

## SCRUTINY COMMISSION FOR HEALTH ISSUES

TUESDAY 12 JANUARY 2010

7.00 PM

Bourges and Viersen Room  
Town Hall  
Peterborough

### 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 10 November 2009**

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4. **Call In of any Cabinet, Cabinet Member or Key Officer Decisions**

*The decision notice for each decision will bear the date on which it is published and will specify that the decision may then be implemented on the expiry of 3 working days after the publication of the decision (not including the date of publication), unless a request for call-in of the decision is received from any two Members of a Scrutiny Committee or Scrutiny Commissions.. If a request for call-in of a decision is received, implementation of the decision remains suspended for consideration by the relevant Scrutiny Committee or Commission.*

5. **Safe Sharps Disposal Pilot Project**

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6. **NHS Peterborough Budgetary Monitoring Report to 30th November 2009**

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7. **Older People's Accommodation Strategy**

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8. **Care Quality Commission Ratings for Adult Social Care 2008/09**

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9. **Forward Plan of Key Decisions**

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10. **Work Programme**

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## 11. Date of Next Meeting

Tuesday 9 March 2010 at 7.00pm in the Bourges & Viersen Rooms.



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 Lindsay Tomlinson on 01733 452238 as soon as possible.

### Emergency Evacuation Procedure – Outside Normal Office Hours

*In the event of the fire alarm sounding all persons should vacate the building by way of the nearest escape route and proceed directly to the assembly point in front of the Cathedral. The duty Beadle will assume overall control during any evacuation, however in the unlikely event the Beadle is unavailable, this responsibility will be assumed by the Committee Chair.*

#### Committee Members:

Councillors: B Rush (Chairman), D Fower, P Nash, J Peach, K Sharp, M Fazal (Vice-Chairman) and Y Lowndes

Substitutes: Councillors: D Harrington, W Trueman and R Dobbs

Further information about this meeting can be obtained from Lindsay Tomlinson on telephone 01733 452238 or by email – [lindsay.tomlinson@peterborough.gov.uk](mailto:lindsay.tomlinson@peterborough.gov.uk)

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES  
HELD ON TUESDAY 10 NOVEMBER 2009 IN THE  
BOURGES/VIERSEN ROOM - TOWN HALL**

**Present:** Councillors Rush (Chairman), Fazal, Lowndes, Peach, Sandford and Sharp

**Also present:** Diana Millard, PPI Forum

**Officers Present:** Denise Radley, Executive Director, Adult Social Care  
Karen Kibblewhite, Community Safety & Substance Misuse Manager  
Leonie McCarthy, Neighbourhood Manager  
Mark Kroese, NHS Peterborough  
Tina Hornsby, NHS Peterborough  
Alison Reid, NHS Peterborough  
Julian Base, NHS Peterborough  
Michelle Abbott, Lawyer  
Lindsay Tomlinson, Senior Governance Officer

**1. Apologies for Absence**

Apologies had been received from Councillors Fower and Nash. Councillor Sandford attended as substitute for Councillor Fower.

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

There were no declarations.

**3. Minutes of the Meeting held on 8 September 2009**

The minutes of the meeting held on 8 September 2009 were approved.

**4. Call in of any Cabinet, Cabinet or Key Officer Decisions**

There were no call in requests to consider.

**5. Safe Sharps Disposal Pilot Project**

The Safe Sharps Disposal Pilot planned the placement of special bins for injecting equipment and other sharp implements in public places to reduce the risk of injury and potential transmission of blood borne viruses to members of the public.

At its meeting in September 2009, members of the Commission had been advised that following successful identification of potential sites and the bins having been purchased, the project was being passed to the Neighbourhood Management team in order to ensure appropriate consultation and agreement for installation of the bins. The Commission considered the timetable for installation, review and evaluation of the project which showed that one bin had now been installed, and that others were to be installed following consultation with relevant agencies to ensure they were placed in the areas of most need. The timetable showed that the installation of all bins was scheduled to be completed by the end of November 2009.

Observations and questions were raised and responses given including:

- Where is the installed bin located, how will consultations be carried out and how will users be told where the bins are?
- The officer leading the project has taken the decision not to make the public aware of the locations of the bins as we don't want them targeted in any way. We are in close consultation with the drugs agencies who will market information about the bins to users.
- Will the bins be safe for diabetics to use?
- The bins are very safe and there is no risk of injury. However we are aware that most diabetics have their own sharps bins. We need to be careful not to further stigmatise drugs users; the feedback we have is that they may be put off using the bins if the public are aware of the bins and can see them being used.
- There have been problems with sharp disposal in public areas and the bins will help protect the public from injury. It is important to get the message across that this is a safeguarding issue and not something which is encouraging drug use.
- Will all bins be installed by the target date?
- We have been assured that they will be in place by 26 November.
- How often will the bins be emptied?
- We are currently working with Peterborough City Services on how frequently the bins need to be emptied.

#### **ACTION AGREED**

The Commission agreed that a further update on progress be presented to the next meeting.

### **6. Coronary Heart Disease**

In June 2009 the Commission had held a briefing session to discuss the programme of work for the coming year and how it could effectively carry out its role in scrutinising the provision of health and adult social care services. It was decided at that meeting to identify an area of work within which there would be a number of issues which could be scrutinised in depth. Members agreed that the area of work to be looked at would be coronary heart disease.

Officers from NHS Peterborough gave a presentation which included an overview of the current situation and which highlighted areas on which more focus would be helpful.

Members discussed the facilities available in the area compared to similar areas, including the fact that we currently have a specialist commitment with Papworth Hospital and that the new hospital due to open in 2010 will have specialist facilities. A new scheme of providing vascular checks had recently been introduced and members were given details.

There was a lengthy debate on the advantage of education as a means of reducing smoking and encouraging a healthy lifestyle. Although some education was already being provided the PCT was looking to focus on certain more deprived areas of the city to a greater extent.

#### **ACTION AGREED**

The Commission agreed to carry out a major review on the prevention of smoking and obesity, including education and the promotion of exercise, focusing on the Council's services and how they impact on the issue.

### **7. Adult Social Care Inspection Action Plan**

An inspection of the Adult Social Care department had taken place in January 2009 and the report had been published on 3 August 2009. Following the inspection, an action plan to address the inspection recommendations had been drawn up. Key aspects included:

- Safeguarding – the actions were extracted from a comprehensive three year action plan overseen by the Peterborough Adult Safeguarding Board.
- Carers – a new strategy and action plan was in place and progress in this area was good.
- Self-directed support – key milestones this year had been met and the number of individual budgets was increasing. This marked a significant shift in how services were delivered and would achieve a step change in delivering more personalised services in line with the strategy.
- User involvement, information and advice – a number of recommendations related to this theme and work was on-going in a number of areas.
- Services for people with physical disabilities and sensory needs – a number of recommendations had been made and work was being progressed.

The following question was raised and response given:

- One of the amber areas is to increase the knowledge and expertise of social marketing techniques within the communication team and PCT staff by May 2008 – why has no progress been made?
- This is an area that will need external expertise and we will need to look carefully at when it can be done and at the cost implications.

### **ACTION AGREED**

The Commission noted the report and agreed that future inspection action plan reports will be included within the regular performance monitoring reports.

## **8. Peterborough Safeguarding Adults – June 2009 to August 2009**

The Commission received a report on the previous quarter which showed the safeguarding alerts since the last report along with information on the number of cases and the outcomes.

Points of note included:

- Hospital referrals had increased.
- A high proportion of financial abuse, showing increased awareness amongst care staff, financial assessment officers and carers.

At its meeting on 14 August 2009, the Safeguarding Board had discussed a new vetting and barring scheme and the establishment of a budget to secure an officer who would support, manage and develop the board, along with a number of additional safeguards, including:

- replacing the current Government lists under the Protection of Children's Act (PoCA), Protection of Vulnerable Adults Act (PoVA) and List 99. I
- the introduction of barring from regulated activities.
- placing a new duty to share information.
- Introduction of new criminal offences from November 2010. .

The Commission also received details of safeguarding training provided in the period 1 June 2009 – 31 August 2009.

Observations and questions were raised and responses given including:

- The report shows that of 122 alerts only 9 validations were upheld – does this show that most allegations are false?
- Yes, we are looking at a partial dataset; some allegations are not concluded and some are not counted.
- Are there any implications of the new vetting and barring scheme?

- Yes, there are practical consideration in the approach an organisation takes towards new staff. There is the expectation that people seeking employment will be registered at their own cost. For existing staff there will be a checking cost.
- There has been some coverage of the vetting and barring scheme in the press – are the measures proportionate?
- There have been discussions around certain aspects of the scheme and the Government commissioned a review of some components of the scheme around a proportionate response. There are no changes anticipated to our arrangements.
- There can be abuse caused by a poorly trained carer, particularly with dementia patients.
- That is a good point and is reflected in the report. Often this can be physical injury caused in a residential setting by lifting or handling and often reveals a shortcoming in training.

#### **ACTION AGREED**

The Commission noted the report and agreed that future updates should include comparisons with the previous quarter.

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

The key outcomes and targets for delivery for adult social care were agreed annually between the Council and the PCT and incorporated into the Annual Accountability Agreement. The Commission received a report on progress against those outcomes and targets.

Of the 18 key objectives set within the Annual Accountability Agreement, 13 were currently on target for delivery and rated green, and five were rated amber. There were no red rated objectives. The amber rated objectives, issues and actions were summarised.

Of the 13 national CAA targets, five were currently rated red. Of these, two were performing below target and the comparator average for 2008-09, two had missing data, and one was performing below target but was above the comparator average for 2008-09. The red CAA targets along with actions were summarised.

Observations and questions were raised and responses given including:

- There seem to be major problems with the Mental Health Trust – have they been invited to attend this meeting?
- The Mental Health Trust received standing invitations to attend our meetings. It is helpful to flag up the Commission's concerns – they will be escalated within the Primary Care Trust and the Mental Health Trust.
- What are the implications if we fail to hit our targets?
- The National Indicators are aligned to the Local Area Agreement and to the social care performance assessment. The Mental Health aspect is a small part of the overall picture. The LAA targets have financial implications.

#### **ACTION AGREED**

The Commission noted the report.

### **10. Forward Plan of Key Decisions**

The Commission received the Council's Forward Plan which outlined forthcoming Executive Decisions for the period November 2009 to February 2010.

#### **ACTION AGREED**

The Panel noted the report.

## **11. Work Programme**

The Commission approved the current work programme.

The meeting began at 7.00pm and ended at 8.45pm

CHAIRMAN

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 5</b>
<b>12 JANUARY 2010</b>	<b>Public Report</b>

## **Report of the Executive Director - Operations**

**Report Author – Leonie McCarthy, Neighbourhood Manager**  
**Contact Details – 01733 864122**

### **SAFE SHARPS DISPOSAL PILOT PROJECT**

#### **1. PURPOSE**

To provide an on the progress of the Safe Sharps Disposal Pilot.

#### **2. RECOMMENDATIONS**

A presentation will be made at the meeting and the Commission is asked to note the update.

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

The Sustainable Community Strategy and the Local Area Agreement aim to deliver a bigger and better Peterborough, through improving the quality of life for all. Drug-related litter and the unsafe disposal of sharp implements impacts on the safety of our communities through the increased risk of injury and transmission of blood borne viruses, and therefore by addressing it we contribute directly to the outcome of 'Making Peterborough Safer'.

#### **4. BACKGROUND**

The Safe Sharps Disposal Pilot will place special bins for injecting equipment and other sharp implements in public places to reduce the risk of injury and potential transmission of blood borne viruses to members of the public.

At its meeting in November 2009, the Commission was advised that one bin had so far been installed and the remainder were due to be installed by the end of that month. Officers will give a presentation at the meeting on progress of the project against the timetable.

#### **5. IMPLICATIONS**

The implications of the pilot project are city-wide.

#### **6. CONSULTATION**

Extensive consultation took place to develop and agree the Adult Drug Treatment Plan for 2009/10, in which the project is described.

Initial consultation with key stakeholders was undertaken at the project's inception. Further consultation with stakeholders in respect of the specific bin locations is being undertaken by the Neighbourhood Manager.

#### **7. EXPECTED OUTCOMES**

The Commission is asked to note progress to date on the project.

**8. NEXT STEPS**

It is anticipated that updates of the uptake and impact of the project will be reported back to the Scrutiny Commission as requested.

**9. BACKGROUND DOCUMENTS**

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

None.

**11. APPENDICES**

None.

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 6</b>
<b>12 JANUARY 2010</b>	<b>Public Report</b>

## Report of NHS PETERBOROUGH

Contact Officer(s) – David Bacon, Director of Finance  
Contact Details -

### NHS PETERBOROUGH BUDGETARY MONITORING REPORT TO 30<sup>TH</sup> NOVEMBER 2009

#### 1. PURPOSE

1.1 The report is presented for monitoring purposes.

#### 2. RECOMMENDATIONS

This report recommends that the Commission discuss the PCT's financial position and note:

2.1 The forecast performance for the 2009/10 financial year against key Statutory and Administrative targets as set out in the table below:

Target	Frequency of Measurement	Forecast Performance	Summary Comment
Do not Exceed Revenue Resource Limit (RRL) i.e. Financial Balance	Yearly	Red	Overall year end forecast outturn is a deficit of £6.4m. Significant financial pressures experienced to date and projected for the future are unlikely to be fully managed during the remaining months of the year
Do not Exceed Capital Resource Limit	Yearly	Green	Overall year end forecast at least break even
Do not exceed Overall Cash Limit	Yearly	Red	Year end forecast is that cash will be managed within limits. Risks due to resource pressures need to be managed as part of the cash management function
Achieve Full Cost Recovery on Provider Function	Yearly	Green	Year end requirement for Peterborough Community Services is breakeven
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	Position, currently not achieving across all 4 measures. Likely to come under further pressure as cash is managed in the remaining months of the year

- 2.2 The overall PCT revenue position to the end of November 2009 described in the attached appendices is an overspend of £7,036k, this is summarised in the table below:

<b>Business Segment</b>	<b>Variance to Date £000</b>	<b>Previous Variance £000</b>	<b>Forecast Outturn £000</b>
Commissioning External	(6,871)	(4,111)	(6,918)
Commissioning Internal	(544)	(349)	0
<b>Total Pooled Budget</b>	<b>(7,415)</b>	<b>(4,460)</b>	<b>(6,918)</b>
Non Pooled	338	163	338
Hosted Services	41	3	180
<b>PCT Total</b>	<b>(7,036)</b>	<b>(4,294)</b>	<b>(6,400)</b>

- 2.3 Whilst a financial recovery plan has been developed, it is unlikely to be of sufficient scale to fully address the financial pressures currently facing the PCT and a deficit of £6,400k is currently forecast.

### 3. DETAILED FINANCIAL POSITION

#### 5.1 Revenue Summary (Appendix 1)

Appendix 1 provides a summary of the PCTs revenue position at the end of November 2009.

<b>Business Segment</b>	<b>Variance to Date £000</b>	<b>Previous Variance £000</b>	<b>Forecast Outturn £000</b>
Commissioning External	(6,871)	(4,111)	(6,918)
Commissioning Internal	(544)	(349)	0
<b>Total Pooled Budget</b>	<b>(7,415)</b>	<b>(4,460)</b>	<b>(6,918)</b>
Non Pooled	338	163	338
Hosted Services	41	3	180
<b>PCT Total</b>	<b>(7,036)</b>	<b>(4,294)</b>	<b>(6,400)</b>

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

#### 5.2 Revenue Resource Summary (Appendix 2)

Appendix 2 shows the PCTs overall resource (income) position. Since the last report received by the Board there have been no significant changes to the overall resources available to the PCT.

#### 5.3 Pooled Revenue Expenditure Summary (Appendix 3, 7 and 8)

Appendix 3 shows the summary expenditure position for the Pooled Fund. Appendix 7 provides detailed analysis for the Peterborough and Stamford Hospitals NHS Foundation Trust contract and Appendix 8 provides a breakdown of the Peterborough Community Services Service Level Agreement across the main service heading areas.

##### 5.3.1 Peterborough and Stamford Hospitals Foundation Trust

- **Elective care** is in total £164k (1.7%) overspent to date with activity 44 cases (0.4%) above plan. Breaking this down between day case and inpatient activity, the day case position is an underspend to date of £246k (4.9%) with activity 206 cases (2.8%) below plan and inpatients are overspent to date by £410k (8.6%) with activity 162 cases (7.7%) above plan.

- **Non Elective Care** is £738k (3.3%) overspent to date and activity is 900 (6.7%) over plan.
- **Outpatient** activity is in total £299k (3.4%) overspent and attendances 6,035 (7.5%) above plan. Breaking this down between new and follow up attendances the new attendances position is an underspend of £361k (7.5%) with activity 2,894 (9.8%) below plan and follow up attendances are overspent to date by £660k (16.5%) with attendances 8,929 (17.6%) over plan.
- At the end of month 8 the **A & E** element of the contract was overspending by £78k (3.7%).with activity 1,020 cases (4.1%) over plan
- The **Non Mandatory** element of the PSHFT contract is overspending by £549k (4.0%).

The PCT has introduced a variety of actions to reduce activity at the hospital and reduce expenditure across all aspects of the contract, it is still projected however that there will be an overspend on this contract of £1,248k by the year end.

### 5.3.2 **Specialist Commissioning**

Specialist Commissioning expenditure is reported on Appendix 3 as £1,241k over at month 8. The two contracts driving the overspend position are those at Papworth Foundation Trust and Cambridgeshire University Hospital Foundation Trust both of which are overspending. The PCT has received an action plan from the Specialist Commissioning Team that is aimed at reducing this pressure. However at the current time it seems likely that an overspend at the year end of £857k appears likely.

### 5.3.3 **Ambulance Services**

The SLA with the East of England Ambulance Trust is showing an overspend of £235k (4.2%) at Month 8. Current recovery actions suggest that whilst the position can be stabilised there is likely to be an overspend at the year end of £240k.

### 5.3.4 **Non NHS Commissioning**

At Month 8 there is an overspend of £1,879k (39.5%) on non NHS Commissioning. A Major element of this is activity at the local Ramsey Fitzwilliam private hospital and the PCT is working with NHS Hertfordshire the East of England lead commissioner for Ramsey Fitzwilliam to ensure that this elective activity is being carried out in accordance with the various low clinical priority protocols. To minimise the cost to the PCT. Spend for the year is forecast to be £2,481k over budget despite financial recovery actions put in place.

### 5.3.5 **Continuing Care**

Like many PCTs Peterborough has seen a continuing rise in the number of continuing care cases that it is managing. Having increased resources in this area as part of the financial plan for 2009/10 the number of patients receiving continuing care has continued to increase At month 8 the budget was overspending by £1,929k (54.3%). Financial recovery actions have been put in place that are expected to slow down the rate of expenditure in this area but it will not be possible to bring the spend back in line with the budget and a forecast overspend of £2,450k is predicted.

### 5.3.6 **City Care Centre**

City Care Centre Costs are showing an overspend to month 8 of £239k. The cost pressures here are non recurrent in nature arising from cost over runs on the fitting out programme and delays in occupation/operational services commencing resulting in lost rental income from provider tenants. This latter element is unlikely to be recoverable during 2009/10 and it is expected that this position can be maintained for the remainder of the year.

### 5.3.7 **Corporate Costs**

The Month 8 overspend in Corporate costs reflects costs incurred as a result of the PCT response to swine flu (108k) and void space in a building that has been vacated as services moved to the new City Care Centre and new services going into the building being delayed until January 2010 (£181k). It is expected that recovery action in other areas of corporate spend will reduce this pressure to £172k by the year end.

### 5.3.8 Peterborough Community Services (Appendix 8)

Peterborough Community Services is overspent by £544kk (1.3%) at the end of Month 8. Financial Recovery Projects are in place and whilst there remains work to be done within PCS the expectation is that they will achieve at least break even by the year end

### 5.4 Non Pooled Revenue Expenditure Summary (Appendix 4)

The majority of the non pooled expenditure areas are underspending however Prescribing costs and Community Pharmacists costs are overspending and overall the Non Pooled budget expenditure is in slight surplus which is expected to continue until the year end.

### 5.5 Cashflow

The PCT continues to actively manage the cash flowing into and out of the PCT. Clearly the overspend to date has resulted in some cash pressures at the end of individual months. A cash management plan is in the process of being developed which will set out the basis on which the PCT will pay contractors during the period to March 2010 ensuring that no organisation is disadvantaged but equally ensuring that the PCT does not breach its cash limit

### 5.6 Public Sector Payment Policy

Performance in November 2009 and cumulatively is shown in the table below:

<b>NHS invoices</b>					
	<b>Period</b>	<b>2009/10 Commissioning %</b>	<b>2009/10 Provider %</b>	<b>2009/10 Total</b>	<b>Target %</b>
<b>Number of Bills paid</b>	November	93.68%	90.74%	93.03%	95%
<b>Value of Bills Paid</b>	November	99.83%	98.86%	99.81%	95%
<b>Number of Bills paid</b>	Cumulative	90.90%	93.25%	91.52%	95%
<b>Value of Bills Paid</b>	Cumulative	98.16%	96.33%	98.13%	95%
<b>Non - NHS invoices</b>					
	<b>Period</b>	<b>2009/10 Commissioning %</b>	<b>2009/10 Provider %</b>	<b>2009/10 Total</b>	<b>Target %</b>
<b>Number of Bills paid</b>	November	90.84%	97.51%	95.91%	95%
<b>Value of Bills Paid</b>	November	82.21%	97.41%	90.24%	95%
<b>Number of Bills paid</b>	Cumulative	90.22%	92.65%	92.08%	95%
<b>Value of Bills Paid</b>	Cumulative	88.73%	93.14%	91.05%	95%

### 5.8 Balance Sheet (Appendix 5)

Appendix 5 shows the Balance sheet as at 30<sup>TH</sup> November 2009 with comparisons against the opening position for the year.

### 5.9 Capital Resources and Expenditure (Appendices 6)

Appendix 6 reports that spending to date is less than anticipated. The Capital Implementation Committee will continue to receive reports on the Capital Programme.

## 6. IMPLICATIONS

### 6.1 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

**6.2 Other**

6.2.1 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.

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

**7. CONSULTATION**

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

**8. BACKGROUND DOCUMENTS**

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

None.

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**PETERBOROUGH PRIMARY CARE TRUST  
SUMMARY REVENUE STATEMENT  
PERIOD ENDED 30th NOVEMBER 09**

**Appendix 1**

	<b>ANNUAL BUDGET £000's</b>	<b>BUDGET TO DATE £000's</b>	<b>INCOME TO DATE £000's</b>	<b>VARIANCE MONTH 8 TO DATE £000's</b>	<b>PREVIOUS MONTH 6 VARIANCE £000's</b>	<b>FORECAST OUTTURN £000's</b>
<b>RESOURCES</b>						
PCT pooled	253,801	175,801	175,801	-	-	
PCT Non-pooled	59,889	39,164	39,164	-	-	
Hosted services	6,176	3,976	3,978	(2)	(69)	-
<b>Total PCT Resources</b>	<b>319,866</b>	<b>218,941</b>	<b>218,943</b>	<b>(2)</b>	<b>(69)</b>	<b>-</b>
				-	-	

	<b>ANNUAL BUDGET £000's</b>	<b>BUDGET TO DATE £000's</b>	<b>EXPEND TO DATE £000's</b>	<b>VARIANCE MONTH 8 TO DATE £000's</b>	<b>PREVIOUS MONTH 7 VARIANCE £000's</b>	<b>FORECAST OUTTURN £000's</b>
<b>EXPENDITURE</b>				-	-	-
Commissioning External	189,114	132,677	139,548	(6,871)	(4,111)	(6,918)
Commissioning Internal	64,687	43,124	43,668	(544)	(349)	-
<b>Total Pooled Budget</b>	<b>253,801</b>	<b>175,801</b>	<b>183,216</b>	<b>(7,415)</b>	<b>(4,460)</b>	<b>(6,918)</b>
<b>Non Pooled</b>	<b>59,889</b>	<b>39,164</b>	<b>38,826</b>	<b>338</b>	<b>163</b>	<b>338</b>
				-	-	-
<b>Hosted Services</b>	<b>6,176</b>	<b>3,792</b>	<b>3,753</b>	<b>39</b>	<b>(66)</b>	<b>180</b>
				-	-	-
<b>Total Accountable Expenditure</b>	<b>319,866</b>	<b>218,757</b>	<b>225,795</b>	<b>(7,038)</b>	<b>(4,363)</b>	<b>(6,400)</b>

	<b>ANNUAL BUDGET £000's</b>	<b>BUDGET TO DATE £000's</b>	<b>NET POSITION TO DATE £000's</b>	<b>VARIANCE TO DATE £000's</b>	<b>PREVIOUS VARIANCE £000's</b>	<b>FORECAST OUTTURN £000's</b>
<b>NET POSITION</b>						
PCT Pooled	-	-	(7,415)	(7,415)	(4,460)	(6,918)
PCT Non-pooled	-	-	338	338	163	338
Hosted services	-	184	225	41	3	180
<b>Total PCT</b>	<b>-</b>	<b>184</b>	<b>(6,852)</b>	<b>(7,036)</b>	<b>(4,294)</b>	<b>(6,400)</b>

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**PETERBOROUGH PRIMARY CARE TRUST  
RESOURCE SUMMARY  
PERIOD ENDED 30th NOVEMBER 09**

**Appendix 2**

**Total Resource**

	<b>ANNUAL BUDGET</b>	<b>BUDGET TO DATE</b>	<b>INCOME TO DATE</b>	<b>VARIANCE TO DATE</b>	<b>PREVIOUS VARIANCE</b>
	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
Revenue Allocation	271,842	203,386	203,386	0	0
Peterborough City Council	37,447	9,231	9,231	0	0
Other Income	4,263	2,487	2,487	0	0
Hosted Income	4,466	2,382	2,451	-69	-69
	<b>318,018</b>	<b>217,486</b>	<b>217,555</b>	<b>-69</b>	<b>-69</b>
Non-Discretionary allocation	1,848	1,000	1,169	-169	-169
<b>Total Resource</b>	<b>319,866</b>	<b>218,486</b>	<b>218,724</b>	<b>-238</b>	<b>-238</b>

**Application of Funds**

	<b>ANNUAL BUDGET</b>	<b>BUDGET TO DATE</b>	<b>EXPEND TO DATE</b>	<b>VARIANCE TO DATE</b>	<b>PREVIOUS VARIANCE</b>
	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
Revenue Allocation	212,091	164,083	164,083	0	0
Peterborough City Council	37,447	9,231	9,231	0	0
Other Income	4,263	2,487	2,487	0	0
<b>Total Pooled</b>	<b>253,801</b>	<b>175,801</b>	<b>175,801</b>	<b>0</b>	<b>0</b>

**Non-Pooled**

Revenue Allocation	58,041	38,164	38,164	0	0
Peterborough City Council	0	0	0	0	0
Other Income	0	0	0	0	0
Sub Total	<b>58,041</b>	<b>38,164</b>	<b>38,164</b>	<b>0</b>	<b>0</b>
Non-Discretionary	1,848	1,000	1,000	0	0
<b>Total Non-Pooled</b>	<b>59,889</b>	<b>39,164</b>	<b>39,164</b>	<b>0</b>	<b>0</b>

**Hosted Services**

Revenue Allocation	1,524	1,139	890	0	0
Peterborough City Council	0		0	0	0
Other Income	4,335	2,382	2,451	-69	0
<b>Total Hosted</b>	<b>5,859</b>	<b>3,521</b>	<b>3,341</b>	<b>-69</b>	<b>0</b>

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**PETERBOROUGH PRIMARY CARE TRUST  
SUMMARY POOLED REVENUE STATEMENT  
PERIOD ENDED 30th NOVEMBER 09**

**Appendix 3**

EXPENDITURE	ANNUAL	BUDGET	EXPEND	VARIANCE	PREVIOUS	FORECAST
	BUDGET £000's	TO DATE £000's	TOTAL TO DATE £000's	MONTH 8 TO DATE £000's	MONTH 7 VARIANCE £000's	OUTTURN £000's
<b>Commissioning Acute Trusts</b>						
Peterborough and Stamford Hospitals FT	84,769	56,910	58,854	(1,944)	(2,147)	(1,248)
Cambridge University Hospitals FT	4,790	3,193	3,776	(583)	(489)	(963)
Hinchingbrooke	794	529	418	111	110	163
University Hospitals Leicester	1,561	1,041	1,198	(157)	(137)	(237)
Disinvestments to be achieved	(3,028)	(1,390)	-	(1,390)	(980)	(3,028)
MFF & Cquin	-	-	-	-	-	-
	<b>88,886</b>	<b>60,283</b>	<b>64,246</b>	<b>(3,963)</b>	<b>(3,643)</b>	<b>(5,313)</b>
<b>Other NHS Commissioning</b>						
Specialist Commissioning Consortia	14,787	11,521	12,762	(1,241)	(719)	(857)
Cambs & Peterborough FT	22,218	14,812	14,994	(182)	(182)	214
Disinvestments to be achieved	(1,682)	(560)	-	(560)	(280)	(1,682)
Other Mental Health	-	-	-	-	-	-
Individual Care Placements	11,555	7,795	8,034	(239)	34	(359)
East of England Ambulance service	5,608	3,739	3,974	(235)	(205)	(240)
Non Contracted Activity	5,915	5,267	5,639	(372)	(257)	(506)
	<b>58,401</b>	<b>42,574</b>	<b>45,403</b>	<b>(2,829)</b>	<b>(1,609)</b>	<b>(3,430)</b>
<b>Non NHS Commissioning</b>						
	<b>4,755</b>	<b>3,189</b>	<b>5,068</b>	<b>(1,879)</b>	<b>(1,235)</b>	<b>(2,481)</b>
<b>Continuing Care</b>						
	<b>3,550</b>	<b>2,367</b>	<b>4,296</b>	<b>(1,929)</b>	<b>(1,208)</b>	<b>(2,450)</b>
<b>Corporate Services</b>						
Management structure	12,893	8,633	8,956	(323)	(177)	(172)
City Care Centre	2,583	1,936	2,175	(239)	(363)	(239)
MEA Revaluation Impairments	8,368	8,368	8,368	-	-	-
Public Health	1,690	1,060	1,036	24	18	36
	<b>25,534</b>	<b>19,997</b>	<b>20,535</b>	<b>(538)</b>	<b>(522)</b>	<b>(375)</b>
<b>Reserves</b>						
Contingency	3,925	2,617	-	2,617	2,407	3,925
Reserves Frozen Pending Disinvestments	1,513	1,008	-	1,008	833	1,513
Commissioning Reserve	2,550	642	-	642	866	1,693
	<b>7,988</b>	<b>4,267</b>	<b>-</b>	<b>4,267</b>	<b>4,106</b>	<b>7,131</b>
<b>Total Commissioning external</b>						
	<b>189,114</b>	<b>132,677</b>	<b>139,548</b>	<b>(6,871)</b>	<b>(4,111)</b>	<b>(6,918)</b>
<b>Peterborough PCT Provider Services</b>						
	<b>64,687</b>	<b>43,124</b>	<b>43,668</b>	<b>(544)</b>	<b>(349)</b>	<b>-</b>
<b>GRAND TOTAL EXPENDITURE</b>						
	<b>253,801</b>	<b>175,801</b>	<b>183,216</b>	<b>(7,415)</b>	<b>(4,460)</b>	<b>(6,918)</b>

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**PETERBOROUGH PRIMARY CARE TRUST  
SUMMARY NON POOLED REVENUE STATEMENT  
PERIOD ENDED 30th NOVEMBER 09**

**Appendix 4**

<b>EXPENDITURE</b>	<b>ANNUAL BUDGET £000's</b>	<b>BUDGET TO DATE £000's</b>	<b>EXPEND TOTAL TO DATE £000's</b>	<b>VARIANCE MONTH 8 TO DATE £000's</b>	<b>PREVIOUS MONTH 7 VARIANCE £000's</b>	<b>FORECAST OUTTURN £000's</b>
<b>Primary Care</b>						
GMS/PMS	23,151	15,419	15,045	374	417	400
Primary Care	1,213	822	683	139	153	200
Primary Care Reserves	585	350	-	350	-	447
GDS/PDS	8,599	5,756	5,754	2	63	-
Dental Charge Income	(1,061)	(707)	(869)	162	150	-
Dental Reserves	885		-	-	-	244
Ophthalmic Non Discretionary	1,848	1,169	1,169	-	-	-
GP Prescribing	22,541	14,936	15,236	(300)	(283)	(372)
Pharmacy reserves	-		-	-	-	-
Community Pharmacists	1,511	1,007	1,439	(432)	(372)	(648)
Home Oxygen	402	268	239	29	25	45
	<b>59,674</b>	<b>39,020</b>	<b>38,696</b>	<b>324</b>	<b>153</b>	<b>316</b>
<b>Corporate Services</b>						
PCT Board & Executive Committee	<b>215</b>	<b>144</b>	<b>130</b>	<b>14</b>	<b>10</b>	<b>22</b>
<b>Total Non-pooled expenditure</b>	<b>59,889</b>	<b>39,164</b>	<b>38,826</b>	<b>338</b>	<b>163</b>	<b>338</b>

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**PETERBOROUGH PRIMARY CARE TRUST  
BALANCE SHEET  
AS AT NOVEMBER 2009**

**Appendix 5**

Balance at 31/03/2009 <u>£'000</u>		Balance at 30/11/2009 <u>£'000</u>	Balance at 31/10/2009 <u>£'000</u>
	<b>FIXED ASSETS</b>		
4	Intangible Assets		
11,055	Tangible Assets	32,358	32,358
	Investments		
<u>11,059</u>	<b>Total Fixed Assets</b>	<u>32,358</u>	<u>32,358</u>
	<b>CURRENT ASSETS</b>		
25	Stock and Work in Progress	25	25
14,197	Total Debtors	8,374	8,374
14	Cash	(972)	(972)
0	Cash In Transit	1,038	1,038
<u>14,236</u>	<b>Total Current Assets</b>	<u>8,465</u>	<u>8,465</u>
<u>(26,405)</u>	<b>CREDITORS</b>		
<u>(12,169)</u>	Total Amounts Falling Due Within One Year	<u>(63,014)</u>	<u>(63,014)</u>
	<b>NET CURRENT ASSETS/(LIABILITIES)</b>	<u>(54,549)</u>	<u>(54,549)</u>
	<b>CREDITORS</b>		
0	Total Amounts Falling Due After More Than One Year	0	0
<u>0</u>		<u>0</u>	<u>0</u>
(1,008)	Provisions for Liabilities and Charges	(750)	(750)
<u>(2,118)</u>	<b>TOTAL ASSETS EMPLOYED</b>	<u>(22,941)</u>	<u>(22,941)</u>
	<b>TAXPAYERS EQUITY</b>		
(4,608)	General Fund	(23,776)	(23,776)
2,490	Revaluation Reserve	2,489	2,489
	Donated Assets Reserve		
	Government Grant Reserve		
0	Other Reserves	(1,654)	(1,654)
<u>(2,118)</u>	<b>TOTAL</b>	<u>(22,941)</u>	<u>(22,941)</u>

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**PETERBOROUGH PRIMARY CARE TRUST  
CAPITAL STATEMENT  
PERIOD ENDED 30TH NOVEMBER 09**

**Appendix 6**

EXPENDITURE	Scheme	ANNUAL	BUDGET	EXPEND	VARIANCE	PREVIOUS	Hidden Col FORECAST	FORECAST
		BUDGET	TO DATE	TO DATE	MONTH 8	MONTH 7	ANNUAL	VARIANCE
		£000's	£000's	£000's	TO DATE	TO DATE	£000's	£000's
<b>Health Schemes</b>								
Alma Road Primary Care Centre	Apr-09	-	-	311	(311)	(311)	311	(311)
City Centre Primary Care Centre	Apr-09	694	694	737	(43)	(41)	785	(91)
Data Warehousing	Sep-09	10	10	-	10	10	40	(30)
GP Mobile Working Project	Sep-09	6	6	-	6	6	6	-
Town Hall Reconfiguration	Dec-09	100	-	-	-	-	45	55
Replacement Boilers	Jul-09	72	72	79	(7)	(7)	79	(7)
Minor Oral Surgery Service	Oct-09	130	-	-	-	-	130	-
Dogsthorpe Medical Centre	Jul-09	100	-	-	-	-	120	(20)
Newborough	Oct-09	21	21	22	(1)	(22)	22	(1)
B & Q	Oct-09	10	10	16	(6)	(16)	16	(6)
Burghley Road	Oct-09	17	17	18	(1)	(18)	18	(1)
Botolph Bridge		45	45	-	45			-
City Health Clinic		7	7	7	-			-
NPFiT Central Team		16	16	10	6			-
Paston Health Centre		17	17	12	5			-
Werrington Health Centre		10	10	10	-			-
DDA		60	35	-	35	35		60
Bretton Dental		330	260	-	260	260		330
Orton Dental		201	0	-	-	-		201
Dental Washer Disinfectors		7	7	7	-	7		-
Allocations for Primary Care Strategy		90		-				90
Smart Meters	Nov-09	12		-			12	-
Balance	Oct-09	620	110	-	110	110		620
<b>ALLOCATIONS ISSUED</b>		<b>2,575</b>	<b>1,337</b>	<b>1,229</b>	<b>108</b>	<b>13</b>	<b>1,584</b>	<b>889</b>
<b>Capital Grants - allocation transferred to Revenue</b>								
Prison	Aug-09	76	80	76	4	80	76	-
Allocations for Primary Care Strategy	Oct-09	430	140	-	140	140	430	43
Dental Equipment OPG	Sep-09	92	92	-				
Westgate to Boots	May-09	92	85	92	(7)	(7)	92	-
HMP Harm reduction	Oct-09	100	100	100	-	-	100	-
Grants to Third Parties		-		-				
<b>GRAND TOTAL EXPENDITURE</b>		<b>790</b>	<b>497</b>	<b>268</b>	<b>137</b>	<b>213</b>	<b>698</b>	<b>43</b>
<b>TOTAL CAPITAL PROGRAMME</b>		<b>3,365</b>	<b>1,834</b>	<b>1,497</b>	<b>245</b>	<b>226</b>	<b>2,282</b>	<b>932</b>

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## Contract Performance Report 2009/2010

Month 8 (November 2009)

		Activity						Finance					
		Year to Date			Full Year			Year to Date			Full Year		
		Plan	Actual	Variance	Plan	Actual	Variance	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Elective	Day Case	7,419	7,213	206	11,085	10,820	266	4,997	4,751	246	7,445	7,127	318
	Inpatient	2,092	2,254	(162)	3,085	3,381	(296)	4,793	5,203	(410)	7,154	7,565	(411)
Non Elective		13,484	14,384	(900)	20,276	21,576	(1,300)	22,373	23,111	(738)	33,419	33,673	(254)
Outpatients	New	29,652	26,758	2,894	42,903	40,137	2,766	4,787	4,426	361	6,939	6,639	300
	F Up	50,549	59,478	(8,929)	74,569	89,217	(14,648)	3,999	4,659	(660)	5,905	6,879	(973)
Accident & Emergency		24,837	25,857	(1,020)	36,830	38,786	(1,956)	2,123	2,201	(78)	3,149	3,265	(116)
Non Mandatory		655,880	741,518	(85,638)	983,820	1,112,277	(128,457)	13,558	14,107	(549)	20,337	20,419	(81)
CQUIN								279	150	129	419	204	215
Prior Year Over Performance - Not Accrued								0	245	(245)	0	245	(245)
<b>Total</b>								<b>56,909</b>	<b>58,853</b>	<b>(1,944)</b>	<b>84,766</b>	<b>86,014</b>	<b>(1,248)</b>

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Health - Peterborough Community Services	Current Annual Budget	Budget to date	Actual spend to date	(over)/under spend to date	Forecast year end (over)/under
	£000's	£000's	£000's	£000's	£000's
<b>Health Services provided by Peterborough Community Services</b>					
Unplanned Services	3,803	2,544	2,457	86	80
LTC and Other Specialist Teams	4,886	3,209	3,029	180	284
Community Nursing and Home based nursing services	7,386	5,013	4,844	170	136
Childrens Services	6,110	4,129	3,988	141	165
Health ISP	4,078	2,719	2,903	-184	-214
Integrated Community Equipment Store	468	313	190	123	-50
Learning Disabled provision	482	321	310	12	9
Other Services	8,537	4,340	4,662	-322	913
<b>TOTAL GROSS PETERBOROUGH COMMUNITY SERVICES</b>	<b>35,750</b>	<b>22,588</b>	<b>22,382</b>	<b>206</b>	<b>1,323</b>
Less NHS Based Income	-5,573	-3,967	-3,957	-10	-11
Less Other Income	-2,103	-1,429	-1,534	105	91
<b>TOTAL NET PETERBOROUGH COMMUNITY SERVICES</b>	<b>28,074</b>	<b>17,192</b>	<b>16,891</b>	<b>301</b>	<b>1,403</b>
<b>Adult Social Care Services provided by Peterborough Community Services</b>					
Learning Disability Services	2,657	1,774	1,726	48	61
Older People Services	11,429	7,666	7,606	59	79
Sensory and Physical Impairment	332	222	225	-4	0
Integrated Teams - share of service	0	0	0	0	0
Integrate equipment Store - share of service	392	262	433	-172	-50
<b>Independent Sector Placements</b>					
Learning Disability	9,926	6,484	7,290	-806	-1,300
Older People	16,070	10,914	9,658	1,256	-270
Older Peoples Mental Health	479	319	543	-224	-336
Sensory and Physically Impaired	420	280	1,538	-1,258	-35
Provider Support Services	1,660	1,108	1,096	13	-5
Baseline recovery Actions	-1,031	-772	0	-772	-1,031
Net efficiencies to be achieved	-1,158	725	0	725	0
Reserves and Contingency	510	0	0	0	0
<b>TOTAL GROSS PETERBOROUGH COMMUNITY SERVICES</b>	<b>41,687</b>	<b>28,981</b>	<b>30,116</b>	<b>-1,135</b>	<b>-2,887</b>
Less ASC Client Income	-4,824	-3,049	-3,339	290	437
Less Loan equipment recharged to PCC capital	-250	0	0	0	0
<b>TOTAL NET PETERBOROUGH COMMUNITY SERVICES</b>	<b>36,613</b>	<b>25,932</b>	<b>26,777</b>	<b>-845</b>	<b>-2,450</b>
<b>Peterborough Community Services Total</b>	<b>64,687</b>	<b>43,124</b>	<b>43,668</b>	<b>-544</b>	<b>-1,047</b>

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 7</b>
<b>12 JANUARY 2010</b>	<b>Public Report</b>

## **Report of the Director of Adult Social Services**

**Report Author – Denise Radley**  
**Contact Details – 01733 758444**

### **OLDER PEOPLE’S ACCOMMODATION STRATEGY**

#### **1. PURPOSE**

- 1.1 The purpose of this report is to consider the next steps in the implementation of the Older People’s Accommodation and Housing Related Support Strategy.
- 1.2 This report will be presented to Cabinet in February 2010 and is presented to the Scrutiny Commission for Health Issues for comment.

#### **2. RECOMMENDATION**

That the Scrutiny Commission consider the proposed next steps in implementing the accommodation strategy for older people in Peterborough and make any comments prior to the report being submitted to Cabinet.

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

The accommodations strategy for older people is a critical part of delivering the Community Strategy and Local Area Agreement as it is focused on supporting as many older people as possible to live in their own homes with good quality care and support.

#### **4. BACKGROUND AND PROGRESS SINCE 2007**

- 4.1 In 2007, Cabinet adopted the Strategy for Older People’s Accommodation and Housing Related Support which approved the development of a range of services to help people to remain in their own homes for as long as possible, to develop extra care housing as a high quality option for people needing higher levels of care and support and to ensure appropriate specialist services are in place to meet local needs.
- 4.2 The strategy addresses local needs and the views of older people including:
  - A significant growth in the number of older people over the next 10-15 years
  - The greatest increase in the 45-64 age group highlighting the importance of planning for future generations of older people
  - The greatest percentage increases in the 75-84 and 85+ age groups – these groups are more likely to require adult social services
  - An estimated 1000 people in Peterborough aged over 65 have dementia, around 600 of these people are over 85 and these numbers are increasing
  - The vast majority of older people want to remain in their own homes and stay independent for as long as possible
- 4.3 The strategy has led to much progress and improvements in the availability and quality of services for older people in Peterborough including:

- More adaptable lifetime homes have been built – 86 in 2008/09 and 120 so far in 2009/10.
- More choice and flexibility of care and support in people's own homes through the jointly commissioned Independent Living Support Service.
- Upgrading of sheltered housing to meet decent homes standards and ongoing work with registered social landlords to develop existing sheltered housing
- 179 extra care housing places available at four locations across Peterborough – extra care is similar to sheltered housing and people have their own flat plus access to flexible levels of care and support to meet their needs. Some shared facilities e.g. a restaurant are available on an optional basis.
- New intermediate and rehabilitative services based in a state of the art building at the City Care Centre.
- More choice and control for everyone who uses adult social services through “self-directed support” where services are more personalised, focused on what people want to achieve and where people can design their own care and support packages through “Individual Budgets”.

## **5. NEXT STEPS**

- 5.1 If we are to continue to improve services and ensure all older people benefit from high quality support, we need to continue to develop more extra care housing. With the opening of St Edmunds Court in Hampton, we are now in a position to provide significantly better services to people currently living in NHS Peterborough managed residential care.
- 5.2 Whilst offering a good level of care provided by skilled and committed staff, currently these ‘in house’ residential care services offer poor standards of accommodation including:
- Out of date buildings in need of modernisation
  - Small room sizes which do not meet new standards
  - No en suite bathroom and toilet facilities
  - Communal and other areas which are dated and not ideally suited to the needs of the residents
- 5.3 In contrast extra care housing offers:
- Modern buildings which are purpose built
  - Spacious, light rooms within individual flats
  - En suite toilets and bathrooms for everybody
  - Flats have lounges and small kitchens to provide more space and allow for more independence and privacy
  - The person has their own front door and can have their own deliveries e.g. newspapers, milk etc.
  - The person holds a tenancy (or part-purchases the flat) and has the rights associated with this
  - Communal facilities are larger and more varied e.g. cinema room, various lounges, restaurant, shop, computer room, craft room etc.
  - Individuals can access more benefits and generally can retain more money for personal expenses than in residential care
  - Flexible care and support at different levels to meet varied needs including for people with dementia
- 5.4 New extra care accommodation is already benefiting many people who have moved into our schemes. We can now offer these services to people who are already receiving residential care in our NHS Peterborough managed homes. Engagement with residents and families commenced this year by offering all ten permanent residents at Coneygree Lodge, Stanground, a place in St Edmunds Court. Individuals could opt for alternative services if they choose but a place at St Edmunds Court is guaranteed for each of them. Once permanent residents have moved, we will no longer need to continue to run Coneygree Lodge and anticipate it will close by the end of March 2010.

- 5.5 Places at St Edmunds Court will also be offered to other residents in the NHS Peterborough managed residential homes.
- 5.6 In due course, as more extra care schemes come into operation, similar guaranteed offers will be made to permanent residents at the Croft and at Peverels. Once permanent residents have moved, again, these buildings will no longer be required. It is proposed to complete these changes by the end of 2012.
- 5.7 Services at Greenwood House and Welland House will be further developed to provide very specialist residential services for people whose needs cannot be met in extra care housing or standard residential care. Because of the issues with the buildings outlined above, these services would need to be re-provided in new buildings in the medium to long-term. Work will commence to identify the best option to fund and achieve this. The land and buildings for all five homes are owned by the City Council. In the short-term, these services will continue to be run by the provider arm of NHS Peterborough.

## **6. CONSULTATION & ENGAGEMENT**

- 6.1 An extensive public consultation was carried out prior to the development of the Older People's Accommodation and Housing Support Strategy.
- 6.2 NHS Peterborough has engaged with residents, their families and staff within the five residential homes it manages on an ongoing basis since the strategy was agreed. Regular meetings and letters have kept people up to date with the work to review services.
- 6.3 Prior to making the changes set out in this report, for each home, engagement with those affected will take place including:
- Speaking with current residents and their relatives about options and their individual needs and preferences
  - The use of advocates if appropriate
  - Communication with the workforce and staff unions
  - Involvement of ward councillors and local groups connected with the homes
- 6.4 Extensive engagement has already taken place with residents, families and staff at Coneygree Lodge. Most residents (8) have already moved from the home and have opted for an alternative residential home. The reasons for this appear mainly to be a lack of knowledge and therefore confidence in extra care services for people who are very frail and who have lived in residential care for a long time. Plenty of information, advice and support has been available to residents and families and we have worked with a service provider who has experience from elsewhere of supporting people to move from residential care to extra care. Further work is needed to raise awareness of extra care services, increase people's knowledge of what can be provided and to look at ways that residents and families could 'test out' the option before making a decision on where to move to. The learning from this first phase of engagement will be used to inform the next stages. The Scrutiny Commission may wish to consider any additional actions it would like to see to address these issues.
- 6.5 A home that has fees above the fee levels which can be paid by NHS Peterborough has been selected by some residents and this has meant that families have chosen to 'top up' the fees to enable their relatives to go to this home. Some feedback from families has been received that NHS Peterborough should have funded the higher fee levels. It has been explained to families that this is not possible in order to maintain an equitable position across all people receiving public funding for adult social care and because suitable alternative services were available.

## **7. ANTICIPATED OUTCOMES**

- Improved service quality and choice
- Improved independence and quality of life
- Good quality living spaces for older people who need care and support including where possible their own flat and en suite facilities in all cases
- Better facilities within residential based services
- Improved personal financial situation for many services who move from residential to extra care housing
- Services which will be suitable for the next 20-30 years and the future generations of older people who will need to use them
- Cost-effective services

## **8. REASONS FOR RECOMMENDATIONS**

- 8.1 The recommendations are designed to achieve the above outcomes and are primarily driven by the need to address the poor standard of buildings within which in-house residential care services are delivered and to address the accommodation strategy aims to provide more support to people in their own homes, more extra care housing and more specialist services.

## **9. ALTERNATIVE OPTIONS CONSIDERED**

- 9.1 To continue with the existing services – this option is not feasible given that the buildings are not fit for purpose and will continue to deteriorate. In addition the current services are not those needed for the future.
- 9.2 To redevelop existing care homes to bring them up to modern standards – feasibility work has indicated there is limited scope to do this within the existing homes and as above, they are not the services needed for the future.
- 9.3 The transfer of these NHS Peterborough managed homes to the independent sector – this option has many variations involving a single or multiple potential providers. As above, not all of the services are required in the future. Extra care housing is provided by the independent sector and this option will be explored further linked to the need to replace two residential homes.
- 9.4 The building of new care homes on the existing or alternative sites – as above, not all of the services are required in the future. This option will be explored further linked to the need to replace two residential homes. Where possible, buildings on different sites would be favoured as it avoids the move for current residents to move twice.
- 9.5 The closure of all five homes with services provided through extra care housing or independent sector residential providers – some more specialist services need to be retained and grown and these are not all plentiful in the current market. This option would impact a significantly larger number of current residents.

## **10. IMPLICATIONS**

### **10.1 Human Resources**

- 10.1.1 Detailed plans will be developed for each home prior to implementing the changes outlined. The potential for redundancy will be mitigated through planned, phased changes and through offering redeployment opportunities. No redundancies are anticipated in the first phase of change at Coneygree Lodge.

### **10.2 Financial**

- 10.2.1 The financial implications will be set out within a confidential annexe to the Cabinet report. Capital funding will be required to replace the two remaining residential homes and

estimated sums are included in the draft capital programme as part of the medium term financial plan.

### 10.3 Legal

10.3.1 There is significant case law covering changes to residential services and the following actions have been or will be taken to ensure that due process is followed:

- Consultation and engagement
- Review and risk assessment of each individual resident's circumstances and needs
- Compliance with the Mental Capacity Act to ensure those without capacity to make their own decisions are properly supported, that decisions are made in their best interests and that their rights are protected
- Choice of where to move to (every permanent resident affected will have a guaranteed place in a new scheme but will not be obliged to take this up should they wish to look at alternatives)
- A sensitive approach taking account of how difficult change and moving home can be, particularly for older people
- Appropriate communication and information to those affected and to stakeholders

### 10.4 Risks

10.4.1 Insufficient alternative services – a survey of available provision in extra care housing and care homes in Peterborough and the surrounding area shows sufficient alternative places exist in order to facilitate choice and the planned phasing further mitigates any risk.

10.4.2 Reduction in the availability of short-term beds – alternatives at the City Care Centre and in the independent sector are available and phasing allows for the management of this change.

10.4.3 Environmental impact of changes to existing buildings – Environmental Impact Reports would minimise any potential risks.

10.4.4 Concerns by those affected by the changes could delay progress –clear and timely information will be provided and face to face communication with those affected will be ensured. There was strong support for the accommodation strategy in 2007 and since, which will help to allay concerns. A sensitive approach will be taken with practical help and support. Residents of extra care housing who have moved from residential care speak highly of the new services which will also help to provide reassurance.

## 11. **BACKGROUND DOCUMENTS**

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

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 8</b>
<b>12 JANUARY 2010</b>	<b>Public Report</b>

## **Report of the Director of Adult Social Services**

**Report Author – Denise Radley**  
**Contact Details – 01733 758444**

### **CARE QUALITY COMMISSION RATINGS FOR ADULT SOCIAL CARE 2008/09**

#### **1. PURPOSE**

- 1.1 To present the Care Quality Commission's Performance Letter and Summary of Adult Social Care (appendix 1), and the action plan (appendix 2) that has been developed to support the key areas for improvement, to the Scrutiny Commission.

#### **2. RECOMMENDATION**

- 2.1 That the Scrutiny Commission notes the Care Quality Commission's Performance letter and Summary of Adult Social Care and comments on the action plan.

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

- 3.1 Adult Social Services is a statutory function of the City Council and is reflected in the Sustainable Community Strategy/Corporate Plan through priorities around creating opportunities and tackling inequalities, promoting independence, choice and control and supporting and safeguarding the most vulnerable in our communities. The Local Area Agreement contains a number of targets which support these priorities.

#### **4. BACKGROUND**

- 4.1 A key aspect of the Care Quality Commission's assessment entails an annual review meeting which, this year, took place on 29 June 2009. This meeting considers aspects of the statutory social services functions relating to adult social care, following which a report confirmed the key strengths as well as identifying areas for development in the coming year. The annual performance assessment judgement and summary was published on 3 December 2009.
- 4.2 The 2008/09 performance assessment is a new assessment system and the first issued by the new Care Quality Commission (CQC). Social care services for adults were, overall, deemed to be "adequate" at delivering outcomes.
- 4.3 On five of the seven outcome areas (improved health and emotional well-being, improved quality of life, making a positive contribution, freedom from discrimination and harassment, and economic well-being) services received a rating of performing "well". One outcome area (increased choice and control) was rated "adequate" and one outcome area (maintaining personal dignity and respect) was rated "poor".
- 4.4 The overall judgement was capped at "adequate" because of the single rating of poor for dignity and respect. This judgement followed the inspection of safeguarding in January 2009.
- 4.5 The Care Quality Commission's performance assessment summary is required to be submitted to an open meeting of the council by 31 January 2010.

**5. CONSULTATION**

- 5.1 The action plan has been circulated internally to key officers and externally to the Care Quality Commission.

**6. EXPECTED OUTCOMES**

- 6.1 Support for the action plan is essential to ensure that services provided are delivered to a consistently high standard. Oversight and challenge by the Scrutiny Commission will ensure that agreed improvements are delivered.

**7. NEXT STEPS**

- 7.1 Work to progress the action plan will continue.

**8. BACKGROUND DOCUMENTS**

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

Care Quality Commission's Performance Letter and Summary of Adult Social Care.



## Adult Social Care Services

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**Council Name:** Peterborough

This report is a summary of the performance of how the council promotes adult social care outcomes for people in the council area.

The overall grade for performance is combined from the grades given for the individual outcomes.

There is a brief description below – see Grading for Adult Social Care Outcomes 2008/09 in the Performance Assessment Guide web address below, for more detail.

**Poorly performing** – not delivering the minimum requirements for people

**Performing adequately** – only delivering the minimum requirements for people

**Performing well** – consistently delivering above the minimum requirements for people

**Performing excellently** - overall delivering well above the minimum requirements for people

We also make a written assessment about

**Leadership and Commissioning and use of resources**

Information on these additional areas can be found in the outcomes framework

To see the outcomes framework please go to our web site: [Outcomes framework](#)

You will also find an explanation of terms used in the report in the glossary on the web site.

**Delivering Outcomes Assessment  
Overall Peterborough City Council is  
performing:**

**Adequately**

Outcome 1:

[Improved health and well-being](#)

The council is performing: **Well**

Outcome 2:

[Improved quality of life](#)

The council is performing: **Well**

Outcome 3:

[Making a positive contribution](#)

The council is performing: **Well**

Outcome 4:

[Increased choice and control](#)

The council is performing: **Adequately**

Outcome 5:

[Freedom from discrimination and harassment](#)

The council is performing: **Well**

Outcome 6:  
[Economic well-being](#)

The council is performing: **Well**

Outcome 7:  
[Maintaining personal dignity and respect](#)

The council is performing: **Poor**

*Click on titles above to view a text summary of the outcome.*

## **Assessment of Leadership and Commissioning and use of resources**

### **Leadership**

The council and primary care trust have an established agreement in respect of the delivery of adult social care and in this annual performance assessment report will be referred to as the 'Partnership'.

The Partnership's vision for adult social care is promoted and shared with partners and the workforce. There is a focus within workforce development to ensure delivery of improved outcomes and the transformation of social care. The Partnership needs to develop a multi agency workforce strategy to support the deliver of service objectives and improved outcomes.

Plans are linked with partners in the local area agreement and most indicators in respect of adult social care are on track and due to be met by the end of the year. Plans have been informed by the joint strategic needs assessment.

Senior managers provide leadership and a commitment to achieve improvement, which is reflected in the engagement with communities and groups of people who use services. The Partnership are committed to supporting the development of management succession planning to cover critical roles.

Performance management has been strengthened, with regular reporting back to senior managers.

Councillors have benefited from the development of increased understanding of the work of adult social care and have commenced planning their own development to enable them to support the transformation of adult social care.

The Commission for Social Care Inspection carried out an inspection in January 2009, looking at Independence Well-Being and Choice, which focussed on three themes: safeguarding of adults, delivering personalised services, and working in partnership. Safeguarding of adults was judged to be poor and four comprehensive recommendations were made that were deemed necessary to improve safeguarding of vulnerable adults in Peterborough. The report of the inspection acknowledged that all of the issues around safeguarding were identified by the Partnership during 2008 and action had commenced to address the issues. Delivery of personalised services was judged to be adequate with recognition given to the then new disability forum supported by funding which provided an opportunity for improved engagement with people who use services. Partnership working was judged to be good not only between the council and the primary care trust but with the police providing clear opportunities for cohesive working, noting that most frontline services worked well together.

### **Commissioning and use of resources**

People who use services and carers have, via direct payments, opportunities to commission care services meeting their own support needs. The programme to introduce individual budgets will, as it is implemented through 2009, enable an increased number of people to exercise this choice and control.

People who use services and carers are involved in contributing to shaping service developments and commissioning priorities. Partnership agreements exist, targeting specific needs or groups and make use of shared resources to improve outcomes for people who use services.

The joint strategic needs assessment is being used to inform commissioning priorities and decisions and to identify gaps in provision. The senior managers in the Partnership demonstrate an understanding of their local social care needs and use this knowledge to reduce inequalities and target resources – prioritising as necessary, they demonstrated their intention to have a positive impact on outcomes. Contract compliance is well managed and prompt action is taken to improve poor services and the Partnership has taken an active role in reducing the number of services which were rated as poor. The Partnership need to ensure that market development and contract management are aligned to provide services that will be inline with the demands from the personalisation agenda.

## Summary of Performance

The council and primary care trust have an established agreement in respect of the delivery of adult social care and the adult social care duties and responsibilities are undertaken by the primary care trust.

The Partnership is aware of the many challenges it faces and has a clear vision, shared by councillors, about the transformation agenda and delivery of personalised services. The contribution and involvement from people who use services is highly valued in shaping developments and determining priorities. There are some health inequalities and the partnership have been active in targeting work with specific communities to address these inequalities.

Support for carers of people who use services was increased in 2008/09 and has contributed to ensuring that carers are not isolated and have access to support and practical assistance. The range of support provided to carers has greatly increased with carers actively involved in shaping and developing carers support services. Whilst the number of carers receiving support or services has increased the partnership is aware of the need to further promote carers support.

People are supported to live as independently as possible, good use has been made of findings from a pilot scheme where assistive technology was used to support people after hospital discharge. Assistive technology is now routinely offered as part of care support planning. Admissions into hospital have been reduced as have permanent admissions to residential care further supporting people to remain independent.

People who use services and their carers are supported in exercising choice and control about how their care needs are met, increasing their independence. A range of advocacy services are available and the partnership has increased spending on advocacy in line with supporting more people to have increased choice and control.

Some people who use services have benefited from being involved in social enterprise schemes and an increased number of people who use services have been supported to obtain or remain in employment. Support and information is provided to help people to obtain benefits and maximise their income.

Following the CSCI inspection in January 2009, the partnership has produced an action plan to address the identified issues.

Areas of improvement identified from the assessment of performance in 2007/08 have been monitored throughout the year and progress has been maintained on these areas as well the safeguarding action plan and priorities and developments that the Partnership had identified itself.

## **Outcome 1: Improved health and well-being**

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The council is performing:                      Well

People in the area receive helpful information and support to improve their physical health and well being with information available and provided in a range of formats as well as in person through support groups. There is targeted work to ensure that specific health related issues are addressed with clear evidence of the Partnership working not only with individuals and groups of people who use services but with community groups and providers of residential or nursing care.

The Partnership ensure that support is provided to help people maintain their independence with a range of intermediate care services made available, and the community matrons are engaged in helping people to avoid readmission to hospital.

There are fewer admissions into residential care and the Partnership has supported some people to move from residential care into extra care accommodation supporting their independence and improving their well- being.

Support provided by the Partnership ensures that people do not experience delayed discharge from acute hospitals. The Partnership advised that some people in mental health hospitals do experience delayed discharge and have commenced action to address this.

The service inspection in January 2009 identified that the Partnership should work in partnership with people who use services to improve availability and access to multi media information about social care, leisure and well being opportunities.

### **What the council does well.**

- There has been targeted work to address health inequalities with specific community groups and groups of people who use services.
- There have been fewer people admitted into permanent residential care.
- There has been focused work to prevent poor nutrition and risks of dehydration amongst vulnerable people who are in receipt of care.
- The Partnership are achieving a high level of independence for older people through rehabilitation / intermediate care.
- There are no learning-disabled adults who remain in NHS hospitals or in campus accommodation.

### **What the council needs to improve.**

- Address with the mental health service providers the problem of delayed discharge for people from mental health facilities.
- Continue to drive forward improvements to meet local area agreement (LAA) targets, capitalising on improvements already made.
- Improve availability and access to multi media information about social care, leisure and well being.

## **Outcome 2: Improved quality of life**

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The council is performing:                      Well

Support is given to help people to stay independent and to carers to enable them to continue in their caring roles. The range of support available to carers has increased and knowledge about

carers support is becoming more widespread across the borough. The Partnership need to increase knowledge about carers services particularly amongst other professions to ensure that more carers are aware of emergency planning and their rights to assessments aimed at identifying support that is needed.

An increased number of extra care places have been provided and the Partnership has plans to further expand the provision supporting more people to remain independent in 2009/10 which had already been achieved by August 2009. The range of preventative services available is broad and information about them is made available by the Partnership.

Aids, equipment and adaptations continue to be provided by the Partnership to support people and waiting times have been reduced particularly for major adaptations with people in the borough receiving this type of support quicker than in the past.

Some people who use services commented on social activities they participate in, and commented that they enjoy access to leisure activities in districts local to their homes.

#### **What the council does well.**

- Increased the number of carers receiving a service, assessment or review.
- Expanded the support available for carers and young carers.
- Increased provision of extra care housing.

#### **What the council needs to improve.**

- Ensure that details about the numbers of carers in receipt of services are recorded.
- Increase uptake of assistive technology to support people to maintain independence and prevent them needing higher levels of support.
- Increase knowledge amongst carers of the range of support that is available, further promoting emergency planning for carers.
- Increase co-ordination of commissioned services to ensure that gaps in service provision are addressed.

### **Outcome 3: Making a positive contribution**

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The council is performing:                      **Well**

People who use services and carers are supported and encouraged to become actively involved alongside voluntary organisations in shaping and developing services, with their views and experiences sought in range of ways. Volunteering is well established in Peterborough and volunteers are engaged with the Partnership and provide support to people generally and to several specific committees.

Through partnership boards, carers and people who use services have opportunities to meet and consult with staff from statutory agencies as well as voluntary organisations – influencing and shaping service development, and undertake some specific work to promote support needs of carers.

The Partnership is engaged with voluntary organisations and has determined a need to fully capture details about the profile of people who are supported, helped or involved to assist in identifying gaps in provision and support.

**What the council does well.**

- Social enterprise schemes are providing employment opportunities for people who use services.
- Partnership boards are actively engaged in planning and developing services.

**What the council needs to improve.**

- Proceed with plan to obtain feedback from people who use services through providers.
- Evidence the contribution made by people who use drug and alcohol services to further shape and develop services.
- Continue with plan to capture information about profile and needs of people involved via voluntary organisations.

**Outcome 4: Increased choice and control**

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The council is performing:                      Adequately

People who are unable to make their own decisions have access to support of advocates and the Partnership have been active promoting the use of advocacy to support individuals, with access to specific advocacy for people from minority communities. Advice and information about the range of support available and costs involved is available to ensure that people are enabled to take control of their support needs and maintain independence.

Individual budgets commenced in 2009 and will be available to all people who use services by April 2010. Some evidence has been provided about how budgets have helped people to exercise more choice and control.

Information and advice is readily available about support and preventative services through a variety of media and sources. The service inspection in January 2009 noted that services with a preventative focus needed to be fully developed including providing services at evenings and weekends.

Information is also available about how to complain but the numbers of complaints received indicate that the process is not used by people in Peterborough. The number of complaints received last year had decreased and performance in this area is not in line with comparator councils.

Training has commenced for staff on outcome based care planning and the Partnership has focussed on improving the time taken to complete assessments. Performance is below that of comparators councils with more people having to wait for an assessment to be completed.

Carers of people who use services have emergency care plans in place.

**What the council does well.**

- Carers emergency plans are in place.
- Significant increased spending on advocacy for people who use services.
- Waiting times for adaptations are good.
- The Partnership has provided more social care clients receiving self directed support than comparators and England averages.

**What the council needs to improve.**

- Continue to focus on and further improve the time taken to complete assessments.

- Utilise outcome from current review of complaints processes and mechanisms.
- Continue with plan to fully introduce individual budgets.
- Ensure that services with a preventative focus are fully developed including providing services at evenings and weekends.

## **Outcome 5: Freedom from discrimination and harassment**

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The council is performing:                      Well

The Partnership has ensured that people who use services and carers from minority communities are informed about available support and about the range of services that are available through a range of media and contacts. The Partnership is aware of and plans to address the need to capture information about access and take up of services amongst people not eligible for care services. People whose needs fall outside the eligibility criteria are signposted to other services. Whilst the criteria for access to services are applied universally information about eligibility is not easily accessible and signposting needs to be improved so that people have clear information about entitlement to social care. Access to continuing care support is readily available and provided promptly and there are no disputes between health and social care due to the integrated working of the Council and PCT.

The Partnership has ensured that within the range of advocacy services there is specific support for people from minority communities. Specific initiatives have been taken to protect people who use services from harassment and discrimination. Surveys of people who use services have reported feeling safe in the community.

### **What the council does well.**

- Dignity champions are active in the Partnership.
- People who use services report feeling safe.
- There is strong engagement with people from under-represented communities to ensure that they are informed about services and that support is available.

### **What the council needs to improve.**

- Improve signposting to details about eligibility criteria on the website.
- Capture information about unmet needs and give consideration to the impact on services for different nationalities that are not revealed through ethnicity recording.
- Focus on provision of non care managed services using the reform grant.
- Proceed with plans to capture ethnicity profile of people receiving services from voluntary organisations.

## **Outcome 6: Economic well - being**

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The council is performing:                      Well

People who use services and carers are able to obtain advice and information about funding to meet support needs, and help has been provided to assist people to increase take up of benefits and maximise their income. People who use direct payments to arrange their support have access to a specific support service and general information for all about benefits is accessible through the call centre.



The social enterprise schemes have assisted in supporting people to move towards securing payments for work undertaken, and although not yet viable as stand alone businesses the Partnership do intend to ensure that all people engaged in social enterprises do benefit and share income that is generated.

Carers are supported to continue combining their caring role and employment, and the carers champion who is an employee of the Partnership with caring responsibilities provides practical support and advice. Part of the carers action plan markets flexible working practices to local employers which together with the employment and progression service supports and encourages employment of people who use services and carers

Standards in respect of financial interests of people who use residential services were met in the vast majority of registered services commissioned by the Partnership thereby safeguarding individuals' money. With the planned introduction of individual budgets to all people who have services, due to be complete by April 2010, the Partnership need to ensure that schemes are developed to provided widespread support.

**What the council does well.**

- Social enterprise schemes – helping people who use services to become involved in employment.
- Increased income generated through benefit advice.
- Support for carers in preparation for employment, including interview preparation.

**What the council needs to improve.**

- Extend carers services to enable more to maintain or seek employment or training.
- Ensure that widespread support schemes are developed as individual budgets are introduced.

**Outcome 7: Maintaining personal dignity and respect**

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The council is performing:                      Poor

The Commission for Social Care Inspection carried out an inspection in January 2009, looking at Independence Well-Being and Choice, which focussed on three themes: safeguarding of adults, delivering personalised services, and working in partnership. Safeguarding was judged to be poor and four comprehensive recommendations were made that were deemed necessary to improve safeguarding of vulnerable adults in Peterborough.

Prior to the inspection commencing the Partnership had introduced new safeguarding procedures that were informed by and based on good practice and current guidance. The new policy and procedures were put in place after an internal audit in July 2008 had revealed problems with the existing procedures and practice. The report of the inspection acknowledged that all of the issues around safeguarding were identified by the Partnership during 2008 and action had commenced to address the issues.

The Partnership accepted the inspection findings as detailed in the report and have submitted an action plan detailing steps that have been or will be taken to address the recommendations. Progress to address the recommendations will be assessed by the Care Quality Commission.

**What the council does well.**

- New procedures introduced in January 2009 were deemed by the inspection team to have real merit and together with effective monitoring of compliance were thought likely to deliver improvements in safeguarding against poor treatment.
- Analysis from inspections of registered services indicates that the dignity and privacy of people who use services commissioned by the Partnership are upheld.

**What the council needs to improve.**

- Develop and implement robust governance, performance management and quality assurance arrangements.
- Provide and evaluate competency based training for staff who have key safeguarding roles.
- Ensure that annual safeguarding report provides activity data, and performance analysis together with details of work programme and objectives.
- Ensure that people who regard themselves at risk of harm have opportunities to contribute to developing and improving safeguarding arrangements.
- Increase safeguarding awareness.
- Address anomaly of low safeguarding referrals received from MAPP partners and people who self fund.
- Develop guidance on interpersonal relationships for people who use services.

**ADULT SOCIAL CARE PERFORMANCE ASSESSMENT 2008/09 – IMPROVEMENT PLAN**

What Peterborough needs to improve & Actions	Lead	Updated Position	Evidence of outcomes
<b>OUTCOME 1 – IMPROVED HEALTH AND EMOTIONAL WELL-BEING</b>		<b>JUDGEMENT = WELL</b>	
<p>Address, with providers of mental health services, the problem of delayed discharge from mental health facilities.</p> <ul style="list-style-type: none"> <li>• Set target for MH Trust in 2009/10</li> <li>• Monitor performance closely each month</li> <li>• Develop new housing strategy for MH by end March 2010</li> <li>• Develop a new service to meet higher needs by end March 2011</li> </ul>	Neil Greenfield	<p>The Mental Health Trust has been set a threshold for delayed transfers for 2009-10 and has stayed comfortably within this within year. All delays are notified to the commissioning lead weekly and reviewed on a case by case basis. This is also an agenda item at the Mental Health Trust Performance Meeting. The Trust is currently achieving its target. However, we are looking to reduce this further.</p>	
<p>Continued focus on improvements to meet local area agreement targets (building on improvements already made).</p> <ul style="list-style-type: none"> <li>• Review action plan for implementing self-directed support</li> <li>• Review and put in place refreshed governance structures for 'Putting People First' to ensure all milestones are met</li> <li>• Continue to deliver training and support for staff on self-directed support to further embed the processes</li> <li>• Collect and utilize case studies which evidence the difference that self-directed support is making to individuals</li> <li>• Review and reset targets in relation to employment and MH</li> </ul>	Sue Mitchell Tim Bishop Neil Greenfield	<p>The self directed support target is still behind trajectory at 10.49% but progress is being made now that processes are becoming embedded. Mental Health employment targets are still under discussion with the Mental Health Trust. Health and wellbeing targets for the PCT around smoking cessation are performing reasonably well and work is underway to prepare for the post Christmas quitters.</p> <p>Reviewing the transformation of adult social care programmed is underway to ensure it covers all aspects of Putting People First, not just self directed support. This includes the preventive agenda, health and well-being and links to housing (settled accommodation) and employment (learning disability and mental health).</p>	

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What Peterborough needs to improve & Actions	Lead	Updated Position	Evidence of outcomes
<p>Improve availability and access to multi media information about social care, leisure and well being.</p> <ul style="list-style-type: none"> <li>• Review website by September 2010 ensuring public involvement</li> <li>• Implement interim improvements by February 2010</li> <li>• Develop healthy lifestyles website</li> <li>• Establish life check kiosks at accessible locations across the city – May 2010</li> <li>• Introduce digital information screens to all GP practices – May 2010</li> <li>• Develop a micro site for safeguarding</li> </ul>	<p>Sue Mitchell Amie Barber</p>	<p>A review of our public website has been undertaken with staff groups and the public website group. We have identified a number of improvements which need to be made to the website with regards to usability and accessibility, including the range of information and formats in which information is provided.</p> <p>A healthy lifestyles website to be developed as part of an awareness campaign. The establishment of Life Check Kiosks at accessible locations across the city. A project to get digital information screens into all GP practices across Peterborough is underway with Amscreen Healthcare (from BBC Apprentice programme). These screens will display digital notices and footage highlighting health and social care information, campaigns and well being messages. We will also be looking to get these screens into dentists, opticians and pharmacies, subject to footfall at each.</p>	
<b>OUTCOME 2 – IMPROVED QUALITY OF LIFE</b>		<b>JUDGEMENT = WELL</b>	
<p>Capture details about numbers of carers in receipt of services.</p> <ul style="list-style-type: none"> <li>• Continue to increase the number of carers' assessments completed</li> <li>• Focus in 2009/10 on ensuring that carers' assessments are carried out in cases where respite is provided</li> <li>• Raise awareness of carers' rights and evaluate impact</li> <li>• Consider ways in which Individual Budgets may be applied to carers – October 2010</li> </ul>	<p>Tina Hornsby Neil Greenfield</p>	<p>Increased number of carers in receipt of services and direct payments. Latest data on carers' assessments (October 09) shows 1593 carers have received an assessment/review and service/information against a total of 4887 service users in the previous 12 months. Peterborough Community Services is placing a particular focus on ensuring that the carers' assessments are carried out for all cases where respite is provided.</p>	

What Peterborough needs to improve & Actions	Lead	Updated Position	Evidence of outcomes
<p>Increase uptake of assistive technology to support people to maintain independence and prevent them needing higher levels of support.</p> <ul style="list-style-type: none"> <li>• Increase take up and ensure good level of effectiveness</li> <li>• Open further extra care scheme with assistive technology as integral– July 2009</li> <li>• Review approach to re-enablement to ensure we maximize outcomes and efficiency</li> </ul>	<p>Jessica Slater Tim Bishop</p>	<p>Embedded within occupational therapy processes. The Occupational Therapy Service Manager is working alongside the Intermediate Care Team to enhance re-enablement pathways. 621 people have received intermediate care since April 2009, with 83.5% having a successful outcome after 3 months.</p> <p>Reviewing Putting People First programme to ensure sufficient emphasis on re-enablement and prevention including assistive technologies. The use of assistive technologies is embedded within the PCT's action plans to prevent unplanned acute hospital admissions.</p>	
<p>Increase knowledge amongst carers of the range of support that is available, further promoting emergency planning for carers.</p> <ul style="list-style-type: none"> <li>• Regular engagement through Carers' Partnership Board and bi-annual carers' events</li> <li>• Quarterly carers' days on carers' rights and other topics to take place and impact evaluated</li> <li>• Involve carers in shaping plans for additional carers' breaks and implement these plans</li> <li>• Increase the take-up of the emergency respite service</li> <li>• Evaluate emergency respite service and recommission by September 2010</li> </ul>	<p>Neil Greenfield</p>	<p>We have now developed the Carers' Partnership Board, which is very well attended and co-chaired by a carer. We also hold quarterly carers' days with specific topics around support. A new section on the PCT's website has been specifically developed for carers around information sharing. A newsletter has also been developed as an information sharing tool. We have just completed a survey of carers on their views on carers' breaks which will inform the direction of travel.</p>	
<p>Increase co-ordination of commissioned services to ensure that gaps in service provision are addressed.</p> <ul style="list-style-type: none"> <li>• Complete learning disability service review – November 2009</li> </ul>	<p>Jessica Slater Neil Greenfield Tim Bishop</p>	<p>Priority based service review for learning disability and initial scoping completed. A key aim of the PCT's Strategic Plan is commissioning of services to provide care closer to home. 51 new extra care places were opened in July 2009 taking the total to 179</p>	

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What Peterborough needs to improve & Actions	Lead	Updated Position	Evidence of outcomes
<ul style="list-style-type: none"> <li>Implement review recommendations – January 2010 to March 2011</li> <li>Refresh Strategic Plan to ensure gaps in provision are covered in five year strategy</li> <li>Continue to increase the amount of extra care housing available in the city – 400 total places by 2011</li> <li>Clarify focus of this area with CQC – December 2009</li> </ul>			
<b>OUTCOME 3 – MAKING A POSITIVE CONTRIBUTION</b>		<b>JUDGEMENT = WELL</b>	
<p>Proceed with plan to obtain feedback from people who use services through providers.</p> <ul style="list-style-type: none"> <li>Develop service user engagement strategy for safeguarding – February 2010</li> <li>Develop new patient experience development plan and ensure the voice of people who use services is included through governance groups – April 2010</li> </ul>	<p>June Stefanelli Aidan Fallon</p>	<p>Work has commenced in relation to safeguarding.</p>	
<p>Evidence the contribution made by people who use drug and alcohol services to further shape and develop services.</p> <ul style="list-style-type: none"> <li>Reset vision for alcohol harm work in Peterborough – December 2009</li> <li>Develop new needs assessment, strategy and action plan – April 2010</li> <li>Provide evidence of impact of services at Drinksense</li> <li>Provide evidence of impact of service user involvement through the DAAT</li> </ul>	<p>Neil Greenfield</p>	<p>A multi-stakeholder visioning day was held on 4 December 2009 to identify key actions required in alcohol harm reduction and a strategy will be developed to be in place from 1 April 2010. Engagement to be integral to this.</p>	

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What Peterborough needs to improve & Actions	Lead	Updated Position	Evidence of outcomes
engagement mechanisms			
<p>Continue with plan to capture information about profile and needs of people involved via voluntary organisations.</p> <ul style="list-style-type: none"> <li>• Recruit additional capacity under Future Jobs Fund programme – January 2010</li> <li>• Utilise this capacity to improve the availability of information about the impact of voluntary sector services – July 2010</li> </ul>	Tina Hornsby Tim Bishop	Plans to use Future Jobs Fund placements to work with the voluntary sector to expand on the collection of information around voluntary sector service provision – using contract schedules and also JSNA guidance and tools produced by the Information Centre. Two candidates are being interviewed this week for a mid January start.	
<b>OUTCOME 4 – INCREASED CHOICE AND CONTROL                      JUDGEMENT = ADEQUATELY</b>			
<p>Continue to focus on, and further improve, the time taken to complete assessments.</p> <ul style="list-style-type: none"> <li>• Monitor closely each month</li> <li>• Continue to flag and intervene of ‘about to breach’ cases</li> <li>• Ensure sound management oversight to ensure compliance</li> <li>• Ensure targets are included in managers and staff supervision and appraisals</li> </ul>	Karen Wadham	There has been a focus on improving access to assessment. Services have been redesigned to facilitate this. Currently 85.54% of assessments are completed within 28 days, which is in line with our target of 85%. The achievement of the waiting time national indicators forms part of staff appraisal.	
<p>Utilise outcome from current review of complaints processes and mechanisms.</p> <ul style="list-style-type: none"> <li>• Develop new terms of reference for learning from complaints and formalize as part of governance arrangements</li> <li>• Learning Group to oversee how information and lessons from complaints are utilised</li> </ul>	Karen Wadham June Stefanelli	<p>Peterborough Community Services has completed new terms of reference for learning from complaints as part of the integrated governance process.</p> <p>Learning from complaints is shared at the PCS Learning Group. This information is also part of the regular reports provided to the Peterborough Community Services Quality Review Group which reports to the NHS Peterborough Quality Group.</p>	

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What Peterborough needs to improve & Actions	Lead	Updated Position	Evidence of outcomes
<p>Continue with plan to fully introduce individual budgets.</p> <ul style="list-style-type: none"> <li>Review action plan for implementing self-directed support</li> <li>Review and put in place refreshed governance structures for 'Putting People First' to ensure all milestones are met</li> <li>Continue to deliver training and support for staff on self-directed support to further embed the processes</li> <li>Review and refine further the RAS – December 2009</li> <li>Collect and utilize case studies which evidence the difference that self-directed support is making to individuals</li> </ul>	Tim Bishop	<p>Working collaboratively with providers – a strategic development day has been held. RAS process is in place and is currently under review. Latest data is for Apr-Oct – where 658 clients (MH=59 PCS=599) were receiving a direct payment and/or individual budget against the total number of people receiving services in 12 months of 6274 (10.49%). The numbers are beginning to increase in the later part of the year. The Self Directed Support Steering Group is receiving detailed monitoring information to inform progress.</p>	
<p>Ensure that services with a preventative focus are fully developed including providing services at evenings and weekends.</p> <ul style="list-style-type: none"> <li>Consider these issues as part of refreshing the five year strategic plan</li> </ul>	Jessica Slater Neil Greenfield	<p>Preventative services and care closer to home are key objectives within the PCT's Strategic Plan Outcome around improving access, as are palliative care and accommodation options.</p>	
<p><b>OUTCOME 5 – FREEDOM FROM DISCRIMINATION AND HARASSMENT</b>      <b>JUDGEMENT = WELL</b></p>			
<p>Improve signposting to details about eligibility criteria on the website.</p> <ul style="list-style-type: none"> <li>Create easy to find page on website for eligibility criteria – December 2009</li> <li>Publish eligibility criteria in updated community care directory – September 2009</li> </ul>	Amie Barber	<p>Eligibility criteria page created on website under the adult social care section. Updated Community Care Directory on website and within community and service settings with eligibility criteria and more detailed information on what the criteria means and "how to get care".</p>	
<p>Capture information about unmet needs and give consideration to the impact on services for different nationalities that are not revealed through ethnicity recording.</p>	Tina Hornsby	<p>Work has been undertaken around BME safeguarding referrals which will inform the refresh of the Joint Strategic Needs Assessment in 2010. A paper has been produced and shared with the Adult</p>	

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What Peterborough needs to improve & Actions	Lead	Updated Position	Evidence of outcomes
<ul style="list-style-type: none"> <li>Review safeguarding alerts and referrals in relation to BME groups – December 2009</li> <li>Amend recording systems to enable recording of white European ethnicities – April 2010</li> </ul>		Safeguarding Board in November 2009.	
<p>Focus on provision of non care managed services using the reform grant.</p> <ul style="list-style-type: none"> <li>Plan work as part of review of Putting People First progress – March 2010</li> <li>Implement planned changes during 2010/11</li> </ul>	Tim Bishop	As highlighted above, more focused work on prevention and universal services will begin in the new year.	
<p>Proceed with plans to capture ethnicity profile of people receiving services from voluntary organisations.</p> <ul style="list-style-type: none"> <li>Collect improved ethnicity data as part of planned work (see above) to improve information capture from voluntary sector services – July 2010</li> </ul>	Tina Hornsby	Ethnicity information will be gathered as part of the wider project to improve information around voluntary sector activity outlined above.	
<b>OUTCOME 6 – ECONOMIC WELLBEING                      JUDGEMENT = WELL</b>			
<p>Extend carers services to enable more to maintain or seek employment or training.</p> <ul style="list-style-type: none"> <li>Hold regular carers' rights days and evaluate impact</li> </ul>	Neil Greenfield	We have now developed the Carers' Partnership Board, which is very well attended and is co-chaired by a carer. We also hold quarterly carers' days with specific topics around support. A new section on the PCT's website has been specifically developed for carers around information sharing. A newsletter has also been developed as an information sharing tool. We have just completed a survey of carers on their views on carers' breaks which will inform the direction of travel. We have held several training days for carers which have been very successful.	

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What Peterborough needs to improve & Actions	Lead	Updated Position	Evidence of outcomes
Ensure that widespread support schemes are developed as individual budgets are introduced. <ul style="list-style-type: none"> <li>See above.</li> </ul>	Tim Bishop	As highlighted above, more focused work on prevention and universal services will begin in the new year.	
<b>OUTCOME 7 – MAINTAINING PERSONAL DIGNITY AND RESPECT</b>		<b>JUDGEMENT = POOR</b>	
Develop and implement robust governance, performance management and quality assurance arrangements. <ul style="list-style-type: none"> <li>See post-inspection action plan.</li> </ul>	Tim Bishop Tina Hornsby	The performance framework for commissioned services has now been embedded and there are regular performance review meetings with all key providers. Quality schedules have been used to introduce a better focus on quality outcomes rather than performance indicators.	
Provide and evaluate competency based training for staff who have key safeguarding roles. <ul style="list-style-type: none"> <li>See post-inspection action plan</li> <li>Develop learning and development strategy for safeguarding – identify capacity to do this and reset timescales</li> <li>Safeguarding Board to agree 2010/11 training plan – February 2010</li> </ul>	Tim Bishop Karen Wadham	All staff who are involved in leading safeguarding investigations have received 2 day external training. 2010 training dates for social worker workshops and team manager workshops now available and disseminated to staff in the PCT and Mental Health Trust.	
Ensure that annual safeguarding report provides activity data and performance analysis together with details of work programme and objectives. <ul style="list-style-type: none"> <li>See post-inspection action plan</li> </ul>	Tim Bishop Tina Hornsby	Safeguarding Board and Scrutiny receive regular activity reports. The Safeguarding Board will review and learn from reporting dashboards of excellent local authorities in order to enhance the reporting set received by them.	
Ensure that people who regard themselves at risk of harm have opportunities to contribute to developing and improving safeguarding arrangements. <ul style="list-style-type: none"> <li>See post-inspection action plan</li> <li>Develop service user and career engagement strategy for safeguarding –</li> </ul>	Tim Bishop	The Safeguarding Board Away Day in December 2009 considered involvement of service users and carers and heard how they were involved in training and will develop a plan to have presentations at the Board from service user and carers' groups.  As part of the Putting People First transformation	

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What Peterborough needs to improve & Actions	Lead	Updated Position	Evidence of outcomes
February 2010 <ul style="list-style-type: none"> <li>• Stay Safe group (LD) to promote hate crime awareness and how to protect yourself advice</li> </ul>		agenda, supporting the development of local service user led groups will be a priority.	
Increase safeguarding awareness. Address anomaly of low safeguarding referrals received from MAPP partners and those who self fund. <ul style="list-style-type: none"> <li>• See post-inspection action plan</li> <li>• Improve clarity of links with MAPPA – April 2010</li> </ul>	Tim Bishop Karen Wadham	The links with MAPPA and MARAC were discussed at the Adult Safeguarding Board Away Day in December 2009 and working to clarify these will be a priority.	
Develop guidance on interpersonal relationships for people who use services. <ul style="list-style-type: none"> <li>• Identify resource and timescale to undertake this work – March 2010</li> </ul>	Tim Bishop Karen Wadham	Work has been carried out in learning disability services around bullying being wrong. Work around relationships is also being undertaken with learning disability teams.	

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 9</b>
<b>12 JANUARY 2010</b>	<b>Public Report</b>

## Report of the Chief Executive

**Report Author** – Lindsay Tomlinson, Senior Governance Officer

**Contact Details** – 01733 452238 or email [lindsay.tomlinson@peterborough.gov.uk](mailto:lindsay.tomlinson@peterborough.gov.uk)

### FORWARD PLAN – JANUARY TO APRIL 2010

#### 1. PURPOSE

- 1.1 This is a regular report to the Scrutiny Commission for Issues, outlining the content of the Council's Forward Plan.

#### 2. RECOMMENDATIONS

- 2.1 That the Commission 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 Commission 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 this Commission and of the Scrutiny Committees 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 Commission notes the latest version of the Forward Plan, agrees any areas for inclusion within its 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

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**PETERBOROUGH CITY  
COUNCIL'S FORWARD PLAN  
1 JANUARY 2010 TO 30 APRIL 2010**

## FORWARD PLAN OF KEY DECISIONS - 1 JANUARY 2010 TO 30 APRIL 2010

During the period from 1 January 2010 To 30 April 2010 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, Senior Governance 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](mailto: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](http://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:

- Carbon Challenge
- Land Transactions to Enable Expansion and Relocation of a Primary School
- Compost Contract Extension
- Sale of Land at Dickens Street Car Park
- Award of Contract – Nene Valley Primary School
- Local Transport Plan Capital Programme of Works 2010/11
- Award of Contract – Heltwate School



## JANUARY

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p><b>Carbon Challenge</b> To enable the development of around 350 Zero Carbon homes on land in the South Bank regeneration area</p>	January 2010	<p><b>Cabinet Member for Strategic Planning, Growth and Human Resources</b></p>	Sustainable Growth	Internal departments as appropriate	<p>Shahin Ismail Head of Delivery Tel: 01733 452484 shahin.ismail@peterborough.gov.uk</p>	Public report will be available from the Governance Team one week before the decision is made.
<p><b>Automatic Number Plate Recognition System (ANPR)</b> Authority to award the contract in partnership with the Police and Cambridgeshire County Council for the procurement of ANPR cameras to provide real time journey time data</p>	January 2010	<p><b>Cabinet Member for Neighbourhoods, Housing and Community Development</b></p>	Environment Capital	External and internal stakeholders as appropriate	<p>Susan Fitzwilliam Development Officer Tel: 01733 452441 susan.fitzwilliam@peterborough.gov.uk</p>	Public report will be available from the Governance Team one week before the decision is made.

<p><b>Midland Highway Alliance - Junction 8 Roundabout Improvements and Welland Road Traffic Mitigation Projects</b> To appoint a contractor for the works.</p>	January 2010	<b>Cabinet Member for Neighbourhoods, Housing and Community Development</b>	Environment Capital	Internal stakeholders as appropriate.	Stuart Mounfield Senior Engineer Tel: 01733 453598 stuart.mounfield@peterborou gh.gov.uk	Public report will be available from the Governance Team one week before the decision is made
<p><b>Extension to Hampton Hargate School</b> Authority to award contract for the construction of an extension to Hampton Hargate Primary School</p>	January 2010	<b>Cabinet Member for Education, Skills and University</b>	Creating Opportunities and Tackling Inequalities	Consultation will take place with relevant stakeholders, internal departments and ward councillors as appropriate.	Isabel Clark Planning & Development Manager Tel: 01733 863914 isabel.clark@peterborough.go v.uk	Public report will be available from the Governance Team one week before the decision is made
<p><b>Children's Services Learning Platform</b> Authority to take up a one year extension on the contract awarded to RM Education PLC in July 2007 for the supply of a Children's Services Learning Platform</p>	January 2010	<b>Cabinet Member for Education, Skills and University</b>	Creating Opportunities and Tackling Inequalities	Consultation will be undertaken with head teachers, Building Schools for the Future project team, DLT, Schools IT Working Group	Elaine Alexander Business Transformation Consultant Tel: 01733 317984 elaine.alexander@peterborou gh.gov.uk	Public report will be available from the Governance Team one week before the decision is made.

<p><b>Land Transactions to Enable Expansion and Relocation of Primary School</b> To agree in principle the exchange of land to facilitate the expansion and relocation of a primary school. To authorise the Head of Strategic Property to negotiate detailed terms for the transaction.</p>	January 2010	<b>Cabinet Member for Education, Skills and University</b>	Creating Opportunities and Tackling Inequalities	Consultation will be undertaken with the school	Alison Chambers Asset Development Officer Tel: 01733 863975 alison.chambers@peterborou gh.gov.uk	Public report will be available from the Governance Team one week before the decision is made.
<p><b>Contract for the Supply of Library Stock</b> Authority to award the library book stock contract</p>	January 2010	<b>Deputy Leader and Cabinet Member for Environment Capital and Culture</b>	Strong & Supportive Communities	Internal stakeholders as appropriate	Helen Sherley Service Development Manager Tel: 01733 864273 helen.sherly@peterborough.g ov.uk	Public report will be available from the Senior Governance Officer one week before the decision is made

<p><b>Joint Service Centre at Hampton</b> To commence the procurement process for a design and build contract for the provision of new leisure and library facilities at Hampton as part of the joint service centre in partnership with NHS Peterborough</p>	<p>January 2010</p>	<p><b>Deputy Leader and Cabinet Member for Environment Capital and Culture</b></p>	<p>Strong &amp; Supportive Communities</p>	<p>Consultation will take place with the Cabinet Member of Community Services, ward councillors, affected divisions within PCC and potential user groups in Hampton.</p>	<p>Fiona O'Mahony Hampton Joint Service Centre Project Director Tel: 01733 863856 fiona.o'mahony@peterborough.gov.uk</p>	<p>Public report will be available from the Governance Team one week before the decision is made</p>
<p><b>Compost Contract Extension</b> To extend the current compost contract by 2 years</p>	<p>January 2010</p>	<p><b>Deputy Leader and Cabinet Member for Environment Capital and Culture</b></p>	<p>Environment Capital</p>	<p>Internal departments as appropriate</p>	<p>Amy Nebel Recycling Contracts Officer Tel: 01733 864727 amy.nebel@peterborough.gov.uk</p>	<p>Public report will be available from the Governance Team one week before the decision is made.</p>

<p><b>Section 75 Pooled funding arrangements for substance misuse services</b> Variation to the existing partnership agreement under the National Health Act 2006 to pool funding from NHS Peterborough and PCC to commission drugs services. The variation takes into account the slight changes to governance and structure of the former Drug and Alcohol Action Team, now part of the Safer Peterborough Partnership, and additional funding made available to NHS Peterborough for integrated drug treatment within HMP Peterborough.</p>	January 2010	<b>Cabinet Member for Resources</b>	Commission for Health Issues	Internal stakeholders as appropriate	Paul Phillipson Executive Director - Operations Tel: 01733 453455 paul.phillipson@peterborough.gov.uk	Public report will be available from the Governance team one week before the decision is made
<p><b>Arthur Mellows Village College Gym and Innovation Centre</b> Authority to award the contract for the construction of the gym and innovation centre at Arthur Mellows Village College</p>	January 2010	<b>Cabinet Member for Resources</b>	Creating Opportunities and Tackling Inequalities	Ward councillors and relevant stakeholders.	Isabel Clark Planning & Development Manager Tel: 01733 863914 isabel.clark@peterborough.gov.uk	Public report will be available from the Governance Team one week before the decision is made

<p><b>Sale of Land at Dickens Street Car Park</b> To authorise the Cabinet Member and the Chief Executive to negotiate and conclude the sale of the surplus land</p>	<p>January 2010</p>	<p><b>Cabinet Member for Resources</b></p>	<p>Sustainable Growth</p>	<p>Consultations will be undertaken with relevant stakeholders and 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 Team one week before the decision is made.</p>
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## FEBRUARY

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p><b>Older People's Accommodation Strategy</b> To agree next phase of implementation of the Older People's Accommodation Strategy</p>	February 2010	<b>Cabinet</b>	Commission for Health Issues	Consultation will be undertaken with relevant stakeholders as appropriate.	Denise Radley Director of Adult Social Services & Performance Tel: 01733 758444 denise.radley@peterborough.gov.uk	Public report will be available from the Governance Team one week before the decision is made.
<p><b>Partnership Agreement between the City Council and the Primary Care Trust for the Provision of Adult Social Care</b> To approve the new partnership agreement between the city council and the primary care trust</p>	February 2010	<b>Cabinet</b>	Commission for Health Issues	All relevant stakeholders as appropriate	Denise Radley Director of Adult Social Services & Performance Tel: 01733 758444 denise.radley@peterborough.gov.uk	Public report will be available from the Governance Team one week before the decision is made
<p><b>Culture Trust</b> To agree whether to proceed with the Trust as set out in the Cabinet decision of 12 October 2009</p>	February 2010	<b>Cabinet</b>	Strong & Supportive Communities	All relevant stakeholders as appropriate	Kevin Tighe Head of Cultural Services Tel: 01733 863784 kevin.tighe@peterborough.gov.uk	Public report will be available from the Governance Team one week before the decision is made.

<p><b>Refreshed Local Area Agreement (LAA)</b> To sign off the refreshed LAA prior to its submission to the Government Office</p>	<p>February 2010</p>	<p><b>Leader of the Council</b></p>	<p>Environment Capital</p>	<p>Relevant stakeholders and for a including Environment Capital Scrutiny Committee</p>	<p>Christina Wells Head of Strategic Improvement &amp; Partnerships Tel: 01733 863604 christina.wells@peterborough.gov.uk</p>	<p>Public report will be available from the Governance Team one week before the decision is made.</p>
<p><b>Award of Contract - Nene Valley Primary School</b> To award the contract for an extension to the school</p>	<p>February 2010</p>	<p><b>Cabinet Member for Education, Skills and University</b></p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Internal departments as appropriate</p>	<p>Alison Chambers Asset Development Officer Tel: 01733 863975 alison.chambers@peterborough.gov.uk</p>	<p>Public report will be available from the Governance Team one week before the decision is made.</p>



## MARCH

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p><b>Local Transport Plan Capital Programme of Works 2010/11</b> To approve the proposed programme of works for 2010/11</p>	<p>March 2010</p>	<p><b>Cabinet Member for Neighbourhoods, Housing and Community Development</b></p>	<p>Environment Capital</p>	<p>Consultation will be undertaken with the relevant internal stakeholders and with the Environment Capital Scrutiny Committee</p>	<p>Sally Savage Senior Project Support Worker Tel: 01733 452655 sally.savage@peterborough.gov.uk</p>	<p>Public report will be available from the Governance Team one week before the decision is made.</p>
<p><b>Award of Contract - Heltwate School</b> To award the contract for refurbishment of the school</p>	<p>March 2010</p>	<p><b>Cabinet Member for Education, Skills and University</b></p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Internal departments as appropriate</p>	<p>Alison Chambers Asset Development Officer Tel: 01733 863975 alison.chambers@peterborough.gov.uk</p>	<p>Public report will be available from the Governance Team one week before the decision is made.</p>

**APRIL**

**THERE ARE CURRENTLY NO DECISIONS SCHEDULED FOR APRIL**

**CHIEF EXECUTIVE'S DEPARTMENT Town Hall, Bridge Street, Peterborough, PE1 1HG**

Communications  
Strategic Growth and Development Services  
Legal and Democratic Services  
Policy and Research  
Economic and Community Regeneration  
Housing Strategy  
Drug Intervention Programme and Drug and Alcohol Team

**CITY SERVICES DEPARTMENT Nursery Lane, Fengate, Peterborough PE1 5BG**

Property Services  
Building & Maintenance  
Streetscene and Facilities  
Finance and Support Services

**STRATEGIC RESOURCES DEPARTMENT Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG**

Finance  
Internal Audit  
Information Communications Technology (ICT)  
Business Transformation  
Performance and Programme Management  
Strategic Property  
Human Resources  
Customer Services

**CHILDRENS' SERVICES DEPARTMENT Bayard Place, Broadway, PE1 1FB**

Families and Communities  
Commissioning and Performance  
Learning

**ENVIRONMENTAL AND COMMUNITY SERVICES DEPARTMENT Bridge House, Town Bridge, PE1 1HB**

Planning Services

Building Control Services

Cultural Services

Transport and Engineering Services

EMERGENCY PLANNING

OCCUPATIONAL HEALTH

CITY CENTRE SERVICES

**SCRUTINY COMMISSION FOR HEALTH ISSUES  
WORK PROGRAMME 2009/10**

Meeting Date	Item	Progress
<b>8 September 2009</b>  (Papers to be despatched on 28 August)	<b>Consultation on the Provision of Hyperbaric Services</b>  To consider proposals by the Hospitals Trust to close its hyperbaric service.  <b>Contact Officer: Jane Pigg, Peterborough and Stamford Hospitals</b>	No recommendations – no further action
	<b>Green Paper on Future of Funding for Adult Social Care</b>  To consider and make comments as part of the consultation response  <b>Contact Officer: Denise Radley</b>	Individual comments to be made direct – no further action
	<b>Safe Sharps Disposal Bins</b>  To consider what the current position is with respect to the implementation of the Executive decision made in February 2007 on the installation of sharps bins.  <b>Contact Officer: Karen Kibblewhite</b>	Further reports to every meeting until progress is made
	<b>NHS Peterborough Budgetary Monitoring Report</b>  To receive a budgetary report for NHS Peterborough  <b>Contact Officer: David Bacon, NHS Peterborough</b>	Officers to bring back any areas of concern that members could further scrutinise
<b>10 November 2009</b>  (Papers to be despatched on 2 Nov)	<b>Coronary Heart Disease</b> To consider an introductory report on coronary heart disease, including a briefing on the current position, and to identify areas for future scrutiny.  <b>Contact Officer: Aidan Fallon/Alison Reid, NHS Peterborough</b>	

Meeting Date	Item	Progress
	<p><b>Quarterly Performance Report on Adult Social Care Services in Peterborough</b></p> <p>To receive an update on progress and key achievements on the objectives</p> <p><b>Contact Officer: Tina Hornsby, NHS Peterborough</b></p>	
	<p><b>CSCI/CQC Inspection</b> To consider and comment on the action plan and make any necessary recommendations</p> <p><b>Contact Officer: Denise Radley</b></p>	
	<p><b>Update on Adult Protection</b></p> <p>To consider and comment on the quarterly report and identify any areas of concern.</p> <p><b>Contact Officer: Denise Radley</b></p>	
	<p><b>Safe Sharps Disposal Bins</b></p> <p>To consider what the current position is with respect to the implementation of the Executive decision made in February 2007 on the installation of sharps bins.</p> <p><b>Contact Officer: Karen Kibblewhite</b></p>	
<p><b>12 January 2010</b> <b>(papers despatched 4 January)</b></p>	<p><b>NHS Peterborough Budgetary Monitoring Report/QIPP Report</b></p> <p>To receive a budgetary report for NHS Peterborough, including budget proposals to be recommended to Cabinet</p> <p><b>Contact Officer: David Bacon, NHS Peterborough</b></p>	
	<p><b>Annual Review of Performance</b></p> <p>To consider and comment upon the annual review letter on Adult Social Care performance from Commission for Social Care Inspections (CSCI)</p> <p><b>Contact Officer: Denise Radley</b></p>	

Meeting Date	Item	Progress
	<p><b>Safe Sharps Disposal Bins</b></p> <p>To consider what the current position is with respect to the implementation of the Executive decision made in February 2007 on the installation of sharps bins.</p> <p><b>Contact Officer: Karen Kibblewhite</b></p>	
	<p><b>Older People Accommodation Strategy</b></p> <p>To scrutinise the proposals prior to a Cabinet decision</p> <p><b>Contact Officer: Denise Radley</b></p>	
<p><b>9 March 2010</b></p> <p>(Papers to be despatched on 1 March)</p>	<p><b>Standards for Better Health (Annual Health Check)</b></p> <p>(i) To endorse the Commission's comments for inclusion with all local NHS Trust submissions to the Healthcare Commission</p> <p>(ii) To consider the declarations of compliancy of all the local NHS Trusts prior to their submission to the Healthcare Commission</p> <p><b>Contact Officer: Lindsay Tomlinson</b></p>	
	<p><b>Quarterly Performance Report on Adult Social Care Services in Peterborough</b></p> <p>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</p> <p><b>Contact Officer: Denise Radley</b></p>	
	<p><b>NHS Peterborough Budgetary Monitoring Report</b></p> <p>To receive a budgetary report for NHS Peterborough</p> <p><b>Contact Officer: David Bacon, NHS Peterborough</b></p>	

Meeting Date	Item	Progress
	<p><b>Update on Adult Protection</b></p> <p>To consider and comment on the quarterly report and identify any areas of concern.</p> <p><b>Contact Officer: Denise Radley</b></p>	
	<p><b>Safe Sharps Disposal Bins</b></p> <p>To consider what the current position is with respect to the implementation of the Executive decision made in February 2007 on the installation of sharps bins.</p> <p><b>Contact Officer: Leonie McCarthy</b></p>	

**Items to be scheduled:**

- Coronary Heart Disease – major item to look at various aspects
- Health Services for people with learning disabilities
- Safe sharps – regular report until progress made

**Bulletin Items:**

- Achieving Valuing People Now Review (DR)