

**SCRUTINY COMMISSION FOR HEALTH ISSUES**

**TUESDAY 9 MARCH 2010**  
**7.00 PM**

**Bourges and Viersen Room**  
**Town Hall**  
**Peterborough**

**AGENDA**

**Page No**

**1. Apologies**

**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 12 January 2010**

**1 - 6**

**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. NHS Peterborough Recovery Plan**

**7 - 8**

To receive an update on the status of the NHS Peterborough Recovery Plan

**6. Safer Peterborough Partnership Adult Drug Treatment Plan 2010/2011**

**9 - 44**

To consider and comment on the proposed Adult Drug Treatment Plan 2010/2011

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

**45 - 52**

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

**8. Peterborough Safeguarding Adults - Quarterly Report 53 - 58**

To consider and comment on the quarterly report and identify any areas of concern

**9. Safe Sharps Disposal Pilot Project 59 - 60**

Update on progress

**10. Forward Plan of Key Decisions 61 - 78**

To consider the latest version of the Forward Plan

**11. Date of Next Meeting**

The next meeting of the Scrutiny Commission for Health Issues will be held on 8 June 2010 subject to confirmation at Annual Council.



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 Alana Hair on 01733 452276 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 Alana Hair on telephone 01733 452276 or by email – [alana.hair@peterborough.gov.uk](mailto:alana.hair@peterborough.gov.uk)

# Public Document Pack



Minutes of a meeting of the Scrutiny Commission for Health Issues held at the  
Bourges/Viersen Room - Town Hall  
on 12 January 2010

## MEMBERS PRESENT:

Councillors B Rush (Chairman), D Fower, P Nash, J Peach and Y Lowndes  
Parish Councillors

## OFFICERS PRESENT:

Denise Radley, Executive Director – Adult Social Care  
Leonie McCarthy, neighbourhood Manager  
Angela Bailey, Chief Executive NHS Peterborough  
Michelle Abbott, Lawyer  
Lindsay Tomlinson, Senior Governance Officer  
Alana Hair, Governance Officer

### 1. **Apologies for Absence**

Apologies had been received from Councillor Sharp. Councillor Harrington attended as substitute for Councillor Sharp. Apologies had also been received from Diana Millard, PPI Forum representative.

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

There were no declarations.

### 3. **Minutes of the Meeting Held on 10 November 2009**

The minutes of the meeting held on 10 November 2009 were approved.

### 4. **Call In of any Cabinet, Cabinet Member 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, 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.

The Neighbourhood Manager gave a presentation during which the Commission was informed that the delay in progressing the project was the result of the team lacking in expertise in what was required to deliver the sharps bins, as the project was complex and it was not just a case of identifying locations and installing the bins.

The Commission heard that the Neighbourhood Team were consulting with users and the agencies working with users on the appropriate locations for the bins. Residents and Councillors were not being directly consulted but would be kept informed of developments.

Observations and questions were raised and responses given including:

- The installations were meant to be finished by the end of November 2009 – why the rather large delay?
- It had been believed that information on proposed locations was already available and it was just a case of the bins being installed. Issues around permissions and land ownership had not been dealt with and were the cause of the current delay.
- There is one (1) bin installed – how long has it been installed for and has the use been as anticipated?
- It was not known how long the bin had been installed and whether its use had been as anticipated – the Neighbourhood Manager undertook to investigate and provide this information to Members outside the meeting.
- Have officers investigated how these issues were dealt with by other authorities?
- Officers have taken in to account national best practice during this process however have not conducted the level of community consultation that Blackpool undertook, as the previous team had said that the proposal had received a negative response.
- Is there a new project finish date?
- The installation of the bins is recognised as an urgent need in Peterborough and the Neighbourhood Manager is seeking support from the Commission to proceed with the installation of the bins without further community consultation.
- To clarify, can permission to install the bins be refused by owners of land?
- That is correct; however a date for the installation of bins on PCC owned land could be agreed.
- Were most of the sites identified for this scheme PCC owned?
- As most of the sites identified are on PCC owned land, installation should not be a problem and could be completed on these sites by the end of March 2010.
- The Neighbourhood Manager suggested that this was a generous amount of time and hoped that all bins, not just those to be installed on PCC owned land, could be installed by the end of March 2010.

## **ACTION AGREED**

The Commission agreed that all bins should be installed by the end of March 2010.

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

Final figures for the period to 30<sup>th</sup> November 2009 are expected to show a deficit of £7 million. Despite a recovery plan being in place to keep down the level of overspend, the plan will not recover all overspends and the overall year end forecast outturn is a deficit of £6.4 million.

In presenting the report, the NHS Peterborough Chief Executive highlighted the following:

- The biggest single area of overspend was in Continuing Care, with a forecast overspend of £2,450k by year end
- A large element of the overspend was in specialist commissioning, with a forecast overspend of £857k by year end
- The report did not capture the overall impact of the additional cost of swine flu being the impacts on GPs, Hospitals and care.
- The deficit of £6.4m equates to approximately 2% of the overall budget, and any deficit will be the first deduction in the 2010/2011 budget. It is expected that government spending and funding will be extremely tight following 2010/2011 and so

the NHS plans for basic inflation but no growth. The future will be one of looking for efficiency savings.

Observations and questions were raised and responses given including:

- At the last meeting the Commission suggested a combined resources approach to back office services by linking with other organisations. Has this taken place and what efficiency savings have been made as a result?
- Discussions have taken place between the NHS and PCC on how to bring some back office and commissioning services together and it was expected that something may be in place by the end of March 2010. Discussions have been going on for some time, and no savings have been made to date.
- What efficiency savings will be made with the new Hospital given services will be provided on one site in new buildings, with new technology?
- Commissioning is paid by tariff at a set rate. The NHS will be looking for 7% savings from 2011 for three years. The overhead costs at the new hospital will be far greater but service efficiencies were expected. 57% of the rooms at the new hospital are single rooms. The increased cost of the facility was to be absorbed with efficiency savings and no extra funding.
- As the budget could not be redeemed within the financial year, was NHS Peterborough confident that it had the expertise to put the budget right and prevent an overspend happening again?
- A new lay member had been appointed at board level, with a financial background. A new audit and governance chair was an asset to the board. The strengthened financial team will turn around the budget and control it from now into next year. David Bacon was involved in the financial recovery project and another very experienced financial director had been brought in as an additional resource.
- Had the recovery plan been provided to the Commission? An opportunity to discuss the budget and recovery plan would be very welcome.
- The recovery plan had not been provided to the Commission however NHS Peterborough would be happy to meet and discuss.
- Would the deficit affect any new facilities or services planned at the new hospital?
- There would be no cuts to planned services at the hospital.
- On page 23, appendix 5, what are 'tangible assets' and 'intangible assets'?
- Tangible assets are buildings, equipment, vehicles etc. The NHS Peterborough Chief Executive undertook to report back to the Commission with regard to 'intangible assets'.
- Will another bout of bad weather increase the forecast deficit?
- Bad weather always has an impact on A and E admissions, and places increased pressure on services.

## **ACTION AGREED**

The Commission agreed to hold an informal briefing with NHS Peterborough to go over the Recovery Plan. The NHS Peterborough Chief Executive would provide the details of the most appropriate representatives to attend.

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

The accommodation strategy for older people is a critical part of delivering the Community Strategy and Local Area Agreement as it is focussed on supporting as many older people as possible to live in their own homes with good quality care and support. This report will be presented to Cabinet in February 2010 and was presented to the Scrutiny Commission for comment.

The following question was raised and response given:

- Given the current financial constraints, what are the timescales involved?
- Coneygree Lodge, Stanground, should be able to achieve given the number of residents that have already moved. It was envisaged that extra care housing can be developed at a rate of 1 per year. Upgrading 2 homes in the more medium term and funds are in the draft budget but are also investigating other ways to fund the project. Sheltered housing is at the other end of the spectrum, but working with providers as could develop sheltered accommodation as extra care homes.
- With regard to people not wanting to move, it would be more efficient if they did move. What reassurances can we give on them receiving better care? Is the concept of having their own flats putting people off?
- People have said that the facilities are great but that residents are used to a particular way of living. We need to do more to help boost confidence as there is evidence that people can make the change from living in residential care to extra care.
- The problems have been identified – what is being done to address them?
- Changes will be made to the information pack, for example on how extra care is funded, how to access it. Independent Advocacy will take place separately to the initial meeting to allow people more time to absorb the information that they have received. Work needs to be done to increase awareness in extra care. The option of keeping a flat available for short stays to ‘try out’ the accommodation is being investigated to improve confidence.
- If a resident tries the accommodation and thinks wants to move in right away, will they be able to?
- Residents can be moved quickly but not immediately as there is a panel process.
- Villages?
- There is not a live plan to build any villages. The charity has put its plan on hold in the current economic climate, as the success of the scheme was heavily reliant on part purchases.

#### **ACTION AGREED**

The Commission noted the report and supports the Older People’s Accommodation Strategy.

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

The Commission received 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.

#### **ACTION AGREED**

The Commission noted the Quality Commission’s Performance Letter and Summary of Adult Social Care and the action plan.

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

The Commission received the Council’s Forward Plan which outlined forthcoming Executive Decisions for the period January to April 2010.

#### **ACTION AGREED**

The Panel noted the report.

#### **10. Work Programme**

The Commission approved the current work programme.

CHAIRMAN  
7.00 - 8.20 pm

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 5</b>
<b>9 MARCH 2010</b>	<b>Public Report</b>

## **Report of the Chief Executive**

**Report Author** – Alana Hair, Governance Officer

**Contact Details** – 01733 452276, or email [alana.hair@peterborough.gov.uk](mailto:alana.hair@peterborough.gov.uk)

## **NHS PETERBOROUGH RECOVERY PLAN**

### **1. PURPOSE**

To receive an update from NHS Peterborough on the recovery plan.

### **2. RECOMMENDATIONS**

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

### **3. BACKGROUND**

At its meeting on 12 January 2010 the Commission agreed to hold a meeting to discuss the details of the NHS Peterborough recovery plan.

A senior officer of NHS Peterborough will attend the meeting to make a presentation to the Commission.

### **4. EXPECTED OUTCOMES**

That the Commission considers the NHS Peterborough Recovery Plan and makes any appropriate comments.

### **5. BACKGROUND DOCUMENTS**

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

None.

### **6. APPENDICES**

None.

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 6</b>
<b>9<sup>th</sup> MARCH 2010</b>	<b>Public Report</b>

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

**Report Author – Karen Kibblewhite, Community Safety & Substance Misuse Manager**

**Contact Details – Tel: 864122, email: Karen.kibblewhite@peterborough.gov.uk**

### **SAFER PETERBOROUGH PARTNERSHIP ADULT DRUG TREATMENT PLAN 2010/2011**

#### **1. PURPOSE**

The purpose of this report is to ask the Scrutiny Commission to consider and comment on the proposed Adult Drug Treatment Plan for 2010/11.

#### **2. RECOMMENDATIONS**

That the Scrutiny Commission consider and comment on the proposed plan as attached for submission to the National Treatment Agency for Substance Misuse, and make any relevant recommendations to the Cabinet Member for Neighbourhoods, Housing and Community Development.

#### **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. The annual Adult Drug Treatment Plan sets out the treatment and priorities for drugs, including the monies allocated and proposed spend, and by addressing drug use we contribute directly to the outcome of 'Making Peterborough Safer'. The Adult Drug Treatment Plan sets out the actions which will directly impact on National Indicator 40: Number of drug users recorded as being in effective treatment.

#### **4. BACKGROUND**

4.1 The Safer Peterborough Partnership (SPP) is required by the National Treatment Agency for Substance Misuse (NTA) to complete an annual Adult Drug Treatment Plan. The Plan is completed to a nationally set template and outlines how the Partnership will provide appropriate treatment services for adult drug users in Peterborough, setting objectives and targets, and outlining the resources allocated to meet these. Sign off and submission of the Plan is required by the NTA before central funding is released to partnerships.

4.2 The Plan is made up of four sections. The first two sections of the plan outline the strategic direction of the partnership including expected performance (Part 1: Strategic Summary and Part 2: Local Partnership Priorities). The third section (Part 3: Planning Grids) indicates actions and milestones identified to meet local need. The final section (Part 4: Substance Misuse Pooled Treatment Budget) identifies allocation of resource and anticipated spend against planned activities.

#### **5. KEY ISSUES**

5.1 The Plan has been signed off by the Safer Peterborough Partnership, in line with NTA requirements, and will be monitored through the SPP governance structure. Detailed monthly reporting on both the actions and performance data goes to the Adult Joint Commissioning

Group for Drugs, and monthly performance reporting goes to the SPP Delivery Board and SPP Board.

- 5.2 Once approved by the NTA, the finalised plan is used to monitor the progress of drug treatment at local, regional and national levels. The Partnership is required to report on a quarterly basis to the NTA on performance against targets and actions, and on expenditure. Performance against targets is used to determine the level of funding received from the Department Of Health under the Pooled Treatment Budget in the following year.

## **6. CONSULTATION**

The SPP have consulted with the following in developing the Adult Drug Treatment Plan submission:

- Safer Peterborough Partnership Board and Safer Peterborough Delivery Board
- Peterborough Adult Joint Commissioning Group for Drugs
- National Treatment Agency for Substance Misuse - Eastern Region
- Local specialist and generic service providers
- The local drug service user group: SUGA

## **7. EXPECTED OUTCOMES**

The Plan will enable Peterborough to work toward clearly set objectives to improve drug treatment within the city, which in turn will improve the wellbeing and safety of the wider community as well as drug users themselves.

## **8. BACKGROUND DOCUMENTS**

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

None used.

## **7. APPENDICES**

Safer Peterborough Partnership Adult Drug Treatment Plan 2010/11

# SaferPeterborough Partnership

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## Adult drug treatment plan 2010/11

### Part 1: Strategic summary, needs assessment and key priorities

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The strategic summary incorporating the findings of the needs assessment, together with local partnership ambition for effective engagement of drug users in treatment, the funding and expenditure profile, harm reduction and primary care self audits have been approved by the Partnership and represent our collective action plan.

**Chris Strickland**  
Chair, Safer Peterborough Partnership

**Kathryn Woods**  
Chair, Adult Joint Commissioning Group

## **Overall direction and purpose of the partnership strategy for drug treatment**

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### **Vision**

The strategic development and overall direction of service provision within Peterborough is focused on the delivery of services and outcomes for people that will build safe and more confident communities. The drivers for substance misuse are embedded within the wider SaferPeterborough Strategic Plan, which outlines all the Partnership's priorities for the coming year and cites substance misuse as a cross-cutting issue.

The vision for drug services within Peterborough is for continuous improvement of a local treatment system that meets local need and delivers real outcomes for individuals and the community in relation to drug use.

The key strategic objectives that support the delivery of our vision are:

1. Improved access - ensuring those individuals who need to address their drug use are engaged with effectively and feel able to access services;
2. Harm reduction - ensuring that the potential harm from drug use is minimized through targeted work to reduce risky injecting practice, reduce the likelihood of blood borne virus transmission, and reduce the impact of drug use on communities;
3. Effective case management - ensuring clear pathways through the treatment system and appropriate interventions to meet individuals' needs;
4. Client focused outcomes - ensuring that interventions meet individuals' needs and result in real change;
5. Community reintegration - ensuring opportunities for drug users to move away from drug use.

During the coming year, Peterborough will be undertaking a retendering of its drugs services and redesigning the treatment system locally to ensure that it is fit for purpose. Integral to this exercise is service user involvement, SaferPeterborough are keen to develop a treatment system designed by users for users. Central to this will be services which are responsive and flexible to meet changing needs, in order to maximise engagement, retention and successful outcomes. Peterborough will continue to work with the existing services over the coming year, whilst a redesigned treatment system is developed and tendered, to improve current performance. This dual approach to drive improvement, will seek to achieve an overall reduction of drug related harm to individuals and communities within the city.

### **Likely demand for services**

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Peterborough has demonstrated strength in bringing users into treatment, with a considerable increase of over 90% in the numbers of problematic drug users (PDUs) entering treatment over the past five years; in the last year alone, there has been an increase of 11.6%. Alongside this, there has been an increase in levels of positive drug tests on arrest which would suggest that the PDU population continues to grow. This coupled with the previous prevalence estimate work undertaken, suggests approximately 1,440 PDUs within Peterborough. Of these, just under half are currently in treatment (n= 670), with a further 141 in treatment during the last

financial year, and 97 known to treatment but not currently accessing. There is an estimated 532 individuals unknown to treatment, 37% of the total PDU prevalence estimate. Of these, 210 individuals are known through the DIP.

Analysis of data over the last 5 years, suggests an increase of females entering and remaining in treatment in Peterborough, in contrast to the national pattern.

### *Age*

The biggest percentage increase seen in the PDU levels is amongst the 45 years and older age group. This reflects the overall regional and national trend of an ageing general PDU population.

Data in Peterborough indicates a similar trend to national patterns with regards to the fall in young adults presenting for treatment. Within the 18 – 24 age group, the biggest rise in treatment need is for the use of cocaine. Whereas, the older age groups have evidenced the highest increases in treatment need for the use of opiates or crack. This particular finding was fully supported through the expert groups held.

The overall percentage of young adults in the current treatment population is 11.6%, however, when reviewing the percentage of treatment episodes recorded during the year that this same age group accounted for, the percentage rises to 14.2%. This gives clear indication of the overall regularity with which this cohort of the population comes and goes within the treatment system.

Data on the range of time that it took for the 24 young people who subsequently entered the adult treatment system from young people's services, was between 2 months to 5 years and 2 months. This suggests that there is a weakness in transition from young person to adult treatment; evidenced by the fact that not one person moved directly into the adult system. This lack of continuity of care will impact subsequently on treatment engagement and on successful treatment.

### *Drug of Choice*

Peterborough has a higher level of opiate use reported (81.9%), compared to the regional and national prevalence rates of 74.3% and 74% respectively. Conversely, reported opiate use for 18-24 age bracket is in line with the regional/national levels. The vast majority of PDUs locally are still primary opiate users, although the level of crack use amongst all age groups has significantly increased. In most cases, this is reported as the secondary or tertiary drug used. Of all PDUs currently in treatment, for those recording crack, 90% indicate this as their secondary or tertiary substance. The prevalence rates of all other drugs reported are in line with the regional/national pictures, with the exception of cocaine where Peterborough has much lower prevalence rates. This could indicate low penetration rates of cocaine users accessing treatment. Amongst young adults (18 to 24 years), the level of cocaine, cannabis and alcohol use has increased considerably.

Peterborough's levels of previous and current injecting status amongst those accessing treatment are higher than regional levels and much higher than national rates: 37.3% compared to 28% nationally; reflecting the high levels of opiate use locally. The percentage of injectors did not vary between young adults and the rest of the treatment population. The level of sharing of injecting paraphernalia reported is approximately 1/3 of the level seen regionally/nationally. This is in contrast to information seen through other data and anecdotal reports from services and users, which suggests higher rates of sharing.

## *Ethnicity*

Peterborough faces particular pressure points within the treatment system, compared to other areas both regionally and nationally, due to the changes in population. In particular, the increasing proportion of the population from Eastern European countries. Overall for treatment penetration, there are more than double the percentage of White Other in treatment compared to the proportion of the estimated general population. This would suggest success at engaging with these individuals needing treatment. However, it should be noted that it is a possibility that the population estimates are not wholly accurate and the proportion of the population represented by this group could be underestimated – this issue has previously been raised locally as a concern. There is a concern relating to successful engagement, and therefore potential impact on successful treatment, with this section of the client base due to language difficulties and also the increase in cost of treatment that could be incurred as a result of interpreters.

When looking at the population of Peterborough compared to levels in treatment, the Asian population appears underrepresented. Of slightly over 7% of the total population that are from Indian or Pakistani ethnic backgrounds, this group makes up only 3% of the treatment population. It is not immediately clear if this is because this group are less likely to be drug users, or because they are not being successfully engaged into treatment. This was highlighted last year and remains an area of concern. Of particular note, in relation to British Pakistani cohort, is evidence from Drug Interventions Programme (DIP) data that 80% have an unplanned exit. This is higher than the average for the BME individuals seen through the DIP and could be at least partly explained by the high levels of repeat offenders seen who are either placed on a Drug Rehabilitation Requirement (DRR) or are given a custodial sentence. The key point here is whether or not the overall needs for this group are being met.

### **Access to treatment**

Those individuals entering the treatment system who are previously treatment naïve, are more likely to self-refer, than be referred by another professional, for females this is significantly more likely. The non-treatment naïve sub-group are more likely to be referred into treatment through a criminal justice route.

### **Harm reduction & Needle Exchange**

Around 67% of users accessing the needle exchanges are primary opiate users, which would be expected. The male:female split is approx 4:1, in line with the proportions of those in treatment. Individuals aged 25 to 34 years make up 50% of those accessing needle exchange, whereas within the treatment population this age bracket accounts for 42%. Conversely, age brackets 35 to 44 years and 45 years and over account for 26% and 11% respectively of those accessing needle exchanges, but of the treatment population they account for 32% and 14% respectively. Given that the PDU population is aging, this is unexpected. However, analysis of substances used by the individuals accessing needle exchange shows that 20% of the individuals are using steroids. This raises a particular area of concern for Peterborough around injecting steroid users and harm reduction with this group of individuals.

Ethnicity data indicates 12.5% of the individuals were White Other. This is higher than the level currently accessing the treatment system (8.2%); anecdotal feedback links this cohort with steroid use.

### **Drug-Related Deaths**



Drug-related deaths have spiked following inclusion of the latest available figures, to the end of 2007. This evidences that Peterborough has rates at almost twice the rate seen across the region as a whole and just over twice the rate seen nationally. The level within East Ward is of particular concern.

Males are three times more likely to suffer a drug-related death, and the proportion of deaths between males and females is broadly in line with the percentage split of males and females accessing treatment.

### **Drug Interventions Programme**

In spite of the current economic climate, the number of individuals being arrested and testing positive for drug use is forecasted to show a fall of 1.5% from the 2008 level of 730. However, the breakdown shows that the reduced level of positive tests are accounted for by British and Portuguese nationals.

In contrast, the level of positive tests amongst members of the A8 accession countries has seen large increases. Overall, during 2008 there were 22 positive tests of individuals from the A8 countries; in 2009, this is forecast to rise to 75. This brings with it an additional burden on the drug testing staff and also on the DIP through possible language barriers and the need to use interpreters.

Within Peterborough, young adults account for 45.4% of the individuals tested on arrest with a positive result for cocaine only, compared with 23.9% young adults for all positive test results. If those testing positive for cocaine are excluded then the proportion of young adults falls further to 18.4%. This shows a potential need for treatment services for this young adult group to be tailored towards cocaine.

### **Tier 3 Treatment**

Data indicating the type, or modality, of treatment accessed provides a more detailed picture of the treatment population. This showed that the main treatment type was Specialist Prescribing, which accounts for 67% of all modalities reported (418 out of 626). This was followed by Structured Day Programme (12% - 75), Structured Psychosocial Interventions (6.9% - 43) and GP Prescribing (5.3% - 33). This would fit in with the drug use profiles for the treatment population in that heroin is the most commonly used drug, however, the data indicates that service users accessing substitute prescribing are not progressing on to shared care prescribing arrangements. Those clients in treatment for prescribing and psycho-social interventions tend to be older; the client group accessing treatment through DIP are younger.

### **Tier 4**

During the year 2009/10, there have been no referrals to Tier 4 services at all so far. This is an area of grave concern to the Partnership. Clear pathways and processes are in place to facilitate referral and ensure funding is available and that there is clarity of criteria for access. The lack of referrals suggests that services are simply not offering it as a treatment option. This is supported by the findings of the service users survey, which indicated that none of those surveyed had been offered in-patient detox or residential rehab.

### **Outcomes**

At Partnership level, planned discharge does not include those referred on to other services, giving an overall planned exit rate for Peterborough of 21%, the lowest in the Eastern region. Unplanned exit rates are broadly similar across the three agencies, with none of the agencies achieving the current target level for Planned

Exits of 60%. This was highlighted last year, and performance remains a significant concern for the Partnership.

The majority of unplanned exits (86%) are down to individuals who have been in treatment for less than a year, this compares to 82% of planned exits and 80% of referred ons. Males accounted for 79% of all planned exits, which is greater than their proportion within the treatment population

Of the 79 individuals who were unsuccessfully referred on, 35 of them (44.3%) re-entered treatment through the criminal justice process (either a DRR or DIP). It therefore highlights the need to ensure that when referring an individual to another agency, it is essential that workers ensure that individual does engage at the new agency. This highlights the issue locally of poor case management and inter-agency working.

## **Key findings of current needs assessment**

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Analysis of the treatment system data has shown that specific features of the system are little changed from previous years. Some key findings include:

- Following a year on year increase of PDUs into treatment of 13.3%, against a targeted increase of 5%, there is concern that if the numbers continue to increase at the same rate then services will not have sufficient capacity to meet demand.
- Referred On clients are difficult to track, making analysis of the data for exit reasons at agency level extremely difficult. This is an area which requires further work locally.
- Planned exits in Peterborough as a whole remain a key issue. Following very strong progress in increasing the number of PDUs in treatment, it is a significant concern that the level of planned exits remains extremely low.
- The percentage of females currently in treatment has shown an increase over the last year. However, females as a proportion of the numbers in treatment are still underrepresented.
- In relation to females in treatment, further work is required to understand the reason behind the increased numbers in treatment, and whether this is due to more females accessing or to longer retention in treatment compared to males.
- Data recorded around injecting status shows that levels of injecting remain higher than the national and regional averages, and service users report high levels of sharing equipment.
- Needle exchange data highlights that the 25 – 34 age bracket, as well as White Other ethnicity clients make up much higher than expected percentages of the totals accessing this service.
- Steroid use is an area where increased focus is required locally. Anecdotal evidence indicates that it is largely Eastern Europeans who regularly attend local gyms who are the main users. Improved harm reduction work with this group is needed.

- The increased level of Eastern European positive tests, when compared to British, is leading to a reduced overall level of females that can enter the treatment system through the DIP. Overall, only 9% of positive Eastern European drug tests on arrests are female, compared to over 22% of the British.
- Young Adults (18 – 24 years) are seeing increased levels of usage of cocaine.
- There is a gap in the transition between young people's and adult treatment services. None of the young people in treatment entered the adult treatment seamlessly. Although 67% of the young people PDUs did subsequently appear in the adult treatment system at a later date.

### **Service User Recommendations**

Strong service user involvement has been established over the past year, and SUGA (Service Users Giving Advice) now play a key role in commissioning and contract monitoring of services. As part of the needs assessment process they undertook peer research to gain feedback on services and the overall treatment system within the city. This is the first year such a survey has been undertaken, and the issues raised will impact directly on treatment planning. They are:

- access and understanding of what treatment services are on offer.
- concerns for women who want to access services relating both to interventions by professionals with their children, and support within abusive or violent relationships.
- care planning and care plan reviews, with few respondents understanding the process, having been fully involved, or indeed having seen their care plan.
- consistency in key worker and in consent for information sharing, with respondents noting that constant changes in key workers made building trusting relationships difficult.
- access to prescribing, the need to work toward a reduction in medication and support to access detoxification and rehabilitation. Users also noted that they felt not enough was done to help them reduce their use and become drug free.
- the need for greater knowledge relating to blood borne viruses.
- understanding of complaints procedures and how to raise concerns and complaints regarding a key worker or service.

### **Improvements to be made in relation to the impact of treatment in terms of its outcomes**

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Both service providers and service users agreed that case management is not currently effective within Peterborough and that service users are often not transferred effectively between services. The main barrier to treatment provision identified by both treatment providers and service users was a lack of integrated working between treatment providers and how this can impact on client care plans and potential outcomes. Effective engagement and case management would enable improvements in identifying interventions for individuals and improving blood borne virus testing and vaccination, social functioning, community reintegration. The high levels of unplanned discharge has had a significant effect on positive outcomes.

Outcome monitoring via the completion of Treatment Outcome Profile (TOP) forms has improved, but the gap in those completed for care plan reviews during treatment

would indicate that there is a lack of care plan reviews being undertaken with clients and this in turn may be a reason behind the high numbers of unplanned exits.

The Improving Access to Psychological Therapies (IAPT) service currently being rolled out in Peterborough is designed to help patients with mild to moderate mental health problems, with access to psychological therapies as an alternative to medication or counselling. The programme aims to see people within 10-28 days of referral and can include guided self help, Cognitive Behavioural Therapy (CBT), psycho-educational groups, telephone, employment and social support, advice and signposting. Work is still to be undertaken in Peterborough to establish clear links with drugs services and ensure access for individuals as part of their wider care plan.

As part of the Department of Works and Pensions (DWP) Drugs Strategy, PDUs are able to access a number of mainstream and specialist services designed to help them access treatment and incorporate their education, skills and employment aspirations into their care plans. To support this, Jobcentre Plus (JCP) has introduced a District Drug Co-ordinator to work with drug services to increase the number of PDUs entering treatment and/or accessing Jobcentre Plus services. Training has already been undertaken to support JCP Personal Advisors in identifying suitable individuals to refer into treatment. In the coming year, this work will need to be build upon to embed the pathways between JCP and the drug services.

## Key priorities for 2009/10

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Alongside the key priorities identified below, there are a number of areas of 'business as usual' for the Partnership, which supports the delivery of drug treatment in the city. These include:

- regular performance monitoring of services and support to improve;
- clear governance and accountability structures embedded within the CDRP and consequent regular reporting to the SaferPeterborough Board;
- joint work with HMP Peterborough to deliver Integrated Drug Treatment System (IDTS) within the prison setting and ensure continuity of care onwards into the community (and vice versa);
- a clear remit to continue to develop strategic links across all areas of business within the local strategic partnership.

The key priorities identified for the coming year recognise that Peterborough still has some considerable areas of challenge ahead and that it is not possible to achieve everything at once, the priorities have therefore been agreed as those which will have greatest positive impact on our services and drug users, and therefore subsequently on our communities.

- **clinical governance** – continuing the work begun during 2009/10 through case file audit and service review, and ensuring that at strategic level the clinical governance framework for substance misuse is embedded within the wider NHS clinical governance framework and that of the prison.
- **case management and continuity of care** – improving: the movement of drug users through the treatment system; the assessments and care plans developed to support their recovery; and the support to access the full range of interventions seamlessly. This in turn should have a subsequent positive impact on planned exits.

- **effective access for priority groups** – developing appropriate services and interventions across the treatment system that meet the different needs of young adults and of BME (in particular A10 nationals) drug users, given the potential under-representation from these groups within services. Work will also be undertaken to develop interventions for cocaine and for steroid use to meet emerging need.
- **safeguarding** – continuing the work already started within the city to ensure appropriate and effective safeguarding of both adults and children, aligning our work with that of the Think Family agenda and ensuring swift implementation of the national NTA and DSCF protocols on safeguarding children.
- **recovery and reintegration** – supporting effective access to Tier 4 services and planned exits from treatment back into the community, thereby working to prevent relapse, with particular focus on accommodation and employment, and on mutual aid.

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Partnership:

## **Peterborough**

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### **Community drug partnership plan 2010/11**

#### **Part 2a: Local partnership priorities for effective engagement of drug users in treatment**

## 2a.1 Drug users in effective treatment

	2007/08 Baseline	2008/09	2009/10	2010/11
2a.1.1 Problem drug users (crack and/or opiate users) recorded as being in effective drug treatment	728	764	810	899
		5.0%	6.0%	11.0%

	2007/08 Baseline	2008/09	2009/10	2010/11
2a.1.2 All adult drug users recorded as being in effective treatment	779	818	851	930
		5.0%	4.0%	9.0%

## 2a.2 Additional partnership information – primary care

Primary Care Trust (PCT)	0			
Number of primary care practices in PCT area covered by partnership	27			
	2009/10		2010/11	
	Number	Percentage	Number	Percentage
Practices who are delivering primary care-				



2a.3

## Local drug partnership priorities linked to drug strategy delivery

Where the partnership has identified key priorities in Part 1 in the following areas please indicate with a tick (✓) in the list below. Please note that it is assumed that identification of a specific area as a priority indicates that a robust 09-10 baseline is available to the partnership

Access	Priority for 2010/11	Baseline	% change sought locally
Improved access to treatment – crack users			
Improved access to treatment – BME communities			
Improved access to treatment – parents			

Effective engagement of new clients	Priority for 2010/11	Baseline	% change sought locally
Improved engagement – crack users			
Improved engagement – BME communities	Y	66	20
Improved engagement – parents			
Improved engagement – criminal justice			
Improved engagement – under 25s	Y	98	5

Treatment exits	Priority for 2010/11	Baseline	% change sought locally
Improved successful treatment exits – all clients	Y	40	100
Improved successful treatment exits – crack users			
Improved successful treatment exits – BME communities			
Improved successful treatment exits – parents			
Improved successful treatment exits – criminal justice			
Improved successful treatment exits – under 25s			

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# SAFERPETERBOROUGH PARTNERSHIP

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Drug treatment, reintegration and recovery in the community and prisons 2010/11

Part 3: Planning grids

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## Planning grid 1: Commissioning a local drug treatment system

Please see checklist at Appendix 1 of the 2010/11 plan guidance for possible areas to include within this planning grid

### Identification of key priorities following needs assessment relating to commissioning system:

- Retendering of services within Peterborough
- Effective engagement with service users & parent & carers/family
- Effective joint commissioning with the PCT
- Clear strategic links between children's commissioning and adult commissioning

### Objective 1: Undertake retendering of drug treatment system

Actions and milestones	By when	By whom
1. Undertake the tendering process in line with project plan developed in 2009/10	Begin April 10	CS and SM Manager
2. Develop service implementation plans to ensure any changes in services and/or providers begin smoothly in the next financial year	Feb 11	CS and SM Manager

### Objective 2: Develop effective engagement of users and families/partners in the treatment planning and commissioning processes, enabling them to be actively involved.

Actions and milestones	By when	By whom
1. Develop a project plan to support the development of SUGA, with a clear action plan of roles and responsibilities for the year	Jun 10	User Involvement Lead
2. Develop a user involvement strategy to ensure there is effective user involvement in each service for the city and maintain involvement at a strategic level, that links into wider initiatives	Aug 10	CS and SM Manager

3. Provide training for service user representatives to undertake quality checks of services using DH and NICE guidance, and to provide appropriate feedback to JCG and through quarterly contract monitoring meetings	Sept 10	User Involvement Lead
4. Undertake service user satisfaction survey and feed results back into treatment planning process for 2011/12	Oct 10	User Involvement Lead
5. Develop a project plan to support the development of the carers' group, with a clear action plan of roles and responsibilities for the year	Sept 10	User Involvement Lead
6. Develop a carer involvement strategy to ensure there is effective carer involvement in each service for the city and maintain involvement at a strategic level, that links into wider initiatives	Nov 10	CS and SM Manager

**Objective 3:** Ensure effective joint commissioning with the PCT in terms of: in-patient provision; blood borne virus treatment options; and pharmacy delivered services

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
1. Establish clarity on current activity, commissioning and funding for: <ul style="list-style-type: none"> <li>i) in-patient provision</li> <li>ii) blood borne virus treatment options</li> <li>iii) pharmacy services</li> </ul>	<ul style="list-style-type: none"> <li>i) Jun 10</li> <li>ii) Aug 10</li> <li>iii) Oct 10</li> </ul>	PCT Lead & CS and SM Manager
2. Work with the Chief Pharmacist to review pharmacy contracts for Supervised Consumption and Needle Exchange, and bring them in line with mainstream pharmacy contracts	Jan 11	PCT Lead & CS and SM Manager

**Objective 4:** Establish clear strategic links between Children's commissioning and adult commissioning

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
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1. Ensure regular attendance at Be Healthy (the Children's Trust commissioning group responsible for substance misuse)	April and quarterly	CS and SM Manager
2. Ensure regular representation at Young People's Substance Misuse Partnership group to provide feedback and input	April and monthly	CS Officer – Drugs
3. Ensure regular representation from Children's substance misuse commissioner at Adult JCG to provide feedback and input	April and monthly	CS Officer – Drugs
4. Develop a consistent means of ensuring clear strategic links between children's services and adults with regards to safeguarding	Jul 10	CS and SM Manager

**Expected outcomes:**

- A treatment system designed to meet the needs of Peterborough, which represents most effective service models, best practice and value for money
- Appropriate input from 'experts by experience' which will shape services to ensure they are in line with service users' needs, thus making them more effective and more attractive to potential service users
- Clear joint commissioning and links with non-substance misuse specific health services
- Clarity of shared strategic direction across the children's and adult's agenda leading to more effective services

## Planning grid 2: Access and engagement with the drug treatment system

Please see checklist at Appendix 1 of the 2010/11 plan guidance for possible areas to include within this planning grid

### Identification of key priorities following needs assessment relating to access and engagement with the drug treatment system:

- Increase the numbers of drug users engaged in effective treatment by providing attractive and effective services
- Ensure work with drug users sits under the strategic umbrella of Integrated Offender Management within the city
- Improve harm reduction interventions, with a focus on injecting practices, blood borne viruses and drug-related deaths
- Further develop interventions for cocaine and steroid use
- Improve re-engagement with individuals who drop-out of service

**Objective 1:** Increase the numbers of drug users engaged in effective treatment by providing attractive and effective engagement services that meet diverse local needs

Actions and milestones	By when	By whom
1. Support increased knowledge around substance misuse and increased capacity to screen for substance misuse amongst priority tier 1 services – identify a plan with key stakeholders to link in with workforce development strategies	Sept 10	CS Officer - Drugs
2. Ensure providers are active in promoting services to diverse and under-represented groups, in particular BME communities, including Eastern Europeans, and that they can evidence this	May 10; Review Nov 10	CS Officer – Drugs
3. Develop clear and consistent guidance for services in relation to working with individuals with no recourse to public funds	Aug 10	CS Officer- Drugs
4. Audit the impact of the 2009/10 actions in engaging more BME individuals into treatment and set further targets for improvement with services as appropriate	Jul 10	SM Service Delivery Lead
5. Review effectiveness of the transition protocol in light of the current gaps in continuity of care for	May10	SM Service Delivery

young people moving to adult services		Lead
6. Audit the impact of the 2009/10 actions in engaging more young adults into treatment and set targets for improvement with services as appropriate	Jul 10	SM Service Delivery Lead

**Objective 2:** Ensure work with drug users sits under the strategic umbrella of Integrated Offender Management within the city, and criminal justice interventions are aligned

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
1. Complete an audit of the existing DIP model against the new Operational Model developed by the Home Office	April 10	Cambs Constab Strategic Lead for Drugs, DIP Manager
2. Develop an action plan with CRi to meet any changes needed to bring DIP in line with the new operational model	May 10	Cambs Constab Strategic Lead for Drugs, DIP Manager
3. Monitor the numbers into treatment from DIP and work with DIP and mainstream services to improve DIP attrition rates	April 10; Jul 10; Oct 10; Jan 11	Performance & Information Officer and DIP Manager
4. Monitor the impact of IDTS on community services	Jul 10	Performance & Information Officer, IDTS Project Manager

**Objective 3:** Improve delivery of harm reduction, particularly in relation to injecting, blood borne viruses, overdose and drug related death

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
1. Ensure overdose training and safer injecting training is available to drug users and services promote its availability on a regular basis	Jul 10	Harm Reduction Lead
2. Review targets for services to offer harm reduction interventions to at least 90% of clients and	Jun 10 & each subsequent	SM Service Delivery



monitor at each quarterly monitoring meeting.	quarterly meeting	Lead
3. Ensure information available within the treatment and wraparound services is accessible, including information in pictorial formats and in community languages	Jun 10	Harm Reduction Lead
4. Develop peer led training for service users, particularly in relation to harm reduction and overdose	Sept 10	User Involvement Lead & Harm Reduction Lead
5. Roll-out peer led training, delivering at least one session per month	Starting Oct 10	User Involvement Lead & Harm Reduction Lead
6. Ensure harm reduction and overdose messages are consistent with those delivered within HMP Peterborough	Jul 10	IDTS Lead
7. Commission training for service users and carers on emergency responses to overdose	Sept 10	SM Service Delivery Lead
8. Develop a clear Drug-Related Death Strategy in consultation with key stakeholders	May 10	CS & SM Manager
9. Implement appropriate information sharing to ensure lessons learned from DRDs & SUIs	May 10	PCT Lead
10. Ensure that drug related death and overdoses within the prison are reported as part of the DRD local strategy and monitoring	Review at: Jul 10; Oct 10; Feb 11	CS & SM Manager

<b>Objective 4:</b> Undertake clear programme of work to address high levels of injecting and risky practices locally to reduce potential harm to users and the community		
<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
1. Continue to deliver support and training to pharmacy needle exchange schemes	Jul 10	Harm Reduction Lead
2. Run campaigns with needle exchanges, including pharmacies, to promote safer injecting, safe	Jul 10; Oct 10;	Harm Reduction Lead

disposal of needles and alternatives to injecting	Feb 11	
3. Undertake a needs assessment of injecting practices and behaviour to establish baseline against which improvements and reduction in harm can be measured	Aug 10	SM Service Delivery Lead
4. Review impact of Safe Sharps Disposal Project	May 10	Neighbourhoods Manager and Performance & Information Officer

**Objective 5:** Further develop interventions for cocaine and for steroid use

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
1. Collate evidence on trends in use of stimulants related to night time economy	Aug 10	Performance & Information Officer
2. Implement use of inspector's authority to test for and monitor stimulant use amongst arrestees for violent crime	Jun 10	Camb's Constab Strategic Lead for Drugs
3. Undertake harm reduction activities in relation to concurrent alcohol and stimulant use	Aug 10	CS Officer – Drugs & Harm Reduction Lead
4. Continue to gather data and information in relation to stimulant, and especially crack, use to inform redesign of treatment system	May 10	Performance & Information Officer
5. Work with SUGA to identify ways of engaging crack users more effectively into treatment services, including crack users within custody who need to access interventions within a prison setting	Aug 10	SM Service Delivery Lead
6. Develop appropriate brief harm reduction interventions for steroid users	Jul 10	Harm Reduction Lead
7. Ensure all staff in open access services and needle exchange services are trained to deliver interventions to steroid users	Sept 10	Harm Reduction Lead

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<b>Objective 6:</b> Assertively re-engage clients who drop-out of services		
<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
1. Monitor providers' compliance with the re-engagement protocol at quarterly contract monitoring meetings to ensure services are attempting to assertively re-engage with clients who do not attend	Jul 10; Oct 10; Jan 11	SM Service Delivery Lead
2. Ensure all care plans for service users engaged with structured care have clearly identified plans for re-engaging with services as appropriate through care plan auditing.	Sept 10	SM Service Delivery Lead
3. Monitor re-referrals in to treatment services and review to establish who and why individuals are likely to be re-referred	Jun 10; Sept 10; Dec 10; Mar 11	Performance & Information Officer
4. Monitor rates of success for re-engagement of each service and set targets for improvement as appropriate	Jul 10; Oct 10; Jan 11	Performance & Information Officer
5. Ensure all providers have urgent escalation / referral protocols agreed with partner agencies in cases deemed to be "high risk".	Jun 10	SM Service Delivery Lead

<b>Expected outcomes:</b>
<ul style="list-style-type: none"> <li>- Greater engagement of problematic, and all, adult drug users in treatment, leading to a reduction in the wider harm caused by drugs within the city</li> <li>- Alignment of multi-agency interventions to tackle offending with drug treatment to ensure that the two agenda support each other, resulting in more positive outcomes for individual clients involved in both</li> <li>- Reduced harm for drug users, their families and the wider community</li> </ul>

### Planning grid 3: Retention in and effectiveness of the drug treatment system

Please see checklist at Appendix 1 of the 2010/11 plan guidance for possible areas to include within this planning grid

#### Identification of key priorities following needs assessment relating to retention in and effectiveness of the drug treatment system:

- Ensure effective treatment is delivered in a planned way, maximising retention and care planned discharge, and clinical governance
- Increase appropriate use of tier 4 interventions
- Ensure safeguarding of adults and children is appropriate and effective and meets with local and national guidance
- Develop access to a range of interventions for users in treatment, not limited to prescribing
- Improve delivery of interventions relating to blood borne viruses
- Roll-out of the International Treatment Effectiveness Programme (ITEP) to support workers' delivery of quality and appropriate interventions to service users

#### Objective 1: Ensure effective treatment is delivered in a planned way, maximising retention and care planned discharge, and clinical governance

Actions and milestones	By when	By whom
1. Monitor movement through the system through NDTMS returns and quarterly performance data	Jun 10; Sept 10; Dec 10; Mar 11	Performance & Information Officer
2. Continue to monitor care pathways to ensure that services are referring clients through the treatment system in the most appropriate way and that services are responding in a timely manner to referrals	Jun 10; Sept 10; Dec 10; Mar 11	SM Service Delivery Lead
3. Undertake clinical audit against DH and NICE Clinical Guidelines to ensure appropriate treatment and care, auditing each service in turn	Oct 10	PCT Lead
4. Complete implementation of the action plan established with CPFT in light of the service review and clinical audit undertaken in 2009/10	Jun 10	CPFT Service Manager

5. Review implementation of the above plan to ensure that it is complete and has addressed any shortcomings	Jul 10	CS & SM Manager
6. Agree a partnership lead for clinical governance to enable access to clinical risk management advice and formal links into the PCT's clinical governance structures	May 10	PCT Lead
7. Establish clear links to HMP Peterborough clinical governance framework to enable management and auditing of overlap	Jun 10	PCT Lead & HMP Peterborough Healthcare Manager
8. Continued ad hoc qualitative audit of case files against NTA care planning guidance: all care plans to clearly identify appropriate range of interventions, including harm reduction as part of treatment	Sept 10	SM Service Delivery Lead
9. Use the results of the clinical audits and case file audits to address shortcomings with services which may affect retention and discharge	Review: Oct 10	SM Service Delivery Lead
11. Interrogate NDTMS data to support services in addressing retention and discharge issues	Jul 10; Nov 10	Performance & Information Officer

**Objective 2:** Increase appropriate use of tier 4 interventions

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
1. Ensure appropriate pathways are in place and are followed between Tier 3 and Tier 4 in both directions, requiring services to provide evidence of this through quarterly contract monitoring	Jun 10	SM Service Delivery Lead
2. Work with SUGA to develop a leaflet explaining the criteria for Tier 4 and the options available that can be given to service users	Aug 10	CS Officer – Drugs
3. Require services to exception report on a quarterly basis against poor referral levels to Tier 4 and monitor reasons given	Jun 10; Sept 10; Dec 10; Mar 11	SM Service Delivery Lead

**Objective 3:** Ensure safeguarding of adults and children is appropriate and effective and meets with local and national guidance

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
1. Review safeguarding protocols and procedures for both adults and children against national protocols published by NTA	Sept 10	SM Service Delivery Lead
2. Review whether improved safeguarding practices has had any impact on the engagement of female drug users into services	Oct 10	Performance & Information Officer
3. Ensure HMP representation at the Peterborough Substance Misuse Safeguarding Group, and ensure protocols for safeguarding within the community contain clear links with HMP and pathways for safeguarding concerns with those in custody.	May 10	IDTS Lead
4. Review impact of the 2009/10 training and pathway development for safeguarding of vulnerable adults	Aug 10	SM Service Delivery Lead

**Objective 5: Improve delivery of interventions relating to blood borne viruses (BBV)**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
1. Ensure services promote the availability of BBV testing, with all services offering BBV testing to 85% of clients by Aug 10	Aug 10	SM Service Delivery Lead
2. Implement dried blood spot testing for BBV and monitor the impact	Jul 10	PCT Lead
3. Ensure services are offering HBV vaccinations to at least 85% of clients and work with them to promote uptake	Oct 10	SM Service Delivery Lead
4. Establish clear pathways and protocols to ensure HBV vaccinations started in the community are completed in HMP Peterborough and vice versa	Sept 10	SM Service Delivery Lead & IDTS Lead
5. Establish a working group to explore the possibility of developing a local treatment services for HCV	Aug 10	PCT Lead

**Objective 6: Roll-out the International Treatment Effectiveness Programme (ITEP) to support workers' delivery of quality and appropriate interventions to service users**

Actions and milestones	By when	By whom
1. Provide ITEP training started in 2009/10 for staff within the treatment system	May 10	SM Service Delivery Lead
2. Ensure all services have implemented ITEP within their core business	Aug 10	SM Service Delivery Lead
3. Review impact of ITEP on case management and delivery of services	Nov 10	SM Service Delivery Lead
4. Commission SUGA to undertake feedback from service users about effectiveness and use of ITEP within services	Oct 10	SM Service Delivery Lead

**Expected outcomes:**

- A range of services that meet the diverse needs of Peterborough drug users and provide appropriate and safe interventions from point of first engagement right through the system
- Appropriate means of identifying and supporting vulnerable clients, minimising risk from and to them, and to others in their families and the wider community
- A skilled and competent workforce, resulting in better quality services and more meaningful interventions for drug users

## Planning grid 4: Outcomes, discharge and exit from the drug treatment system

Please see checklist at Appendix 1 of the 2010/11 plan guidance for possible areas to include within this planning grid

### Identification of key priorities following needs assessment relating to outcomes, discharge and exit from the drug treatment system:

- Develop appropriate recovery and reintegration services to meet clients' needs, focusing on accommodation and on Education, Training & Employment (ETE)

### Objective 1: Development of appropriate recovery and reintegration services to meet clients' needs

Actions and milestones	By when	By whom
1. (i) Undertake detailed analysis of available housing data, including TOPs, to establish a baseline from which to (ii) develop a clear strategy for developing accommodation strategic and operational links can be developed	(i) Jun 10; (ii) Dec 10	(i) Perf & Info Officer (ii) CS & SM Manager
2. Undertake detailed analysis of available employment data, including TOPs, to establish a baseline	Aug 10	Perf & Info Officer
3. Establish clear pathways from treatment services into Jobcentre Plus, and vice versa, and ensure that services are aware of these pathways	Sept 10	District Drug Coordinator
4. Review the above pathways to establish whether they are being followed and the impact, using the case file audit process to support this	Oct 10	District Drug Coordinator and P & I Officer
5. Work with SUGA to attain specific feedback on blocks to engaging service users in training and employment	Sept 10	District Drug Coordinator
6. (i) Implement data collection to establish a baseline and (ii) monitor improvements in joint working between treatment services and JCP	(i) July 10 (ii) Nov 10	District Drug Coordinator and P & I Officer
7. Support the development of appropriate mutual aid groups in the community	Aug 10	CS Officer – Drugs



7. Establish links with mutual aid groups in prisons and facilitate them to link with those in the community and/or establish partner groups within the community	Oct 10	CS Officer – Drugs
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**Expected outcomes:**  
- Appropriate means of support and aftercare to enable drug users to move away from drug use and minimise the risk of relapse.

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Partnership:

**Peterborough**

**Drug treatment, reintegration and recovery in the community  
and prisons 2010/11  
Part 4a  
Substance misuse pooled treatment budget, community  
mainstream funding and expenditure**

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Partnership: Peterborough

Date submitted: 19/03/10

<b>Table 1: Funding Source 2010/11</b>												
		A	B	C	D	E	F	G	H	I	K	
	<b>Source of funding</b>	<b>Adult drug treatment pooled treatment budget</b>	<b>PTB Underspend from 2009/10</b>	<b>DIP</b>	<b>Police</b>	<b>Primary Care Trust</b>	<b>Social Services</b>	<b>Section 31/28a funding</b>	<b>Probation partnership</b>	<b>Supporting People</b>	<b>Other</b>	<b>Total funding</b>
1	Commissioning System	£150,350	£0	£0	£0	£0	£0	£0	£0	£0	£51,000	201,350
2	Workforce Development	£43,000	£0	£0	£0	£0	£0	£0	£0	£0	£0	43,000
3	User Involvement	£10,000	£0	£0	£0	£0	£0	£0	£0	£0	£0	10,000
4	Carer Involvement	£5,000	£0	£0	£0	£0	£0	£0	£0	£0	£0	5,000
5	Harm Reduction Strategy	£238,568	£0	£0	£0	£0	£0	£0	£0	£0	£0	238,568
6	Reintegration Strategy	£59,150	£0	£0	£0	£0	£0	£0	£0	£73,590	£0	132,740
7	Open access drug treatment services	£180,920	£0	£0	£0	£0	£0	£0	£0	£0	£0	180,920
8	Structured community based treatment services	£982,549	£0	£0	£454,000	£0	£0	£0	£0	£0	£0	1,436,549
9	Inpatient services	£0	£0	£0	tbc	£0	£0	£0	£0	£0	£0	0
10	Residential rehabilitation services	£80,000	£0	£0	£0	£20,000	£0	£0	£0	£0	£0	100,000
11	Drug Interventions Programme	£0	£691,527	£0	£0	£0	£0	£0	£0	£0	£0	691,527
12	<b>Total</b>	<b>1749537</b>	<b>0</b>	<b>691,527</b>	<b>0</b>	<b>454,000</b>	<b>20,000</b>	<b>0</b>	<b>0</b>	<b>73,590</b>	<b>51000</b>	<b>3,039,654</b>

Comment No.	Funding or Expenditure?	Type	Comment
1	Funding source	Substance misuse pooled treatment budget	Assuming a 15% increase; if less than this is received then the monies allocated to support workplace development and commissioning will be reduced
2	Expenditure profile	Commissioning System	Additional money allocated for 2010/11 to support re-rendering process
3	Expenditure profile	Workforce Development	Additional money allocated for 2010/11 to support roll-out of ITEP
4	Expenditure profile	Harm Reduction Strategy	This includes HR Services
5	Expenditure profile	Structured community based treatment services	Increased funding on current year to address capacity issues with services
6	Expenditure profile	Inpatient services	Inpatient services are commissioned by the PCT as part of a wider Mental Health Trust contract, and the money does not therefore come via the pooled budget. This contract is currently being negotiated. Additional provision for spot-purchasing of alternative in-patient is available within the monies allocated for residential rehab
7	Expenditure profile	Residential rehabilitation services	Additional money allocated for 2010/11 to increased use of Tier 4

<b>Table 1 : Funding Source 2010/11</b>			
		<b>Funding 2009/10 £</b>	<b>Funding 2010/11£</b>
1.1	Substance misuse pooled treatment budget	£1,477,862	£1,750,123
1.2	SMP/TB underspend from previous year	£111,062	£0
1.3	Drug Interventions Programme main grant	£785,665	£691,527
1.4	Police	£0	£0
1.5	Primary Care Trust mainstream	£454,000	£454,000
1.6	Social Services	£20,000	£20,000
1.7	Section 31/28a funding	£0	£0
1.8	Probation partnerships	£0	£0
1.9	Supporting people	£73,590	£73,590
1.10	Other	£71,000	£51,000
1.11	DH Capital funding	£0	£0
1.12	DH Capital funding carried from previous year	£0	£0
<b>1.13</b>	<b>Total adult drug treatment and DIP funding</b>	<b>£2,993,179</b>	<b>£3,040,240</b>

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 7</b>
<b>9 MARCH 2010</b>	<b>Public Report</b>

## Report of the Executive Director of Adult Social Services

Contact Officer(s) – Tina Hornsby  
Contact Details – 01733 758558

### QUARTERLY PERFORMANCE REPORT ON ADULT SOCIAL CARE SERVICES IN PETERBOROUGH

#### 1. PURPOSE

1.1 To report progress against agreed Adult Social Care key outcomes and targets.

#### 2. RECOMMENDATIONS

2.1 This report recommends that the Scrutiny Panel:

- Reviews and notes the quarter 3 position on adult social care targets (attached).
- Reviews areas of identified risk and considers proposed remedial actions.

#### 3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY AND LOCAL AREA AGREEMENT

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

#### 4. BACKGROUND

4.1 The key outcomes and targets for delivery for adult social care are agreed annually between the Council and the PCT and incorporated into the Annual Accountability Agreement. This report seeks to provide assurance of progress against these outcomes and targets. Appendix 1 provides a full list of National Indicator targets and other local targets pertaining to adult social care, and shows current attainment at quarter 3 compared to the agreed target and to 2008-09 comparator performance where available.

#### 5. KEY ISSUES

##### 5.1 Key Objectives

5.1.1 Of the 20 key objectives set within the Annual Accountability Agreement, 13 are currently on target for delivery and rated green by the responsible manager, six are rated amber, and one is rated as red.

The red and amber rated objectives are summarised in the table below.

Objective	Current issues	Actions
Continue to develop commissioning plans for physical disability and sensory needs  Rated red	This has not been progressed within 2009-10 due to capacity issues	Posts are being recruited to and key objectives have been incorporated into the 2010-11 Operational Plan and Annual Accountability Agreement.

<p>Effective performance management and quality monitoring of all aspects of adult social care.</p> <p>Rated Amber</p>	<p>There are still some gaps relating to data from the Mental Health and Voluntary Sector and Grant Funded Services.</p>	<p>An action plan has been agreed with the Mental Health Trust and formalised within the contracting process.</p> <p>Two Future Jobs fund placements have now started and will progress the project to enhance knowledge around voluntary sector usage and capacity.</p>
<p>Ensure effectiveness and quality of care records</p> <p>Rated amber</p>	<p>Current concerns around future systems requirements as the current system is being de-supported.</p> <p>There has been some delay in role out of the revised safeguarding recording processes due to lack of training resource</p>	<p>The PCT is working in partnership with the Council to ensure that the current system continues to be supported whilst future solutions are identified and implemented.</p> <p>Training resource has now been identified and training booked for early March in order to facilitate a mid March go live for the new safeguarding recording process.</p>
<p>Implementation of national and local service reforms.</p> <p>Rated amber</p>	<p>The timetable for rolling out individualised budgets has slipped due to delays in embedding the process in the first quarter of the year.</p>	<p>The PCT has developed an action plan which seeks to ensure that individualised budgets are fully embedded into processes by December 2009. Performance has improved in the third quarter.</p>
<p>Long term and acute mental health services.</p> <p>Rated amber</p>	<p>Two current areas for concern are crisis resolution and home treatment services.</p> <p>There are a number of gaps in data received from the Mental Health Trust</p>	<p>NHS Peterborough and Cambridgeshire and Peterborough Foundation Trust are working together on an agreed action plan to gain the required information. However, a formal letter has been issued under the contract.</p>
<p>Major developments to be delivered for Learning Disability Services</p> <p>Rated amber</p>	<p>Due to the current economic climate there are some concerns around the objective of supporting people with learning disabilities into paid and unpaid employment.</p>	<p>The PCT continues to work closely with local employers. In December 80 adults with learning disabilities were being supported in paid employment (13.33%) which is over twice the comparator average (5.2%).</p>
<p>Well-being and prevention – Mental Health</p> <p>Rated amber</p>	<p>Currently looking at capacity issues to undertake day care review.</p>	<p>Capacity to be reviewed and options considered.</p>



## 5.2 Targets

5.2.1 Annex 1 gives a full breakdown of performance against national and local adult social care targets. The red National Indicator targets are summarised in the table below.

Indicator	Performance				Target	Comments
	08/09	Q1	Q2	Q3		
NI130 Adults and older people receiving direct payments or individual budgets as a percentage of those supported to live independently.	3.55	5.88	8.73	12.56	35.25% Dec 10  47% March 10	Figure based on 788 clients receiving a direct payment and/or individual budget.  Due to delays in embedding the processes in quarter 1 performance on the target is significantly behind the target trajectory of 35.25% at 12.56%. Actions are reflected in the outcome table above.  High is good.
NI131 – Number of delayed transfers of care per 100,000 of population aged 18 and over.	7.53	8.94	8.27	8.2 Jan 10	6.7	Both acute and mental health delays are above target. Investigations and remedial work are being taken forward. However, the target is unlikely to be met by year end.  Low is good
NI149 – Proportion of adults known to mental health services in settled accommodation	n/a	n/a	4.5%	4.5% Oct 09	25.1% = England Average	No further data received in Quarter 3 – An action Plan has been agreed with the mental health trust and issued alongside contractual penalties for non compliance. High is good
NI150 – Proportion of adults known to mental health services in paid employment.	n/a	n/a	0.76%	0.76% Oct 09	6.3%	No further data received in Quarter 3 – An action Plan has been agreed with the mental health trust and issued alongside contractual penalties for non compliance. The three year targets have been reset to reflect an annual percentage increase. High is good

## 6. **IMPLICATIONS**

6.1 The National Indicators feed into the Council and PCT periodic performance assessment.

## 7. **CONSULTATION**

7.1 None

**8. NEXT STEPS**

8.1 A year end report will be presented during quarter 1 of 2010-11.

**9. BACKGROUND DOCUMENTS**

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

9.1 Care Quality Commission – Commissioner Assessment Guide 2009-10.

**10. APPENDICES**

10.1 Annex 1 AAA Performance Indicator 09-10

## AAA Performance Indicators 09-10

























## Local Targets

Accountability	Actual					
Accountability Title	PI Milestone Name	Target	Actual	RAG	Var	Comments
<b>C51 Direct Payments</b>						
C51 Direct Payments - number of recipients of Direct Payments per 100,000 of the population	QTR 3 2009-10	262	285.21			This relates to 334 PCS and 15 MH direct payments as at 31 December 09 calculated by the mid year population estimates produced by ONS (Figure is per 100,000) High is Good.
<b>C72 Admissions of older people to residential care (new definition)</b>						
C72 Admissions of older people to residential care (new definition) - numbers of new admissions per 10,000 of the population	QTR 3 2009-10	79	43.42			PCS December 09 FIGURE ONLY - 99 people out of 22800 (Peterborough UA Population figure) =43.42% PCS Projected year end of 57.89% (No PCS Jan data received. No MH data received 09-10) Low is good
C72a Older People admitted to residential care per 10,000 of the population.aged65+ - Peterborough Community Services	Jan to Mar 2010	0	43.42			YTD April to Dec = 99 people out of 22800 (Peterborough UA Population figure) *10000 equalling an indicator figure of 43.42%. Projected year end is 57.89%. Jan 10 data not yet received. Low is good
C72b Older People admitted to residential care per 10,000 of the population.aged65+ - Mental Health Trust	Jan to Mar 2010		0			No data received for 09-10. Low is good
<b>C73 Admissions of adults (18-64) to residential care (new definition)</b>						
C73 Admissions of adults (18-64) to residential care (new definition) - numbers of new admissions per 10.000 of the population	QTR 4 2009-10	1.1	0.88			PCS Figure ONLY Apr to Dec=9 people /101900 population (0.88%) No PCS data received for Jan 10, and No MH data received 09-10. All 7 L Dis Clients are being investigated to make sure they are not in "Group" homes, which should not be included in the indicator. Low is good.
C73a Adults under 65 admitted to residential care per 10,000 pop aged 18-64.- Phys Dis - Peterborough Community Services	Jan to Mar 2010		0.2			Apr to Dec=2 people/101900 population (0.20%) (Jan 10 data not yet received.) Low is good
C73b Adults under 65 admitted to residential care per 10,000 pop aged 18-64.- L Dis - Peterborough Community Services	Jan to Mar 2010		0.69			Apr to Dec=7 persons / 101900 population (0.69%). Jan 10 data not yet received. All 7 are being investigated to make sure they are not in "Group" homes, which should not be included in the indicator. Low is good
C73c Adults under 65 admitted to residential care per 10,000 pop aged 18-64.- Mental Health Trust	Jan to Mar 2010		0			No data received for 09-10. Low is good
<b>D40 Percentage of clients receiving a review</b>						
D40 Percentage of clients receiving a review within the year	QTR 3 2009/10	79	71.19			PCS ONLY - Dec 09 year to date figure of 3479 out of 4887 =71.19% (No MH data received for 09-10.) High is good
D40a - Percentage of clients receiving a review - PCS	QTR 3 - 2009-10	85	71.19			Dec 09 year to date figure of 3479 out of 4887 = 71.19% High is good
D40b - Percentage of service users receiving a review MHT	QTR 4 - 2009-10	100	0			No data received for 09-10 High is good
D40c - Percentage of service users receiving a review - voluntary sector	QTR 3 - 2009-10		0			No data available/received High is good
<b>D54 % of items of equipment and adaptations delivered in seven working days</b>						
D54 % of items of equipment and adaptations delivered in seven working days	QTR 4 2009-10	96	96.6			Overall Year to Date figure 96.6% as at 31 December 2009. No data received yet for Jan 10. High is good.
<b>E47 Ethnicity of older people receiving assessment</b>						
E47 Ethnicity of older people receiving assessment as a ratio against the percentage of the population from ethnic minorities	QTR 4 - 2009-10	2	2.53			PCS Dec 09 Figure ONLY - Dec 09 figure of 8.76%/3.46% (Amber due to no Jan data received from PCS. No MH data received 09-10.) Between 1 and 2 is good
E47a Ethnctity of older people receiving assessment - Peterborough Community Services	Jan to Mar 2010	2	2.53			YTD Dec 09 figure of 8.76%/3.46% = 2.53 (Jan 10 figure not yet received,) Between 1 and 2 is good
E47b Ethnicity of older people receiving assessment - Mental Health Trust	Jan to Mar 2010	2	0			No data received 09-10. Between 1 and 2 is good
<b>E48 Ethnicity of older people receiving services</b>						
E48 Ethnicity of older people receiving services - as a ratio against the percentage of the population from ethnic minorities	QTR 4- 2009-10	1	0.98			PCS Dec 09 Figure ONLY 8.61%/8.76% (No MH data for 09-10) Between 0.9 and 1.1 is good
E48a Ethnicity of older people receiving services following assessment - Peterborough Community Services	Jan to Mar 2010	1	0.98			Dec 09 figure 8.61%/8.76% Between 0.9 and 1.1 is good
E48b Ethnicity of older people receiving services following assessment - Mental Health Trust	Jan to Mar 2010	1	0			No data received 09-10. Between 0.9 and 1.1 is good

## AAA Performance Indicators 09-10

## Local Targets

## National Indicators

Accountability Title	PI Milestone Name	Target	Actual	RAG	Var	Comments	Benchmarking
<b>NI 125 Proportion of people achieving independence 3 months after entering care/ re-hab</b>							
NI 125 Proportion of people achieving independence 3 months after entering care/ re-hab - the percentage of all intermediate care users still at home after 3 months	Jan 10		85	83.55		 Year To Date as at Dec 09 is 391/468 = 83.55 (Jan 10 data not yet received.) High is good.	77.60%
<b>NI 130 / VSC17 Percentage of Adults and older people receiving Self Directed Support (direct payments and/or individual budgets) (aged 18 and over)</b>							
NI 130 / VSC17 Percentage of Adults and older people receiving Self Directed Support (direct payments and/or individual budgets) (aged 18 and over) - as a percentage of all clients receiving community based social care services	Dec 09		35.25	12.56		 Figure based on 788 clients (MH=64 PCS=724) receiving a direct payment and/or individual budget. (Figure excludes RAS scores below 0.5 on RAS Assessment, unless a Direct Payment is in place.) No further data received from Mental Health, so figure based on direct payments as at Aug 09 for mental health clients. Denominator based on 09-10 year end trajectory figure 6274. High is good.	5.10%
NI 130a Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets) Peterborough Community Services	Dec 09		35.1	11.54		 Figure based on 724 PCS clients receiving a direct payment and/or individual budget. (Figure excludes RAS scores below 0.5 on RAS Assessment, unless a Direct Payment is in place. Denominator based on the Trust 09-10 year end trajectory figure 6274. High is Good.	
NI 130b Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets - Mental Health Trust	Dec 2009			1.02		 Figure based on 64 MH clients receiving a direct payment and/or individual budget. (Figure excludes RAS scores below 0.5 on RAS Assessment, unless a Direct Payment is in place.) No further data received from Mental Health, so figure based on direct payments as at Aug 09 for mental health clients. Denominator based on the Trust 09-10 year end trajectory figure 6274. High is Good.	
<b>NI 131 / VSC10 Number of delayed transfers of care per 100,000 population (aged 18 and over)</b>							
NI 131 / VSC10 Number of delayed transfers of care per 100,000 population (aged 18 and over)	Jan 10		6.7	8.2		 Year to date data for MHT 3.28 and Acute 4.92 using W/E 31/01/2010 (W/E 31/01/2010 for Acute had 1 Delay Discharge for NHS. Reasons 1 Residential Home.) Low is good.	6.12
NI 131a Acute delays	Jan 10		3.5	4.92		 Year to date data (w/e 31 Jan 10) for Acute 4.92 calculated from 246 delays/44 weeks/113664 population figures *100,000 (W/E 31/01/2010 for Acute had 1 Delayed Discharge for NHS. Reasons 1 Residential Home.) Low is Good.	
NI 131b Mental Health Delays - Mental Health Trust	Jan 10		4	3.28		 Year to date data (w/e 31 Jan 2010) for MHT 3.28 calculated from 164 delays/44 weeks/113664 population figures * 100,000 Low is Good	
<b>NI 132 / VSC12 Timeliness of social care assessment</b>							
NI 132 / VSC12 Timeliness of social care assessment - percentage of social care assessments completed within 28 days of first contact	Jan 10		85	85.36		 PCS ONLY - This figure equates to 1154 assessments completed within time, out of a total of 1352. No MH data available/received for 2009-10. High is good.	81.90%
NI 132a Timeliness of social care assessment - Peterborough Community Services	Jan 10		85	85.36		 This figure equates to 1154 assessments completed within time, out of a total of 1352. High is good.	
NI 132b Timeliness of social care assessment - Mental Health Trust	Jan 10		97	0		 No data available/received. High is good.	
<b>NI 133 / VSC13 Timeliness of social care packages</b>							
NI 133 / VSC13 Timeliness of social care packages - percentage of social care users receiving all services within their care plan within 28 days of assessment.	Qtr 3 09/10		94	100		 NRS ONLY 100% Amber as No data available/received from PCS or MH for 09-10. High is good.	91%
NI 133a Timeliness of social care packages - Peterborough Community Services	Jan 10		94	0		 No data received for 09-10. High is good.	
NI 133b Timeliness of social care packages - Mental Health Trust	Jan 10		100	0		 No data received for 09-10. High is good.	
NI 133c Timeliness of social care packages - NRS Equipment	Oct 09		100	100		 Year to date figure as at 31 Oct 09. High is good.	

## AAA Performance Indicators 09-10

## Local Targets

Accountability Title	PI Milestone Name	Target	Actual	RAG	Var	Comments	
<b>NI 135 / VSC18 Proportion of carers receiving a 'carer's break' or a specific carers' service as a percentage of clients receiving community based services</b>							
NI 135 / VSC18 Proportion of carers receiving a 'carer's break' or a specific carers' service as a percentage of clients receiving community based services	Jan 10	32	32.45			Figure for December 09 - PCS ONLY. 1586 carers received an assessment/review and service/information against a total of 4887 service users counted within denominator (32.45%). This is a 12 month rolling figure, and has been cross referenced with carers and clients. No data received for Jan 10. High is good.	22.50%
NI 135a Carers receiving needs assessment or review and a specific carer's service, or advice and information - Peterborough Community Services	Jan 10	35	32.45			Figure for December 09 ONLY. 1586 carers received an assessment/review and service/information against a total of 4887 service users counted within denominator (32.45%). This is a 12 month rolling figure, and has been cross referenced with carers and clients. No data received for Jan 09. High is good.	
NI 135b Carers receiving needs assessment or review and a specific carer's service, or advice and information - Mental Health Trust	Jan 10	32	0			No data available/received High is good	
<b>NI 136 / VSC03 Proportion of adults (18 and over) supported directly through social care to live independently at home</b>							
NI 136 / VSC03 Proportion of adults (18 and over in the whole population) supported directly through social care to live independently at home	Jan 10	42.25	36.76			Dec 09 - Made up of PCS Figure of 16.50, 08-09 Mental Health figure of 3.10 and 09-10 Provisional GFS Figure 17.16. High is good.	33.57
NI 136a People supported to live independently through social services Peterborough Community Services	Jan 10	19.24	16.5			Dec 09 figure ONLY of 16.50. (Jan 10 data not yet received.) High is good.	
NI 136b People supported to live independently through social services Mental Health Trust	Jan 10	5.26	3.1			No data available/received for 09-10. Still using the 08-09 RAP figure for the whole calculation of 3.10 for mental health. High is good.	
NI 136c People supported to live independently through social services - grant funded - vol sector services	Jan 10	17.75	17.16			Provisional 09-10 GFS return figure of 17.16 High is good.	
<b>NI 138 Satisfaction of people over 65 with both home and neighbourhood PSA 17</b>							
NI 138 Satisfaction of people over 65 with both home and neighbourhood PSA 17	2009-10	85.6	80.8			In the 2008 Place survey Peterborough performed significantly above the comparator average. In the 2009 Tracker survey performance has dropped to below the 2008 national average. High is good	83.80%
<b>NI 139 / VSC26 People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently PSA 17</b>							
NI 139 / VSC26 People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently PSA 17	2009-10	30.42	32.2			In 2008-09 Peterborough performed above the comparator average of 29.72%. Targets have been raised to the national average of 30.42% The 2009 tracker survey shows an improved performance of 32.2% High is good	29.72%
<b>NI 145 / VSC05 Proportion of adults with learning disabilities in settled accommodation</b>							
NI 145 / VSC05 Proportion of adults with learning disabilities in settled accommodation	Jan 10	71	88.6			785 out of 886 (88.60%) in settled accommodation. (54 Unsettled 6.09%. 47 Unknown status 5.30%) Report now includes "Review Team" where primary category is equal to "LD". High is good.	70.40%
<b>NI 146 / VSC07 Proportion of adults with learning disabilities in employment</b>							
NI 146 / VSC07 Proportion of adults with learning disabilities in paid employment	Jan 10	17	13.33			As At 31 Dec 09 there were 80 adults with learning disabilities in paid employment - compared to the total number of 600 know to the PCT as at 31 March 2009. This equates to 13.33% of our known LD population being in employment. High is good.	5.20%
<b>NI 149 / VSC06 Proportion of adults in contact with secondary mental health services in settled accommodation</b>							
NI 149 / VSC06 Proportion of adults in contact with secondary mental health services in settled accommodation	Oct 09		4.85			SEP 09 year to date figure. Please note that only 12% of the data is currently recorded on CRS.	25.10%
<b>NI 150 / VSC08 Proportion of adults in contact with secondary mental health services in employment</b>							
NI 150 / VSC08 Proportion of adults in contact with secondary mental health services in paid employment	Oct 09	26	0.76			SEP 09 year to date figure. Please note that only 12% of data is currently recorded on CRS.	3.60%

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 8</b>
<b>9 MARCH 2010</b>	<b>Public Report</b>

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

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

### **PETERBOROUGH SAFEGUARDING ADULTS – QUARTERLY REPORT**

#### **1. PURPOSE**

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

#### **2. RECOMMENDATION**

- 2.1 That the Scrutiny Commission notes and comments on the quarterly report on adult safeguarding.

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

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

#### **4. PERFORMANCE**

- 4.1 The alerts since the last report are attached at appendix 1 and information on the number of cases and the outcomes is attached at appendix 2.

- 4.2 Points of note from the data are:

- The total number of referrals to the Safeguarding Team is relatively similar since the last quarter. There is a drop in referrals in December; however, this is in line with lower rates of referrals overall.
- During the period October 2009 to January 2010, there were 259 calls into the Safeguarding Team, 169 of which did not result in progression into a full investigation process as they did not meet the criteria for safeguarding. The percentage of non-alerts has risen, and represents 67% of the calls coming in, an increase of 7% from the last quarter.
- There is currently an additional dedicated experienced social worker attached to the Safeguarding Team, who has been allocated cases as an enquiry. This means she proceeds immediately to an initial investigation leading to information that can confirm that the case can be considered as a non-alert at that time.
- Other issues that could be considered responsible for the increase in non-alerts are an improved knowledge of risk management in complex cases and an increase in capacity within the team of experienced social work and management time to liaise and facilitate discussion around, for example, the Mental Capacity Act.

- 4.3 In line with a decision of the Adult Safeguarding Board at its November 2009 meeting, alerts from black and minority communities will be reviewed six monthly against the relevant population benchmarks.
- 4.4 There is an increase in the number of referrals relating to "other vulnerable people". In January 2010, 4 out of 12 were in this category, compared to previous months where only 1 in 10 and 1 in 30 were featured.
- 4.5 During January all referrals related to individual alerts, there have been no multiple alerts. This may have been as a result of improved access by care staff to safeguarding workshops and other training opportunities as well as skills development. There is also increased awareness of the safeguarding process and the outcomes related to Police action as a result of previous referrals.
- 4.6 Repeat alerts can be highlighted via the spreadsheet and assists the team in identifying the need for further actions, reviews and outcomes with a view to evidencing why the previous protection plan has not been successful.
- 4.7 It is recognised by senior managers that the spreadsheet is not the most robust method of collating information about safeguarding, as it is dependent on feedback from other agencies. This will be addressed after 15 March 2010 when the IT system will have embedded in RAISE all the fields required to report and inform managers about quality and process. There will be training available for all staff from agencies that currently input into RAISE to ensure understanding and compliance.
- 4.8 Monthly audits continue to be undertaken and these evidence improvement in the completion of timescales and use of the correct forms and checklists. Work on assessment standards is currently being completed. This will link into the future requirements for social care in delivering Putting People First concordat and the personalisation of adult social care services.

## **5. PETERBOROUGH SAFEGUARDING ADULTS BOARD**

- 5.1 The November 2009 meeting of the Board focused on the recommendations of the Serious Case Review. All nine recommendations from the Serious Case Review were agreed and each agency will submit its individual recommendations through the appropriate governance arrangements and produce an action plan that will be monitored by the Adult Safeguarding Board. The Board also discussed a report on alerts received from black and ethnic minority groups and recommendations from this report will feed into next year's refresh of the Joint Strategic Needs Assessment and the adult safeguarding training plan.
- 5.2 The February 2010 meeting of the Board focused on IT-related issues from the action plan, the agreement of a user and carer involvement strategy and the work to refocus and strengthen the adult safeguarding team.

## **6. SAFEGUARDING FORUM**

- 6.1 Topics discussed at the Forum included:
  - A presentation on alerts received from black and ethnic minority groups.
  - General discussion about the new vetting and barring scheme, including detailed process and implications from agencies.
  - A presentation by the safeguarding lead from Cambridgeshire and Peterborough Foundation Trust.

## **7. TRAINING**

- 7.1 Training provided in the period 1 November 2009 – 31 January 2010 is listed below:



<b>Course title</b>	<b>No. of participants</b>
Safeguarding raising awareness, including induction sessions	93
Safeguarding enhanced awareness	9
Leading safeguarding investigations	13
Domestic abuse	0
Mental Capacity Act awareness	56
Mental Capacity Act – capacity assessment	5
Deprivation of Liberty	30

## **8. EXPECTED OUTCOMES**

8.1 The Scrutiny Commission is asked to note and discuss the content of the report.

## **9. NEXT STEPS**

9.1 Safeguarding adults reports will be submitted to the Scrutiny Commission on a quarterly basis.

## **10. BACKGROUND DOCUMENTS**

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

None.

**CONCERNS, SUSPICIONS OR ALLEGATIONS OF ABUSE  
2009 – 2010**

	Jan to Mar	April to June	July 09	Aug 09	Sept 09	Oct 09	Nov 09	Dec 09	Jan 2010
<b>TOTAL NUMBER OF ALERTS</b>	<b>124</b>	<b>89</b>	<b>47</b>	<b>34</b>	<b>32</b>	<b>33</b>	<b>35</b>	<b>10</b>	<b>12</b>
<b>Age breakdown</b>									
18 to 30	4	8	8	3	1	4	3	0	1
31 to 45	9	20	3	5	0	1	4	1	3
46 to 64	17	11	12	10	6	5	3	4	3
65 to 79	15	11	8	6	9	10	11	1	2
80+	71	36	16	10	16	13	14	4	3
Unknown	6	1	0	0	0	0	0	0	0
<b>Whereabouts at time of alert</b>									
Own home	58	51	25	13	18	20	19	7	4
Care home	50	25	9	9	9	9	10	2	5
Hospital	8	4	3	2	1	1	1	1	0
Other	3	9	7	8	4	3	3	0	3
Unknown as yet	5	-	3	2	0	0	2	0	0
<b>Gender</b>									
Female	82	65	28	16	22	25	24	7	9
Male	38	23	19	18	10	8	11	3	3
Unknown as yet	4	1	0	0	0	0	0	0	0
<b>Ethnic origin</b>									
White British	107	73	37	27	27	27	30	8	11
Other white	3	3	3	4	1	0	3	1	1
Pakistani	3	6	2	2	0	1	1	0	0
Other Asian	6	1	2	0	1	1	1	0	0
Unknown as yet/not recorded	5	6	3	1	3	4	0	1	0
<b>Vulnerable adult client group</b>									
Physical disability	40	18	7	3	16	23	20	0	0
Mental health	15	15	3	2	8	5	10	2	4
Learning disability	18	19	11	12	2	4	1	1	1
Frailty and temporary illness	31	27	21	12	3	0	0	6	3
Dementia	12	8	4	2	2	0	0	0	0
Other vulnerable people	2	2	0	2	0	1	4	1	4
Unknown/not recorded	6	-	1	1	1	0	0	0	0
Visual Impairment		-	0	0	0	0	0	0	0
<b>Self funding</b>									
Yes	12	5	0	1	1	3	2	1	1
No	87	80	46	32	29	24	32	7	8
Not known/not recorded	16	4	1	1	2	3	1	2	3
Funded by another authority	9	-	3	1		3	1	0	0
<b>Type of abuse</b>									
Financial			8	6	11	10	17	3	3
Neglect			5	7	3	14	3	1	0
Physical			22	13	15	5	11	5	8
Discriminatory			0	0	0	0	0	0	0
Sexual			3	2	0	2	0	0	0
Emotional			8	4	3	2	4	1	1
Psychological			0	1	0	0	0	0	0
Multiple			0	0	0	0	0	0	0
<b>Non Alerts</b>						<b>30</b>	<b>51</b>	<b>39</b>	<b>49</b>

## NUMBER OF CASES AND OUTCOMES

1. The analysis of identifying substantiated/partially substantiated/ unsubstantiated and unresolved cases is only currently possible once the work is completed on them. Current closures and checklists confirm:

Out of 18 cases November and December

- 2 substantiated allegations
- 11 unsubstantiated allegations
- 0 partially substantiated
- 5 unresolved
- 0 not proceed

2. Outcomes have been identified from case recording as well as completed investigation reports and safeguarding checklists. Outcomes to date have been:

- Increased Support for Carers who have vulnerable people living at home.
- Change of placement
- Appointee-ship arrangements put in place and improved financial support. Where there is a multiple allegation there is often increased contract monitoring and Social Worker input to support improved procedures in a care home, improved training for staff, including in-house support from PCS for Care Homes where staff are unsure of their role in managing behavioural issues.
- Criminal conviction and reporting to POVA scheme with the support of the Police.
- Court of Protection arrangements in line with the Mental Capacity Act.
- Updated care plans and Review of Medications by various team members of the Mental Health Team we work in partnership with.
- Where there is dissatisfaction with the quality of care there has been a change of agency
- Improved monitoring of recording and clarity of reporting arrangements in both care agencies and care homes
- Appointeeship as a positive outcome for service users with safeguarding alerts relating to them not being able to manage their finances.
- Improved clarity of procedures were made on an acute ward

The main category of high numbers of alerts is still older people in the community and people with a learning disability.

3. During this quarter the unresolved cases have related to safeguarding alerts that have involved service users with a dementia who either live at home with their carer or live within a residential unit with other residents at potential risk.

The allegation of assault, for example has been left unresolved as the person has not had the capacity to understand the issues.

On these occasions the notes record outcomes such as extra support to the family, respite, assessment under the mental health act and further reviews of medications. A couple have been with reference to financial issues and the outcomes recorded here are a police investigation with the person facing disciplinary action or police action.

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 9</b>
<b>9 MARCH 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 update 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 spaces to reduce the risk of injury and potential transmission of blood borne viruses to members of the public.

At its meeting on 12 January 2010, the Commission agreed that all bins should be installed by the end of March 2010.

#### **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 has been 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.

**10. APPENDICES**

None.

**PETERBOROUGH CITY  
COUNCIL'S FORWARD PLAN  
1 MARCH 2010 TO 30 JUNE 2010**

## FORWARD PLAN OF KEY DECISIONS - 1 MARCH 2010 TO 30 JUNE 2010

During the period from 1 March 2010 To 30 June 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:

- Opportunity Peterborough Business Plan
- Affordable Housing Fund allocation for Stanground South
- Economic Participation Programme – Funding Allocations
- Adult Drug Treatment Plan
- Supporting People Programme: Independent Living Support Service
- Extension to Hampton Hargate School



## MARCH

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<b>Culture Trust</b> To agree whether to proceed with the Trust as set out in the Cabinet decision of 12 October 2009	March 2010	<b>Cabinet</b>	Strong & Supportive Communities	All relevant stakeholders as appropriate	John Harrison Executive Director-Strategic Resources Tel: 01733 452398 <a href="mailto:john.harrison@peterborough.gov.uk">john.harrison@peterborough.gov.uk</a>	Public report will be available from the Governance Team one week before the decision is made.
<b>Opportunity Peterborough Business Plan</b> To endorse the draft Opportunity Peterborough Business Plan 2010/13.	March 2010	<b>Cabinet</b>	Sustainable Growth	All relevant stakeholders as appropriate	Gillian Beasley Chief Executive Tel: 01733 452302 <a href="mailto:gillian.beasley@peterborough.gov.uk">gillian.beasley@peterborough.gov.uk</a>	Public report will be available from the Governance Team one week before the decision is made.
<b>Refreshed Local Area Agreement (LAA)</b> To sign off the refreshed LAA prior to its submission to the Government Office	March 2010	<b>Leader of the Council</b>	Environment Capital	Relevant stakeholders and for a including Environment Capital Scrutiny Committee	Christina Wells Head of Strategic Improvement & Partnerships Tel: 01733 863604 <a href="mailto:christina.wells@peterborough.gov.uk">christina.wells@peterborough.gov.uk</a>	Public report will be available from the Governance Team one week before the decision is made.

<p><b>Carbon Challenge - Option Agreement and Collaboration Agreement</b> To authorise the Chief Executive in consultation with the Executive Director Strategic Resources, Head of Legal Services and Head of Strategic Property to agree the final wording of and enter into: 1) an Option Agreement with the Developer of the Carbon Challenge Site; and 2) a Collaboration Agreement with the public sector Partners for Peterborough City Carbon Challenge.</p>	March 2010	<p><b>Cabinet Member for Strategic Planning, Growth and Human Resources</b></p>	Sustainable Growth	Internal departments as appropriate	<p>Gillian Beasley Chief Executive Tel: 01733 452302 <a href="mailto:gillian.beasley@peterborough.gov.uk">gillian.beasley@peterborough.gov.uk</a></p>	<p>Public report will be available from the Governance Team one week before the decision is made.</p> <p>100212 CC CMDN</p> <p>100204 CC - Public Report</p>
<p><b>Affordable Housing Fund Allocation for Stanground South</b> To award funding from the affordable housing fund to Cross Keys Homes to enable the delivery of 80 affordable homes at Stanground South.</p>	March 2010	<p><b>Cabinet Member for Strategic Planning, Growth and Human Resources</b></p>	Sustainable Growth	All appropriate stakeholders will be consulted	<p>Anne Keogh Housing Strategy Manager Tel: 01733 863815 <a href="mailto:anne.keogh@peterborough.gov.uk">anne.keogh@peterborough.gov.uk</a></p>	<p>Public report will be available from the Governance Team one week before the decision is made.</p>

<p><b>Economic Participation Programme</b> Approval for the Executive Director, Operations to authorise alterations to the schedule of funding allocations on the Programme in 2009-10 and 2010-11 up to the value of £150,000 per project.</p>	March 2010	<p><b>Cabinet Member for Regional and Business Engagement</b></p>	Strong & Supportive Communities	Internal departments as appropriate	<p>Anne Senior Economic Participation Manager Tel: 01733 864106 <a href="mailto:anne.senior@peterborough.gov.uk">anne.senior@peterborough.gov.uk</a></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>	March 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 <a href="mailto:susan.fitzwilliam@peterborough.gov.uk">susan.fitzwilliam@peterborough.gov.uk</a></p>	Public report will be available from the Governance Team one week before the decision is made.
<p><b>Local Transport Plan Capital Programme of Works 2010/11</b> To approve the proposed programme of works for 2010/11</p>	March 2010	<p><b>Cabinet Member for Neighbourhoods, Housing and Community Development</b></p>	Environment Capital	Consultation will be undertaken with the relevant internal stakeholders and with the Environment Capital Scrutiny Committee	<p>Sally Savage Senior Project Support Worker Tel: 01733 452655 <a href="mailto:sally.savage@peterborough.gov.uk">sally.savage@peterborough.gov.uk</a></p>	Public report will be available from the Governance Team one week before the decision is made.

<p><b>Adult Drug Treatment Plan 2010/11</b> The Plan is required by the National Treatment Agency for Substance Misuse (NTA) and sets out how the Safer Peterborough Partnership (SPP) will meet the targets and priorities it has identified locally in relation to tackling drugs.</p>	March 2010	<p><b>Cabinet Member for Neighbourhoods, Housing and Community Development</b></p>	Commission for Health Issues	<p>Consultation has been undertaken with the Safer Peterborough Partnership Board; SPP Delivery Board; SPP Adult Joint Commissioning Group for Drugs; local service providers; and the local service user group, SUGA</p>	<p>Karen Kibblewhite Community Safety And Substance Misuse Manager Tel: 01733 864122 <a href="mailto:karen.kibblewhite@peterborough.gov.uk">karen.kibblewhite@peterborough.gov.uk</a></p>	<p>Public report will be available from the Governance Team one week before the decision is made.</p>
<p><b>PCC Building Schools for the Future Programme - ICT Managed Service</b> To approve delegations for the procurement of the ICT Managed Service</p>	March 2010	<p><b>Cabinet Member for Education, Skills and University</b></p>	Creating Opportunities and Tackling Inequalities	<p>Consultation will be undertaken with head teachers, Building Schools for the Future project team, DLT, Schools IT Working Group</p>	<p>Brian Howard PFI Project Manager Tel: 01733 863976 <a href="mailto:brian.howard@peterborough.gov.uk">brian.howard@peterborough.gov.uk</a></p>	<p>Public report will be available from the Governance Team one week before the decision is made.</p>

<p><b>PCC Building Schools for the Future Programme - Approvals Processes</b> To agree the approval processes for the programme</p>	March 2010	<p><b>Cabinet Member for Education, Skills and University</b></p>	Creating Opportunities and Tackling Inequalities	Ward councillors, relevant portfolio holders and internal departments as appropriate	<p>Brian Howard PFI Project Manager Tel: 01733 863976 <a href="mailto:brian.howard@peterborough.gov.uk">brian.howard@peterborough.gov.uk</a></p>	Public report will be available from the Governance Team one week before the decision is made.
<p><b>Award of Contract - Nene Valley Primary School</b> To award the contract for an extension to the school</p>	March 2010	<p><b>Cabinet Member for Education, Skills and University</b></p>	Creating Opportunities and Tackling Inequalities	Internal departments as appropriate	<p>Alison Chambers Asset Development Officer Tel: 01733 863975 <a href="mailto:alison.chambers@peterborough.gov.uk">alison.chambers@peterborough.gov.uk</a></p>	Public report will be available from the Governance Team one week before the decision is made.
<p><b>Award of Contract - Heltwate School</b> To award the contract for refurbishment of the school</p>	March 2010	<p><b>Cabinet Member for Education, Skills and University</b></p>	Creating Opportunities and Tackling Inequalities	Internal departments as appropriate	<p>Alison Chambers Asset Development Officer Tel: 01733 863975 <a href="mailto:alison.chambers@peterborough.gov.uk">alison.chambers@peterborough.gov.uk</a></p>	Public report will be available from the Governance Team one week before the decision is made.

<p><b>Supporting People Programme: Independent Living Support Service</b>          To approve a contract between Peterborough City Council and NHS Peterborough to jointly commission existing housing related support services where social care is also provided or the services meet local or national priorities and strategy through the NHS Peterborough commissioned Independent Living Support Service, for an initial term of 3 years from 1 April 2010 with the discretion to extend this on an annual basis to a maximum of 5 years.</p>	<p>March 2010</p>	<p><b>Cabinet Member for Health and Adult Social Care</b></p>	<p>Commission for Health Issues</p>	<p>Supporting People Providers Forum, Core Strategy and Development Group and the Commissioning Body.</p>	<p>Belinda Child          Housing Strategic Manager          Tel: 01733 863769  <a href="mailto:belinda.child@peterborough.gov.uk">belinda.child@peterborough.gov.uk</a></p>	<p>Public report will be available from the Governance Team one week before the decision is made.</p>
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<p><b>Hampton Children's Centre</b>  The development of a children's centre facility in the grounds of Hampton Hargate Primary School. The facility will comprise rooms for a larger pre-school as well as multi function rooms to develop a range of services predominantly for children under 5 and their families</p>	<p>March 2010</p>	<p><b>Cabinet Member for Children's Services</b></p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>A range of people and organisations have been consulted through the process. Ongoing consultation will take place in working with parents to ensure the service delivered from the facility meet local needs</p>	<p>Pam Setterfield  Assistant Head of Children &amp; Families Services (0-13)  Tel: 01733 863897  <a href="mailto:pam.setterfield@peterborough.gov.uk">pam.setterfield@peterborough.gov.uk</a></p>	<p>Public report will be available from the Governance Team one week before the decision is made.</p>
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<p><b>Section 75 Pooled funding arrangements for substance misuse services</b></p> <p>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>	March 2010	<b>Cabinet Member for Resources</b>	Commission for Health Issues	Internal stakeholders as appropriate	<p>Paul Phillipson          Executive Director Operations          Tel: 01733 453455  <a href="mailto:paul.phillipson@peterborough.gov.uk">paul.phillipson@peterborough.gov.uk</a></p>	<p>Public report will be available from the Governance team one week before the decision is made</p>
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<p><b>Connected Care Peterborough</b> To authorise the acquisition of the long lease of 102-104 Bridge Street, Peterborough by the city council from which NHS Peterborough will deliver the Connected Care model under the Council's Economic Participation Programme</p>	March 2010	<b>Cabinet Member for Resources</b>	Sustainable Growth	Local residents, ward councillors, relevant Cabinet Members, local MPs	Paul Phillipson Executive Director Operations Tel: 01733 453455 <a href="mailto:paul.phillipson@peterborough.gov.uk">paul.phillipson@peterborough.gov.uk</a>	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>	March 2010	<b>Cabinet Member for Resources</b>	Sustainable Growth	Consultations will be undertaken with relevant stakeholders and ward councillors	Andrew Edwards Head of Strategic Property Tel: 01733 384530 <a href="mailto:andrew.edwards@peterborough.gov.uk">andrew.edwards@peterborough.gov.uk</a>	Public report will be available from the Governance Team one week before the decision is made.
<p><b>Surrender of Lease</b> To agree the acceptance of the surrender of a lease</p>	March 2010	<b>Cabinet Member for Resources</b>	Sustainable Growth	Internal consultations as appropriate and with ward members	Andrew Edwards Head of Strategic Property Tel: 01733 384530 <a href="mailto:andrew.edwards@peterborough.gov.uk">andrew.edwards@peterborough.gov.uk</a>	Public report will be available from the Governance Team one week before the decision is made.

<p><b>Disposal of the Former Lady Lodge Site</b>  Sale of the site subject to detailed planning consent for the development of a 70 bedroom care home for the elderly</p>	<p>March 2010</p>	<p><b>Cabinet Member for Resources</b></p>	<p>Sustainable Growth</p>	<p>Ward councillors and internal departments as appropriate</p>	<p>Andrew Edwards  Head of Strategic Property  Tel: 01733 384530  <a href="mailto:andrew.edwards@peterborough.gov.uk">andrew.edwards@peterborough.gov.uk</a></p>	<p>Public report will be available from the Governance Team one week before the decision is made.</p>
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## APRIL

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<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>April 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 <a href="mailto:fiona.o'mahony@peterborough.gov.uk">fiona.o'mahony@peterborough.gov.uk</a></p>	<p>Public report will be available from the Governance Team one week before the decision is made</p>

**MAY**

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

## JUNE

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p><b>Extension to Hampton Hargate School</b>                      Authority to award a contract for the construction of an extension to Hampton Hargate Primary School</p>	<p>June 2010</p>	<p><b>Cabinet Member for Education, Skills and University</b></p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Consultation will take place with relevant stakeholders, internal departments and ward councillors as appropriate.</p>	<p>Isabel Clark                      Planning &amp; Development Manager                      Tel: 01733 863914  <a href="mailto:isabel.clark@peterborough.gov.uk">isabel.clark@peterborough.gov.uk</a></p>	<p>Public report will be available from the Governance Team one week before the decision is made</p>

**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

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