~	2.07
• Bidder D	~	2.69
• Bidder E	~	3.02

1.8. However, on the basis of the overall results (performance, risk, and financial), the Tender Evaluation Team recommends a Framework Agreement be awarded to: **Bidder A** for a 105 hour a week service subject to any challenges during the Alcatel period as the Preferred Bidder and that **Bidder B** be nominated as the Reserved Bidder, should contract discussions with the Preferred Bidder fail to reach a conclusion on / by the 17th December 2008.

1.9. The Tender Evaluation Team seeks to obtain approval from the PCT Board of Directors to award a Framework Agreement to Tenderers identified.

1.10. Subject to approval, a standard Award Letter covering Alcatel will be issued to Successful Tenderers and a Unsuccessful Letter covering Alcatel will be issued to unsuccessful Tenderers.

1.11. Both successful and unsuccessful Tenderers will be provided with the opportunity to receive a debrief in accordance with the ITT Debriefing Guidance This date has been set for the 8th January, 2009.

2. Purpose

2.1. The purpose of this document is to present a recommendation to the PCT Board for consideration and approval. The recommendation is based on the results of the Tender Evaluation carried out by the Tender Evaluation Team on the responses to the Equitable Access to Primary Medical Care Services ITT.

3. Introduction

3.1. This report has been compiled on behalf of the Equitable Access to Primary Medical Care Tender Evaluation Team following the completion of the evaluation of responses to the Invitation To Tender (ITT) for the Equitable Access to Primary Medical Care Tender.

3.2. This document contains information that is Commercial in Confidence and is not in the public domain. The contents of this document must not be disclosed or discussed with any third party.

- 3.3. An Executive Summary has been provided, Any further information or points of clarification should be addressed to the Procurement Lead, Jay Agostinelli.

4. Background

- 4.1. The Equitable Access to Primary Medical Care procurement was advertised under the restricted procedure in the Official Journal of the European Union on 9th May, 2008. The scope covered the primary medical care services developed by the NHS Peterborough in conjunction with Peterborough County Council, and the Joint Strategic Needs Assessment based on the identified needs of the local community.
- 4.2. The Contract Advert generated 32 expressions of interest from a wide range of Potential Providers initially interested in the Equitable Access Scheme and the PCT Managed Practices, which were subsequently taken out of the procurement. A total of 11 potential bidders sent back their Pre Qualification Questionnaires (PQQ) to be considered for the Equitable Access to Primary Medical Care Services.
- 4.3. Following the evaluation of the 11 Potential Providers Pre Qualification Questionnaire all qualified to move to the next stage and receive the ITT documents.

5. Evaluation Process

- 5.1. Tender Receipt and Opening
All bid submissions were open together in the presence of Angela Bailey (CEO NHS Peterborough), Sarah Shuttlewood (Associate Director), Jay Agostinelli (Procurement Lead). They were opened on the 7th October, 2008 and entered into the Tender Register.
- 5.2. Compliance Check
All bids were deemed compliant.
- 5.3. Qualitative and Commercial Evaluation
The work stream leads performed individual evaluations (with at least 2 people evaluating each stream) and the project team met at regular intervals to consolidate views and validate scorings.
- 5.4. Tender Clarification
Clarification questions were sent out once during the process via email, and additional questions prepared for the Bidder Interviews.
- 5.5. Moderation Meeting(s)
This is a mid way ITT evaluation meeting used to check progression of evaluation and to 'red flag' any areas of concern. The team (including one of our lay members) met on the 16th October.
- 5.6. Bidder Interview / Clarification Meeting
This was held on the 6th November. All 5 potential bidders were met individually and given 1.5 hours each. The meetings were minuted.

6. Evaluation Results

- 6.1. An ITT summary provided an overview of the individual bidders, highlighting strengths and weaknesses.
- 6.2. **Bidder A** were identified as the Preferred Bidder after the financial, capacity, performance and competence were assessed.
Throughout the entire process the organisation were attentive, prompt, organised and professional in their approach and delivery.
They appear to provide a holistic approach in delivering patient care and services, demonstrating innovative ideas and multi agency collaboration.
The initial submission was for a 105 hour a week service. Whilst this was still the most cost effective service they were asked to submit an 84 hour a week service that could be compared with other responses on a 'level playing field'. This they did promptly. The evaluation was undertaken using the costs associated with the 84 hour a week service
They were keen to demonstrate how they would exceed the PCT's expectation of service delivery and targets and provided written evidence of competent and enthusiastic staff. Bidder A reiterated at interview, the importance of audit trails and measurable targets involving patient panels / forums. All evidence requested by the PCT was provided and in some cases over and above. (9 CV's and 44 supporting pieces of evidence, ranging from references, service plans and community letters of support).

Financially they were the most cost effective and ranked only 0.01 points below the leader in terms of clinical weighting.
They demonstrated a clear understanding of the needs of the target population and provided evidence that they had already initiated contact with a wide range of organisations and services (including Mental Health, Social Services other local services)

7. Overall Score

- 7.1. Following agreement of an overall score for each Bidder and taking into consideration all qualitative and commercial elements of the responses, a high level summary sheet was completed. A full evaluation matrix is available on request from Jay Agostinelli, Procurement Lead.

8. Recommendation

- 8.1. The recommendation of the Tender Evaluation Team is that a Framework Agreement be awarded to: **Bidder A** for a service over 105 hours per week subject to any challenges during the Alcatel period.
- 8.2. Subject to approval, a standard Award Letter covering Alcatel will be issued to Successful Tenderers and a Unsuccessful Letter covering Alcatel will be issued to unsuccessful Tenderers.
- 8.3. Both successful and unsuccessful Tenderers will be provided with the opportunity to receive a debrief in accordance with the ITT Debriefing Guidance.

9. Approval

9.1. The Tender Evaluation Team seeks to obtain approval from the PCT Board of Directors to award a Framework Agreement to the Tenderer(s).

This page is intentionally left blank

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL	Agenda Item No. 9
17 FEBRUARY 2009	Public Report

Report of the Deputy Chief Executive

Report Author – Louise Tyers, Performance Scrutiny Manager

Contact Details – 01733 452284 or email louise.tyers@peterborough.gov.uk

STANDARDS FOR BETTER HEALTH (ANNUAL HEALTH CHECK 2008/09) - APPROACH

1. PURPOSE

- 1.1 The purpose of this report is to introduce the annual health check process for 2008/09 to the Panel and to seek agreement that the Group Representatives are delegated to develop the Panel's response to the declarations of local health care organisations to the Healthcare Commission's targets.

2. RECOMMENDATIONS

- 2.1 That the Panel agree that the Group Representatives undertake the development of the Panel's final responses to the declarations of local health care organisations to the Healthcare Commission's core standards.

3. BACKGROUND

- 3.1 The Healthcare Commission (HC) is an independent body responsible for reviewing the quality of healthcare and public health in England and Wales. In England, it is responsible for assessing and reporting on the performance of NHS and independent healthcare organisations.
- 3.2 A new system of assessment for the NHS, the annual health check, was introduced in 2006 (to replace the star ratings system) and all Primary Care Trusts (PCTs) and NHS Trusts are required to declare publicly the extent to which they met the 24 core standards set by the Government for the year from 1 April 2008 to 31 March 2009.
- 3.3 The annual health check looks at a much broader range of performance than the previous system of star ratings and enables the Healthcare Commission to paint a more comprehensive picture than ever before of what is happening in healthcare.

4 KEY ISSUES

- 4.1 The performance of each healthcare organisation (acute, ambulance, mental health, learning disability and care trusts, including foundation trusts) is assessed by reference to government standards and targets. The standards are set out by the Department of Health and describe the basic, core standards which patients have a right to expect, such as safety and effective clinical care and the developmental standards that outline the level of quality to which healthcare organisations are expected to aspire. Results of the assessments are published each October by the Healthcare Commission. The results for local Trusts for 2007/08 are outlined below:

Healthcare Organisation	Quality of Services	Use of Resources
Peterborough Primary Care Trust	Fair	Fair
Peterborough and Stamford Hospitals NHS Foundation Trust	Weak	Excellent
Cambridgeshire and Peterborough Mental Health Partnership NHS Trust	Excellent	Good
East of England Ambulance Service NHS Trust	Weak	Weak

- 4.2 Self-assessments and declarations about performance against core and developmental standards can be supplemented by comments from representatives of patients and other partners in the community such as patient and public involvement forums, local authority health overview and scrutiny committees, the boards of governors of foundation trusts and Strategic Health Authorities. These are important for substantiating the self-assessments and ensuring that different perspectives are incorporated into the final assessment. Health overview and scrutiny committees and other third parties provide important and useful feedback from communities and from the experiences and views of patients that can help the Healthcare Commission to understand how trusts are performing. More importantly the third party comments can help the Commission to ensure that trusts are putting patients and the public in the heart of everything they do.

5. EXPECTED OUTCOMES

- 5.1 That the Panel agree that the Group Representatives undertake the development of the Panel's responses to the trusts' self assessments against the core standards with the intention of providing a commentary (based on evidence provided through health scrutiny reviews etc) for inclusion with each trust's declaration.

6. NEXT STEPS

- 6.1 It is not a requirement for health overview and scrutiny committees to comment but the Healthcare Commission is keen to ensure that the views of communities, as identified by councillors in their role as democratically elected community leaders, are incorporated in the final trust assessments.
- 6.2 A commentary on a trust is an opportunity for the Panel to collate information about its engagement with the trust over the year and to link it to the standards of performance that the trust has to meet.
- 6.3 The Panel may wish to use the health check to inform its work programme, e.g. to follow up issues identified in the previous year's assessment and as a focus for discussions with the trusts during the year.

7. BACKGROUND DOCUMENTS

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

The annual health check – a guide for health overview and scrutiny committees – Centre for Public Scrutiny.

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL	Agenda Item No.
17 FEBRUARY 2009	Public Report

Report of the Deputy Chief Executive

Report Author – Louise Tyers, Performance Scrutiny Manager

Contact Details – 01733 452284 or email louise.tyers@peterborough.gov.uk

FORWARD PLAN – FEBRUARY TO MAY 2009

1. PURPOSE

- 1.1 This is a regular report to Health and Adult Social Care Scrutiny Panel, outlining the content of the Council's Forward Plan.

2. RECOMMENDATIONS

- 2.1 That the Panel identifies any areas for inclusion within their work programme.

3. BACKGROUND

- 3.1 The latest version of the Forward Plan is attached at Appendix 1. The Plan contains those key decisions, which the Leader of the Council believes that the Cabinet or individual Cabinet Member(s) will be making over the next four months.
- 3.2 The Panel may wish to include some of the items highlighted on the Plan onto their future work programme or to request additional information from the Executive before a decision is made. Any comments about the format of the Plan would also be welcomed.
- 3.3 In accordance with the Council's Executive procedure rules, the Cabinet or Cabinet Member will not make any key decision until at least five clear days after the receipt of the report relating to that decision. The Group representatives of the Scrutiny Committee are sent a copy of these reports at the same time as the Cabinet Member and any comments can be passed onto the Member before a decision is made.

4. CONSULTATION

- 4.1 Details of any consultation on individual decisions are contained within the Forward Plan.

5. EXPECTED OUTCOMES

- 5.1 That the Panel notes the latest version of the Forward Plan, agrees any areas for inclusion within the Panel's work programme and submits any observations concerning the Plan to the Executive.

6. BACKGROUND DOCUMENTS

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

None

7. APPENDICES

Appendix 1 – Forward Plan of Executive Decisions

This page is intentionally left blank

PETERBOROUGH CITY COUNCIL'S FORWARD PLAN

1 FEBRUARY 2009 TO 31 MAY 2009



FORWARD PLAN OF KEY DECISIONS – 1 FEBRUARY 2009 TO 31 MAY 2009

During the period from 1 February 2009 to 31 May 2009 Peterborough City Council's Executive intends to take 'key decisions' on the issues set out below. Key decisions relate to those executive decisions which are likely to result in the Council spending or saving money in excess of £500,000 and/or have a significant impact on two or more wards in Peterborough.

This Forward Plan should be seen as an outline of the proposed decisions and it will be updated on a monthly basis. The dates detailed within the Plan are subject to change and those items amended or identified for decision more than one month in advance will be carried over to forthcoming plans. Each new plan supersedes the previous plan. Any questions on specific issues included on the Plan should be included on the form which appears at the back of the Plan and submitted to Lindsay Tomlinson, Governance Support Officer, Chief Executive's Department, Town Hall, Bridge Street, PE1 1HG (fax 01733 452483). Alternatively, you can submit your views via e-mail to lindsay.tomlinson@peterborough.gov.uk or by telephone on 01733 452238.

The Council invites members of the public to attend any of the meetings at which these decisions will be discussed and the papers listed on the Plan can be viewed free of charge although there will be a postage and photocopying charge for any copies made. All decisions will be posted on the Council's website: www.peterborough.gov.uk. If you wish to make comments or representations regarding the 'key decisions' outlined in this Plan, please submit them to the Governance Support Officer using the form attached. For your information, the contact details for the Council's various service departments are incorporated within this plan.

NEW ITEMS THIS MONTH:

- Peterborough Renewable Energy Limited (PREL)
- Food Waste Treatment
- Sale of Surplus Former Allotment Land at Westwood Grange (South of Atherstone Avenue and Portman Close, West of Grange Road and North of Mayors Walk, Peterborough)
- Integrated Development Programme
- Transfer of Land for construction of the A1073 (Spalding to Eye link) road
- Approval of the Local Transport Plan Capital Programme 2009/10
- Peterborough Substance Misuse Treatment Plans
- ICT Managed Service

FEBRUARY - KEY DECISIONS

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
Peterborough Renewable Energy Limited (PREL) To consider the Council's response to the consultation exercise	February 2009	Cabinet	None necessary as this is a recommendation from Council	Susan Marsh Principal Planning Officer Tel: 01733 863851 susan.marsh@peterborough.gov.uk	Public report will be available from the Governance Support Officer one week before the decision is made
Food Waste Treatment To consider and agree the preferred method of tendering for the treatment of food waste	February 2009	Cabinet Member for the Environment, Councillor Fitzgerald	Consultation will take place with the relevant stakeholders	Jenny Line Project Manager – Waste Management Tel: 01733 453570 jenny.line@peterborough.gov.uk	Public report will be available from the Governance Support Officer one week before the decision is made
Refreshed Local Area Agreement (LAA) To sign off the refreshed LAA prior to its submission to the Government Office	February 2009	Leader of the Council and Cabinet Member for Finance and Human Resources, Councillor Peach	Relevant stakeholders and fora including Scrutiny Committee	Richard Astle Director, Greater Peterborough Partnership Tel: 01733 865042 richard@gpp-peterborough.org.uk	Public report will be available from the Governance Support Officer one week before the decision is made

Future of Peterborough Professional Development Centre (PPDC) To consider options for the future utilisation of the site by the council	February 2009	Cabinet Member for Efficiency and Business Improvement, Councillor Scott	Consultation with take place with relevant stakeholders including Ward Councillors	Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterborough.gov.uk	Public report will be available from the Governance Support Officer one week before the decision is made
Vendor Neutral Solution for Provision of Agency Staff To agree a process for engaging with a managed service provider for agency staff	February 2009	Cabinet Member for Efficiency and Business Improvement, Councillor Scott	Consultation will take place with internal stakeholders and relevant departments.	Chris Berry Business Transformation Consultant Tel: 07976 619906 christopher.berry@peterborough.gov.uk	Public report will be available from the Governance Support Officer one week before the decision is made
Midland Highway Alliance - Junction 8 Parkway Signalisation Project To appoint a contractor for the project	February 2009	Cabinet Member for Efficiency and Business Improvement, Councillor Scott	Internal stakeholders as appropriate	Chris Berry Business Transformation team Tel: 07976 619906 christopher.berry@peterborough.gov.uk	Public report will be available from the Governance Support Officer one week before the decision is made
Shared Services Memorandum of Agreement to deliver revenues and benefits with Luton Borough Council	February 2009	Cabinet Member for Efficiency and Business Improvement, Councillor Scott	Internal stakeholders as appropriate	John Harrison Executive Director – Strategic Resources Tel: 01733 452398 john.harrison@peterborough.gov.uk	Public report will be available from the Governance Support Officer one week before the decision is made

<p>Sale of Surplus Former Allotment Land at Westwood Grange (South of Atherstone Avenue and Portman Close, West of Grange Road and North of Mayors Walk, Peterborough)</p> <p>To authorise the Chief Executive, Executive Director of Resources and Cabinet Member for Efficiency and Business Improvement to negotiate and conclude the sale of this surplus Council asset based on best consideration principles.</p>	<p>February 2009</p>	<p>Cabinet Member for Efficiency and Business Improvement, Councillor Scott</p>	<p>Consultation will take place with relevant stakeholders including ward councillors</p>	<p>Andrew Edwards Head of Strategic Property Tel: 01733 384530 andrew.edwards@peterborough.gov.uk</p>	<p>Public report will be available from the Governance Support Officer one week before the decision is made</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------	----------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

MARCH - KEY DECISIONS

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p>Section 4/4 Input to Regional Spatial Strategy (RSS) Review</p> <p>To give advice to East of England Regional Assembly on proposed review of the Regional Spatial Strategy to 2031</p>	March 2009	Cabinet	External and key stakeholders including neighbouring local authorities, land agents and chamber of commerce	<p>Rob Brown Area Strategic Planning Manager Tel: 01733 863795 robert.brown@peterborough.gov.uk</p>	Public report will be available from the Governance Support Officer one week before the decision is made
<p>Approval of the Local Transport Plan Capital Programme 2009/10</p> <p>To approve the Capital Programme for 2009/10</p>	March 2009	Cabinet Member for the Environment, Councillor Fitzgerald	Consultation will be undertaken with the relevant internal stakeholders and the Environment Scrutiny Panel	<p>Michael Stevenson Project Engineer Tel: 01733 317473 michael.stevenson@peterborough.gov.uk</p>	Public report will be available from the Governance Support Officer one week before the decision is made
<p>Peterborough Substance Misuse Treatment Plans</p> <p>Formal sign-off of both the Safer Peterborough Partnership Team Adult Treatment Plan and Children's Services Young People Treatment Plan which set out the strategic direction and commissioning intentions for local substance misuse services for the financial year 2009/2010.</p>	March 2009	Cabinet Member for Education and Children's Services, Councillor Goldspink; Cabinet Member for Health and Adult Social Care, Councillor Lamb and Cabinet Member for Housing, Regeneration and Economic Regeneration, Councillor Murphy	Consultation will take place with PCC Finance; Legal; Business Transformation; the relevant joint commissioning groups and the Peterborough Primary Care Trust	<p>Nick Blake Substance Misuse Service Delivery Lead Tel: 01733 863880 nick.blake@peterborough.gov.uk</p>	Public report will be available from the Governance Support Officer one week before the decision is made

<p>Integrated Development Programme To set out priorities for infrastructure provision to facilitate growth and regeneration of the city.</p>	<p>March 2009</p>	<p>Cabinet Member for Housing, Regeneration and Economic Development, Councillor Murphy</p>	<p>Relevant stakeholders as appropriate</p>	<p>Graeme Law Strategic Planning Advisor Tel: 01733 863825 graeme.law@peterborough.gov.uk</p>	<p>Public report will be available from the Governance Support Officer one week before the decision is made</p>
<p>Transfer of Land for Construction of A1073 (Spalding to Eye link) road The approval for the transfer of 18 hectares (44.4 acres) of agricultural land from the Peterborough Farms Estate (Strategic Property) to Peterborough Transportation for the construction of the A1073 (Spalding to Eye link) road. This transfer is expected without claim by the Farms Estate for compensation for the value of the land to be acquired by Highways or for diminution of value of the retained agricultural estate.</p>	<p>March 2009</p>	<p>Cabinet Member for Efficiency and Business Improvement, Councillor Scott</p>	<p>Consultation has been undertaken with PCC Farm Estates, PCC Transportation and Lincolnshire County Council</p>	<p>David Farquhar Head of Environment, Transport and Engineering Tel: 01733 453500 david.farquhar@peterborough.gov.uk</p>	<p>Public report will be available from the Governance Support Officer one week before the decision is made</p>

APRIL - KEY DECISIONS

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
ICT MANAGED SERVICE To select a partner to deliver ICT services to the Council	April 2009	Cabinet Member for Efficiency and Business Improvement, Councillor Scott	Internal stakeholders as appropriate: ICT staff; HR; Finance; Legal Services; Departmental Representatives	Elaine Alexander Programme Manager – Business Transformation Tel: 01733 317984 elaine.alexander@peterborough.gov.uk	Public report will be available from the Governance Support Officer one week before the decision is made

MAY - KEY DECISIONS

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
There are currently no key decisions scheduled for May.					

This page is intentionally left blank

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL
AGENDA PLAN 2008 – 2009

Date of Meeting	Item (including what the Panel is requested to do)	Item referred by	Type of Scrutiny Activity	Relevant Terms of Reference	Expected Outcome
31 March 2009 (Papers despatched – 23 March)	<p>Standards for Better Health (Annual Health Check)</p> <p>(i) To endorse the Panel's comments for inclusion with all local NHS Trust submissions to the Healthcare Commission</p> <p>(ii) To consider the declarations of compliance of all the local NHS Trusts prior to their submission to the Healthcare Commission</p> <p>Contact Officer: Louise Tyers</p>	Officer and NHS Trusts	Scrutiny of external bodies or agencies	To undertake all of the Council's statutory functions in relation to health scrutiny	Recommendations to NHS Trusts
	<p>Progress Report on the Teenage Pregnancy Strategy</p> <p>To consider progress made in addressing the high rates of teenage pregnancy in Peterborough</p> <p>Contact Officer: Jo Melvin</p>	Panel	Performance management	To monitor the performance of the Health and Adult Social Care portfolio through regular performance monitoring reports	Comments to officers
	<p>Presentation from Peterborough and Stamford Hospital Trust</p> <p>To receive a presentation outlining the Trust's:</p> <ul style="list-style-type: none"> ▪ performance ▪ strategy ▪ Future 	Hospital Trust	Scrutiny of external bodies or agencies	To consider any matter the Panel considers appropriate	Comments to Hospital Trust

Items to be scheduled into the work programme

Adult Social Care

1. Accommodation and Housing Related Support Needs for Older People – update on progress (Denise Radley)
2. Developments with the voluntary sector – engagement and support provided (Director of Adult Social Care)
3. Preventative work and eligibility criteria thresholds
4. Services for Carers – emphasis on provision of services for young carers
5. Telecare Strategy – (Ellen White)

Health

1. 18 Week Patient Pathway – to consider a progress report (Trish McHugh)
2. Practice based commissioning – progress in Peterborough (possible presentation by participating GP practice)
3. Future reconfiguration of Children's Services
4. Spearhead PCT
5. Expert Carers Programme
6. End of life care networks
7. Out of hours service
8. Choose and book
9. Learning disabilities service – communications techniques to reach migrant workers and other hard to reach groups
10. Ambulance Service – future strategic direction - update
11. Chiroprody Services
19. Hospital Hygiene (report on follow-up by Healthcare Commission Feb/Mar 09).

Regular Items

1. PPCT quarterly performance reports
2. Peterborough NHS budgetary reports to every other meeting (to commence Jan/Feb 2009)
3. Peterborough Hospitals NHS Foundation Trust – progress on implementation of Greater Peterborough Health Investment Plan (annual update)

Induction Programme with NHS Peterborough – dates to be arranged.

Visits	City Care Centre	Richard Spiers
Primary Care	Walk in Centre / Out of Hours	
	GP/Dentist Contracts	Andrea Patman / Richard Spiers
	Darzi Centre	
Pooled Budgets	Premises Development	
	Submission to HASC Scrutiny Panel Meeting	David Bacon

Commissioning	Submission to HASC Scrutiny Panel Meeting	Alison Reid
Public Health	Coronary Heart Disease Smoking Cessation Obesity	Andy Liggins
Intermediate Care	Support services	Alison Reid

This page is intentionally left blank