

SCRUTINY COMMISSION FOR HEALTH ISSUES

MONDAY 19 JULY 2010
7.00 PM

Bourges/Viersen Room - Town Hall

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

1 - 6

To approve the minutes of the meeting held on 14 June 2010.

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. Draft Protocol Between the Scrutiny Commission for Health Issues and the Peterborough Local Involvement Network (LINK)

7 - 10

6. NHS Peterborough Budgetary Monitoring - 2009/10 Outturn

11 - 18

7. Peterborough Safeguarding Adults - Quarterly Report

19 - 32

8. Walk-in Services

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To receive a report from NHS Peterborough on the future delivery of walk-in services in Peterborough.

- | | | |
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| 9. | Forward Plan of Key Decisions | 67 - 68 |
| 10. | Work Programme | 69 - 72 |
| 11. | Date of Next Meeting | |

The next meeting of the Scrutiny Commission for Health Issues is scheduled to be held on Monday, 13 September 2010.



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.

Committee Members:

Councillors: B Rush (Chairman), Y Lowndes (Deputy Chair), Arculus, P Nash, J Stokes, D Fower and N Khan

Substitutes: Councillors: R Dobbs, A Shaheed and Z Hussain

Further information about this meeting can be obtained from Alana Hair on telephone 01733 452276 or by email – alana.hair@peterborough.gov.uk

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES HELD ON
MONDAY 14 JUNE 2010 AT THE BOURGES/VIERSEN ROOM - TOWN HALL**

Present: Councillors B Rush (Chairman), Y Lowndes (Deputy Chair), Arculus, P Nash, D Fower and N Khan

Also Present: Councillors D Lamb, Z Hussain and M Jamil

Officers Present: Marie Southgate, Lawyer
Alana Hair, Governance Officer
Denise Radley, Deputy Chief Executive, NHS Peterborough
Sarah Shuttleworth, Contracts and Performance Director
Tina Hornsby, Head of Performance and Informatics
Annette Newton, Cambridgeshire and Peterborough Foundation Trust
Nik Patten, Chief Executive, Peterborough and Stamford Hospitals Trust
Dr Mike Caskey
Nick Scully, Project Manager, NHS Peterborough

1. Apologies

Apologies were received from Cllr J Stokes. Cllr R Dobbs attended as substitute for Cllr Stokes.

2. Declarations of Interest and Whipping Declarations

There were no declarations.

3. Minutes

The minutes of the meetings held on 9 March 2010 and 29 March 2010 were approved.

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

There were no call in requests to consider.

The Commission agreed to consider Agenda Item No. 9, Closure of Millfield Surgery, 10 Searjeant Street, Peterborough as the next item of business.

5. Closure of Millfield Surgery, 10 Searjeant Street, Peterborough

This item was referred to the Scrutiny Commission for Health Issues at the request of the Central and North Neighbourhood Council and concerned the proposed closure of a primary care facility located in the Central Ward. The matter was deferred as the Neighbourhood Council had raised concerns that the Central Ward community had not been appropriately consulted about the closure.

Dr Mike Caskey, a general practitioner with twenty years experience of delivering primary care services in the city centre, and who now worked closely with the PCT on health delivery, made the following comments in relation to the closure:

- The trend to move away from single handed primary care delivery was lead by central government;
- It was in the interests of good governance, quality care and patient and practitioner safety that practitioners now work in groups rather than in isolation;

- Closure of the Millfield Surgery did not equate to a cut in service provision as there were adequate primary care services available in the immediate area and that these surgeries were able to take on patients from Millfield.
- Whilst there were three (3) doctors and several nurses that worked at the Millfield site, only 1 GP was there often and the others mostly worked at the main practice located at Boots in Queensgate. The practitioners rarely met as the GP is isolated and in the long run problems develop.
- Movement away from this kind of service is part of plans for the future and to continue in this way is hard to justify as newly qualified doctors are not looking to this kind of practice, but to new facilities and working in groups.
- The service contract is due to end at the end of July and the contractor did not wish to continue.
- The PCT considered that the decision not to continue with providing primary care in this location was an engagement process and not a consultation process. As it did not equate to a service cut or a major reconfiguration, there was no consultation with ward councillors or the public.
- An equality impact assessment had been done across the whole of the strategic plan,
- Patients from Millfield Surgery did not have to go to Boots; they were free to choose another surgery. An event was to be held on 22 June 2010 for patients to meet with many surgeries and make an informed decision.

Cllr Arculus arrived at 7.25pm.

Cllr Z Hussain, ward member for Central ward, addressed the Committee and made the following comments:

- Concerned at the closure of the surgery, which had provided good service to the community with no issues or complaints.
- It is unfair to remove the only service in the ward.
- The decision to close should be deferred until a proper plan was considered for this area.
- The deprivation of services for Central ward was unjust and inequitable.

Mr Khan, who has been resident in the Central Ward area for 30 years informed the Committee that residents wanted the surgery to stay.

Cllr M Jamil, ward member for Central Ward, addressed the Committee and made the following comments:

- The doctor is not a single doctor working alone but is part of a larger practice.
- Has the doctor been given the opportunity to continue?
- Central ward is always overlooked – good enough to dumping but not good enough for the positive things that the community wants.

In responding to Cllr Jamil's question, Mr Mike Caskey, advised that the GP in question was a partner in the main practice and he was unaware of the conversation having taken place.

AGREED ACTION:

That reports on the following be submitted to future meetings:

1. Future plans for service delivery in the Central Ward area; and
2. Proposed changes to primary care delivery across Peterborough

6. Scrutiny Of Proposals For Neonatal Services - Joint Committee

The Commission considered a report which invited the Commission to appoint members to a Joint Health Scrutiny Committee to examine proposals for neonatal services for Cambridgeshire, Norfolk, Suffolk and Peterborough.

AGREED ACTION:

That Councillors Khan and Lowndes represent the Commission on the Joint Health Committee.

7. NHS Peterborough Turnaround Plan

The Commission received a presentation on the Turnaround Plan which had been adopted by the PCT Board on 19 May 2010.

In presenting the item, Denise Radley, Deputy Chief Executive of NHS Peterborough made the following points:

- Sheila Bremner, the Interim Chief Executive of NHS Peterborough, had established a System Transformation Board, which was comprised of Chairs and Chief Executives of all health organisations in Peterborough and included the Leader and Chief Executive of Peterborough City Council. The Board would support the development and delivery, implementation and monitoring of the plan.
- The £12.8 million deficit had been covered by other East of England organisations in an agreement brokered by the Strategic Health Authority (SHA). This debt would need to be repaid.
- A recently undertaken staff survey had a very high response rate and demonstrated that whilst the PCT scored best on motivation, it generally scored below average in all other areas.
- The plan focussed on community based care and value for money by reducing corporate costs and maximising efficiency. The PCT Board's key concern had been to delivery a balanced plan that would allow the PCT to regain financial control but not disadvantage vulnerable groups.

Observations and Questions:

- Members wanted to know if negotiations between NHS Peterborough and the Peterborough and Stamford Hospitals Trust had broken down. Sarah Shuttleworth, Contracts and Performance Director advised that discussions had not broken down, however the parties were not yet at a point of agreement. Nik Patten, Chief Executive of the Hospitals Trust advised that some areas required more detail, such as those relating to walk in centres, and that the contract negotiations were at the point where mediation was required.
- Members wanted to know if the migration of services to the new hospital would incur additional costs and if so, had these costs been included in the turnaround plan. Nik Patten, Chief Executive of the Hospitals Trust advised that the new hospital was due to open on 15th November 2010 and that transitional funding was available so that the move was not a burden on the PCT.
- Members wanted to know what the impact of the Turnaround Plan was on patients and frontline services. Denise Radley, Deputy Chief Executive advised that the plan was achievable and realistic and could be delivered with a minimal impact on patients. The plan was used as a start point and took in to consideration detailed bench marking of what is possible elsewhere, and best practice in these areas.
- Members wanted to know on what basis had the £12.8 million loan been taken and what interest level was being charged. Denise Radley, Deputy Chief Executive advised that the agreement had been arranged by the SHA. This was a formal

agreement between the PCT and the SHA and would require repaid over two years. It was believed that interest was not payable on the loan.

- Members expressed concern at the reliance on consultant expertise, particularly in senior positions. The PCT currently had an interim Chief Executive and had seen a few Interim Finance Directors – Members wanted to know if this was robust and would this approach be carried forward? Denise Radley, Deputy Chief Executive advised that in the interim, working with specialist expertise supported the delivery of the plan.

AGREED ACTION:

1. That the Commission receive an update on performance against the Turnaround Plan at its meeting in November; and
2. That Walk In Centres be the subject of a report to the meeting in July.

8. Quarterly Performance Report on Adult Social Care Services in Peterborough

The Commission received a report which showed progress against agreed Adult Social Care key outcomes and targets for eth year 2009-10. In presenting the report, Tina Hornsby, Head of Performance and Informatics made the following comments:

- The PCT's performance in 2009-10 had been good overall and compared well locally and nationally when benchmarked against PCTs of a similar size.
- There had been a remarkable improvement in waiting times for assessment and achievement in this area had been better than the target.

Observations and Questions:

- Members hoped to see Outcome 7 – Maintaining Personal Dignity and Respect would go from “performing adequately” to “performing well” in 2010-11.
- Members wanted to know more about why the delivery of some aspects of the strategy for mental health services had been challenging. Denise Radley, Deputy Chief Executive advised that a piece of work was being done to move across to a new mental health patient data programme and that the PCT was working closely with the Mental Health Trust on this project. The Mental Health Trust had been reporting monthly on performance for the last 3 to 4 months.
- Members wanted to know if the new hospital would improve mental health service delivery. Annette Newton, Cambridgeshire and Peterborough Foundation Trust advised that the Cavell centre provided a wonderful and much improved patient environment which was better for provision of services and better for the wellbeing of patients.

9. Transforming Community Services - Future of the PCT Provider Arm

The Commission received a report from NHS Peterborough regarding the transformation of community services for Peterborough.

In presenting the report, Nick Scully, Project Manager made the following comments:

- In February the PCT Board had agreed that the Community Foundation Trust option was no longer the preferred option.
- The PCT Board had approved the recommendations contained in the report.
- The transformation plans would be developed between now and the end of July, with the new organisation forming from April 2011.
- The changes will ultimately result in a Cabinet decision.

The Denise Radley, Deputy Chief Executive advised that the PCT will retain the commissioning role and that this change was about organisational form rather than service provision. Adult social care was included in this change.

10. Work undertaken in 2009-2010 and Priorities for 2010-2011

The Commission received a report outlining the work undertaken in 2009-10 and which sought input from the Commission in developing its own work programme for 2010-11 in line with the Council's key priorities and the Commission's remit.

The following items were identified for inclusion in the work programme:

- Regular updates on the safe sharps disposal project
- Teenage pregnancy
- Walk in Centres
- The future delivery of primary care in Peterborough

11. Cessation of Comprehensive Area Assessments

The Commission received a report from the Executive Director – Strategic Resources which brought to Members' attention the advice from central government to the Council that Comprehensive Area Assessment was being brought to a close.

The Commission noted the report.

12. Forward Plan of Key Decisions

The Commission considered the most recent version of the Forward Plan of Key Decisions and did not identify any items for inclusion in the work programme.

13. Date of Next Meeting

The next meeting of the Scrutiny Commission for Health Issues is scheduled to be held on Monday, 19 July 2010.

The meeting began at 7.00 pm and ended at 9.45 pm

CHAIRMAN

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 5
19 JULY 2010	Public Report

Report of the Solicitor to the Council

Contact Officer(s) – Alana Hair, Governance Officer
Contact Details – 01733 452276, alana.hair@peterborough.gov.uk

DRAFT PROTOCOL BETWEEN THE SCRUTINY COMMISSION FOR HEALTH ISSUES AND THE PETERBOROUGH LOCAL INVOLVEMENT NETWORK

1. PURPOSE

- 1.1 The purpose of this report is to present for the Commission's consideration and adoption the draft Protocol between the Scrutiny Commission for Health Issues and the Peterborough Local Involvement Network (LINK).

2. RECOMMENDATIONS

- 2.1 That the Scrutiny Commission for Health Issues adopts the Protocol between the Scrutiny Commission for Health Issues and the Peterborough Local Involvement Network (LINK).

3. KEY ISSUES

- 3.1 The Local Government and Public Involvement in Health Act 2007 enables a Local Involvement Network (LINK) to refer a matter relating to health and social care services to the appropriate scrutiny committee of a local authority. At Peterborough, the appropriate scrutiny committee is the Scrutiny Commission for Health Issues.
- 3.2 The Protocol sets out an agreed process for dealing with referrals between the Peterborough LINK and the Scrutiny Commission, and clearly sets out each body's commitment to working together to promote the general health and wellbeing of the residents of Peterborough.
- 3.3 It is intended that the Protocol will be reviewed annually.

4. BACKGROUND DOCUMENTS

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

- 4.1 None.

5. APPENDICES

- 5.1 Draft Protocol Between the Scrutiny Commission for Health Issues and the Peterborough Local Involvement Network (LINK)

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PROTOCOL BETWEEN THE SCRUTINY COMMISSION FOR HEALTH ISSUES AND THE PETERBOROUGH LOCAL INVOLVEMENT NETWORK

1.0 Introduction

- 1.1 The Local Government and Public Involvement in Health Act 2007 enables a Local Involvement Network (LINK) to refer a matter relating to health and social care services to the appropriate scrutiny committee of a local authority. At Peterborough this would be the Scrutiny Commission for Health Issues.
- 1.2 This protocol is designed to guide the relationship between the Scrutiny Commission and the LINK, to aid communication, co-operation and understanding.

2.0 Purpose of the Protocol

- 2.1 To guide the exchange of information and work programmes between the Scrutiny Commission and the LINK.
- 2.2 To establish mechanisms for referring items between the Scrutiny Commission and the LINK.
- 2.3 To foster co-operation and avoid duplication in work programmes.
- 2.4 To strengthen the scrutiny process.

3.0 Referrals from the LINK to the Scrutiny Commission

- 3.1 The LINK will make any referrals in writing to the Scrutiny Manager.
- 3.2 When the LINK refers a matter the Scrutiny Commission will:
 - Acknowledge receipt of the referral in writing within 20 working days
 - Consider the referral at the next appropriate Scrutiny Commission meeting and decide whether it should, on the basis of the information provided, investigate the issue further
 - Take into account any relevant information provided by the LINK
 - Advise the LINK in writing as to whether it intends to take any further action in response to the referral, or the reasons for no action being taken
 - Advise the LINK in writing of the outcome of any actions in relation to the matter

4.0 Referrals from the Scrutiny Commission to the LINK

- 4.1 The Scrutiny Commission will make any referrals in writing to the host organisation.
- 4.2 When the Scrutiny Commission refers a matter to the LINK will:
 - Acknowledge receipt of the referral in writing within 20 working days
 - Consider the referral at the next appropriate LINK meeting and decide whether it should, on the basis of the information provided, investigate the issue further
 - Take into account any relevant information provided by the Scrutiny Commission
 - Advise the Scrutiny Commission in writing as to whether it intends to take any further action in response to the referral, or the reasons for no action being taken
 - Advise the Scrutiny Commission in writing of the outcome of any actions in relation to the matter

5.0 Commitments by the Scrutiny Commission

- 5.1 The Scrutiny Commission will:
 - Invite the LINK to nominate a representative to have a standing invitation to attend

meetings of the Scrutiny Commission, where they will be able to take a full part in the debate but will not be able to vote on any matters

- Keep the LINK informed of its activities by providing copies of the agenda and minutes of their meetings to the host organisation
- Seek the views of the LINK when developing its work programme to avoid duplication
- Provide the LINK with copies of any reports published by the Scrutiny Commission
- Where appropriate, invite the LINK to contribute to any scrutiny reviews by attending to give evidence and providing information
- Consider any referrals of issues received in writing from the LINK for inclusion in its work programme at the next appropriate Scrutiny Commission meeting
- Where appropriate, Members of the LINK will be invited to training opportunities undertaken by the Scrutiny Commission

6.0 Commitments by the LINK

The LINK will:

- Keep the Scrutiny Commission informed of its activities by providing copies of the agenda and minutes of their meetings to the Scrutiny Team
- Seek the views of the Scrutiny Commission when developing its work programme to avoid duplication
- Provide the Scrutiny Commission with copies of any reports published by the LINK
- Where appropriate, invite the Members of the Scrutiny Commission to contribute to any investigations by the LINK
- Consider any referrals of issues received in writing from the Scrutiny Commission for inclusion in its work programme at the next appropriate LINK meeting

7.0 Communications

- 7.1 Communications and exchange of information between the Scrutiny Commission and the LINK will normally be through the Scrutiny Team and the Host Organisation.
- 7.2 There will be an informal meeting between the Chairs of the Scrutiny Commission and the LINK at least twice a year to enable any issues to be raised and discussed.

8.0 Review of this Protocol

- 8.1 This Protocol will be reviewed annually.

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 6
MONDAY 19 JULY 2010	Public Report

Report of the Executive Director of Finance & Performance (NHS Peterborough)

Contact Officer(s) – Lesley MacLeod
Contact Details – 01733 758610

NHS PETERBOROUGH BUDGETARY MONITORING - 2009/10 OUTTURN

1. PURPOSE

- 1.1 To present the 2009/10 outturn position for Peterborough PCT.

2. RECOMMENDATIONS

- 2.1 The Commission is asked to consider the report and make any recommendations where appropriate.

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

- 3.1 The PCT's financial position includes that of the pooled budget. Pooled funds are used to deliver strategies set out in the Local Area Agreement and Annual Accountability Agreement between the PCT and Peterborough City Council.

4. BACKGROUND

- 4.1 The PCT has previously reported its financial position during 2009/10 to the Committee. This showed a forecast deficit which worsened throughout the financial year. The PCT also set out its plans to address the deficit through its turnaround plan.
- 4.2 The PCT has now finalised its accounts for the 2009/10 financial year and its auditors have issued an unqualified opinion on the financial statements. A summary of the financial position is given in appendices 1 to 3 to this report.

5. KEY ISSUES

- 5.1 The PCT has a number of statutory duties relating to its finances. The PCT's achievement against these duties is set out below:

Target	Outcome	Summary Comment
Do not Exceed Revenue Resource Limit (RRL) i.e. Financial Balance	The PCT overspent against its revenue resource limit by £12,832k.	The PCT has failed this duty and will be required to repay the overspend in future years. The outcome also impacts on the PCT's Use of resources scores.
Do not Exceed Capital Resource Limit	The PCT underspent against its capital resource limit by £1,035k.	The PCT has met its statutory duty. The underspend will not be available to the PCT in future years.

Do not exceed Overall Cash Limit		The PCT did not breach its cash resource limit for the year and remained within the requirement to have less than £50k in its bank accounts at the year end.
Achieve Full Cost Recovery on Provider Function	The PCT over recovered its costs of Provided functions by £483k.	The PCT met this duty. The underspend reflects the net year end position of Peterborough Community Services.
Achieve 3.5% Return on Capital	The cost of capital charge for 2009/10 equated to a negative charge of £511k.	The negative value reflects the PCT's balance sheet position of having net liabilities of £26,694k.
Achieve Better Payment Practice Code	The PCT's met this target in only one of the four measures.	The achievement of this target continues to present a challenge to the PCT. Processes to improve payment times continue to be under review.

5.2 Appendices 1 to 3 give a more detailed breakdown of the outturn financial position for 2009/10. Appendix 2 shows that the pooled budget overspent by £13.271m. All commissioning expenditure headings significantly overspent against their approved budgets. Acute commissioning overspent by £6.5m which was due to activity occurring above planned levels and also a failure to deliver required savings plans. However, the PCT did negotiate a settlement with Peterborough and Stamford Hospitals NHS Foundation Trust which reduced the PCT's overall liability. Another significant area of overspend was continuing care which overspent by £3.4m due to increases in the number of placements and the high costs of care homes. The pooled budget overspend was partially offset by reserves.

5.3 Appendix 3 shows the outturn position for the non pooled elements of the PCT's activities. Non pooled budgets marginally underspent by £140k.

6. IMPLICATIONS

6.1 As stated in 5.1 above the PCT failed in its statutory duty to remain within its Revenue resource Limit. The net overspend of £12.832m will need to be repaid to the Department of health in future years. In addition, the deficit has resulted in Use of Resources Scores of 1 in relation to the areas of effectively planning its finances and financial reporting.

7. APPENDICES

- 7.1 Appendix 1 – Summary Revenue Statement
Appendix 2 – Summary Pooled Revenue Statement
Appendix 3 – Summary Non Pooled Revenue Statement

**PETERBOROUGH PRIMARY CARE TRUST
SUMMARY REVENUE STATEMENT
PERIOD ENDED 31st MARCH 2010**

Appendix 1

	ANNUAL BUDGET	INCOME TO DATE	VARIANCE MONTH 12 TO DATE	PREVIOUS MONTH 11 VARIANCE
	£000's	£000's	£000's	£000's
RESOURCES				
PCT pooled	253,186	253,186	-	-
PCT Non-pooled	60,690	60,690	-	-
Hosted services	6,176	6,691	(515)	(119)
Total PCT Resources	320,052	320,567	(515)	(119)
			-	-

	ANNUAL BUDGET	EXPEND TO DATE	VARIANCE MONTH 12 TO DATE	PREVIOUS MONTH 11 VARIANCE
	£000's	£000's	£000's	£000's
EXPENDITURE			-	-
Commissioning External	185,801	199,555	(13,754)	(11,579)
Commissioning Internal	67,385	66,902	483	(21)
Total Pooled Budget	253,186	266,457	(13,271)	(11,600)
Non Pooled	60,690	60,550	140	195
			-	-
Hosted Services	6,176	6,392	(216)	266
			-	-
Total Accountable Expenditure	320,052	333,399	(13,347)	(11,139)

	ANNUAL BUDGET	NET POSITION TO DATE	VARIANCE MONTH 12 TO DATE	PREVIOUS MONTH 11 VARIANCE
	£000's	£000's	£000's	£000's
NET POSITION				
PCT Pooled	-	(13,271)	(13,271)	(11,600)
PCT Non-pooled	-	140	140	195
Hosted services	-	299	299	385
Total PCT	-	(12,832)	(12,832)	(11,020)

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**PETERBOROUGH PRIMARY CARE TRUST
SUMMARY POOLED REVENUE STATEMENT
PERIOD ENDED 31st MARCH 2010**

Appendix 2

EXPENDITURE	ANNUAL BUDGET £000's	EXPEND TOTAL TO DATE £000's	VARIANCE MONTH 12 TO DATE £000's	PREVIOUS MONTH 11 VARIANCE £000's
Commissioning Acute Trusts				
Peterborough and Stamford Hospitals FT	84,882	87,456	(2,574)	(2,772)
Cambridge University Hospitals FT	4,790	5,533	(743)	(731)
Hinchingbrooke	794	637	157	146
University Hospitals Leicester	1,561	1,917	(356)	(327)
Disinvestments to be achieved	(3,028)	-	(3,028)	(2,618)
MFF & Cquin	-	-	-	-
	88,999	95,543	(6,544)	(6,302)
Other NHS Commissioning				
Specialist Commissioning Consortia	14,787	16,703	(1,916)	(1,921)
Cambs & Peterborough FT	22,218	22,468	(250)	(230)
Disinvestments to be achieved	(1,682)	-	(1,682)	(1,402)
Other Mental Health	-	-	-	-
Individual Care Placements	11,733	12,238	(505)	(190)
East of England Ambulance service	5,608	5,837	(229)	(311)
Non Contracted Activity	5,915	6,625	(710)	(615)
	58,579	63,871	(5,292)	(4,669)
Non NHS Commissioning	4,757	7,713	(2,956)	(2,684)
Continuing Care	3,550	6,934	(3,384)	(2,613)

Corporate Services

Management structure	13,097	14,538	(1,441)	(433)
City Care Centre	886	1,794	(908)	(759)
MEA Revaluation Impairments	7,502	7,502	-	-
Public Health	1,669	1,660	9	133
	23,154	25,494	(2,340)	(1,059)

Reserves

Contingency	3,925	-	3,925	3,597
Reserves Frozen Pending Disinvestments	1,513	-	1,513	1,387
Commissioning Reserve	1,324	-	1,324	764
	6,762	-	6,762	5,748

Total Commissioning external

185,801	199,555	(13,754)	(11,579)
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Peterborough PCT Provider Services

67,385	66,902	483	(21)
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GRAND TOTAL EXPENDITURE

253,186	266,457	(13,271)	(11,600)
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**PETERBOROUGH PRIMARY CARE TRUST
SUMMARY NON POOLED REVENUE STATEMENT
PERIOD ENDED 31st MARCH 2010**

Appendix 3

EXPENDITURE	ANNUAL BUDGET £000's	EXPEND TOTAL TO DATE £000's	VARIANCE MONTH 12 TO DATE £000's	PREVIOUS MONTH 11 VARIANCE £000's
Primary Care				
GMS/PMS	23,363	23,136	227	270
Primary Care	1,874	1,791	83	95
Primary Care Reserves	379	-	379	302
GDS/PDS	9,171	9,187	(16)	47
Dental Charge Income	(1,061)	(1,353)	292	213
Dental Reserves	358	-	358	319
Ophthalmic Non Discretionary	1,993	1,993	-	-
GP Prescribing	22,485	23,036	(551)	(482)
Pharmacy reserves	-	-	-	-
Community Pharmacists	1,511	2,210	(699)	(632)
Home Oxygen	402	364	38	38
	60,475	60,364	111	170
Corporate Services				
PCT Board & Executive Committee	215	186	29	25
Total Non-pooled expenditure	60,690	60,550	140	195

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 7
19 JULY 2010	Public Report

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 performance report on adult safeguarding.

2. RECOMMENDATION

- 2.1 That the Scrutiny Commission notes and comments on the performance 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 Since the last performance report to the Scrutiny Commission (in March 2009), the Adult Safeguarding Board has met on a bi-monthly, rather than quarterly, basis. Therefore, the information provided in today's report is the most recent data submitted to the Adult Safeguarding Board at its meeting on 25 June 2010. In addition, an appendix of the data for the previous two months, i.e. February and March 2010, is attached as this data has not been reported to the Scrutiny Commission previously. Due to the reporting cycles, the Scrutiny Commission may, in future, receive data from the previous one or two Adult Safeguarding Boards depending on whether there has been one or two meetings of the Board between Commission meetings.

Safeguarding Data Collection

- 4.2 Since 1 April 2010 there has been a change in the way that safeguarding adults data is recorded in order to comply with the national Abuse of Vulnerable Adults data collection requirements (currently voluntary).
- 4.3 The terminology now used is:
- An alert is a feeling of anxiety or worry that a vulnerable adult may have been, is or might be, a victim of abuse.
 - A safeguarding adults referral is the same as an alert. However, it becomes a referral when the details lead to an adult protection investigation/assessment relating to the concerns reported.

4.4 All of the information required is recorded on RAISE (the social care client electronic record system) rather than through using spreadsheets. This allows for improved data monitoring in terms of data quality and enhanced reporting. Generally, there has been positive feedback with regard to the new RAISE procedures. The location of all records about each Alert/Referral is now in one place for each service user, which facilitates keeping track of the progress of the case and subsequent auditing.

4.5 Information in Appendix 1 has come entirely from RAISE.

Performance Data and Analysis

4.6 The alerts and referrals data for April and May 2010 are attached at Appendix 1. Data for February and March 2010 are attached at Appendix 2.

Outcomes

4.7 Outcomes for Safeguarding Adults Alerts that do not proceed to a Safeguarding Adults Referral are recorded as unsubstantiated.

4.8 Outcomes (both for the vulnerable adult and for the alleged perpetrator/organisation/service) are recorded for Safeguarding Adults Referrals. For the vulnerable adult there is a specific outcome regarding the conclusion of the investigation:

- Allegation Substantiated
- Allegation Partly Substantiated
- Allegation Not Substantiated
- Allegation Not Determined/Inconclusive/Unresolved

4.9 22 referrals commencing in April and May 2010 have closed with the following outcomes:

- 8 substantiated allegations
- 1 partly substantiated allegations
- 6 unsubstantiated allegations
- 7 not determined/inconclusive/unresolved
- 28 awaiting outcome.

4.10 28 investigations which commenced in April and May have yet to have outcomes recorded. The outstanding outcomes are made up mainly from cases held and ongoing by Cambridgeshire and Peterborough Foundation Trust (CPFT), Peterborough and Stamford Hospital Foundation Trust (PSHFT), and out of area Adult Social Care Teams. Senior Strategy Meeting processes are also awaiting outcomes (see 4.14 below).

4.11 There have been some notable Court-related outcomes that have occurred in May as a result of Safeguarding Adults work. In one case, two staff members of a care home were acquitted of common assault of an adult who has a learning disability. In another case, the Manager of a sheltered housing scheme was sent to prison for six months for theft from an elderly resident. In both cases, staff from PCS worked appropriately and collaboratively with other agencies throughout the investigations. There are other cases where Court proceedings are pending.

Profile of cases

4.12 The number of matters proceeding to a safeguarding adults investigation has varied from 12 in January 2010 to 31 in March, the average over the five months from January to May being 22.

4.13 The new reporting framework provides information about the location where the alleged abuse took place. For the months of April and May the location was 'Own home' or 'Supported accommodation' in 62.5% of all the cases proceeding to a safeguarding adults investigation.

- 4.14 During April and May there have been multiple Safeguarding Adults Referrals regarding residents of two local care homes. As a result, Senior Strategy Meetings regarding each of those Care Homes have taken place or are planned. In addition to the large amount of investigatory work that is required, such situations have the additional effect of requiring reviews to be completed about other residents who live in those homes which have also been undertaken. This work has highlighted issues which are not considered safeguarding concerns but have required work towards improvement in the provision of care for residents, in particular an improvement in their personalised care plans. In one particular case, the Proprietor accepted their standards were not acceptable and prior to a strategy meeting employed a Management Consultant to modernise and improve the provision of care and the standard of their Policies and Procedures. Placements in the homes are currently suspended.
- 4.15 There has consistently been more women than men who are victims of alleged abuse (that proceed to a safeguarding adults investigation). This is in part related to the age profile of vulnerable people with women living longer than men.
- 4.16 In line with the recommendations agreed at a previous Adult Safeguarding Board meeting, alerts from black and minority communities will be reviewed six monthly against the relevant population benchmarks.
- 4.17 The client group where there is consistently the highest proportion of vulnerable adults who are the victims of alleged abuse (that proceeds to a safeguarding adults investigation) is that of Physical Disability or Frailty (including Sensory Impairment). This client group covers all age groups. The category of 'Other Vulnerable People' is used for service users that cannot be appropriately linked to other categories. During April and May only one person was categorised as 'Other Vulnerable People'.
- 4.18 Over the five month period from January to May physical and financial abuse are the main types of abuse reported but other types follow closely. There was an increase in the number of sexual abuse matters proceeding to a safeguarding adults investigation during March and April, although none in May.
- 4.19 A new reporting area of "Referral Source" has been added to the report (Appendix 1). During April and May the category of "housing association" is the biggest source. However, following this data being reviewed at the Safeguarding Board it is apparent that more work is needed on this heading and the Assistant Director - Operations (PCS) and the Safeguarding Team are reviewing the collection of data under this heading.
- 4.20 During April and May 62.5% of Safeguarding Adults Alerts proceeded to a Safeguarding Adults Referral.

Quality

- 4.21 Monthly audits have continued to be undertaken and these evidence improvement in the completion of timescales and use of the correct forms and checklists. External audit work on safeguarding assessment standards is currently being completed.
- 4.22 The change of recording practice from 1 April to using RAISE to record all stages of the safeguarding process will have a significant effect on data quality as it will allow for better data quality monitoring and therefore as a result will improve the data quality enabling better analysis.

5. PETERBOROUGH SAFEGUARDING ADULTS BOARD

- 5.1 At its meeting on 16 April 2010, the Adult Safeguarding Board agreed that the adult safeguarding action plan be refreshed and separated out into an improvement plan and a further work programme. These documents are attached at Appendix 3.

6. SAFEGUARDING FORUM

6.1 Topics discussed at the Forum included:

- Presentation by the Care Quality Commission on changes to its role.
- Presentation by Cambridgeshire Constabulary on honour based violence and forced marriage.
- Presentation by local housing providers on safeguarding in extra-care housing settings.

7. TRAINING

7.1 Training provided in the period 1 April – 31 May 2010 is listed below:

Course title	No. of participants
Safeguarding raising awareness, including induction sessions	19
Safeguarding enhanced awareness	8
Leading safeguarding investigations	0
Domestic abuse	0
Mental Capacity Act awareness	19
Mental Capacity Act – capacity assessment	0
Deprivation of Liberty	9

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 REPORTED

	April 10	May 10	June 10	July 10	Aug 10	Sept 10
NUMBER OF ALERTS PROCEEDING TO A SAFEGUARDING ADULTS REFERRAL (INVESTIGATION)	28	22				
Age breakdown						
18 to 30	4	4				
31 to 45	4	4				
46 to 64	7	8				
65 to 79	5	1				
80+	8	5				
Unknown	0	0				
Whereabouts at time of alert						
Care home permanent	3	4				
Day Centre / service	1	0				
Local acute hospital	1	0				
Multiple	2	1				
Nursing home permanent	1	2				
Own Home	13	5				
Public place	0	0				
unknown	0	1				
Care home temporary	1	0				
Supported accommodation	5	8				
Alleged perpetrator's home	0	1				
Other health setting	1	0				
Gender						
Female	22	14				
Male	6	7				
Unknown yet	0	1				
Ethnic origin						
1 - White	25	20				
2 - Mixed	0	0				
3 - Asian or Asian British	1	1				
4 - Black or Black British	0	0				
5 - Other Ethnic Groups	0	0				
6 - Not stated	2	1				
Vulnerable adult client group						
Learning Disability	9	4				
Mental Health	1	2				
Other Vulnerable People	0	0				
Physical And Sensory Disability/frailty	18	15				
Substance Misuse	0	1				

Self funding						
Commissioned by Another CASSR	1	0				
No Service	2	4				
not recorded	7	8				
Own Council Commissioned Service	15	7				
Self Funded service	0	2				
Service funded by Health	3	1				
Type of Abuse						
Emotional	4	3				
Financial	5	8				
Multiple	7	3				
Neglect	5	6				
Physical	3	2				
Sexual	4	0				
Referral Source						
49 Lincoln Road	1	0				
Community Nurse	1	0				
Community Team	5	0				
CSW Team	1	0				
Housing Association	3	6				
Independent Agency	0	2				
Kingfisher Centre	1	0				
Learning Disabilities	2	0				
Neighbour, Relative or Friend	0	1				
Police	0	1				
Primary Health Staff	1	1				
Registered Residential / Nursing Care Home	2	0				
Relative	1	1				
Safeguarding Adults Team	1	0				
Service Provider	1	2				
SG Other	1	4				
SG Primary/Community Health Staff	2	0				
SG Social Worker/Manager	0	0				
Special Needs Teacher	1	0				
SSAFA	1	0				
Peverels	1	0				
Transfer of Care Team	0	0				
Other	1	2				
Hospital	1	0				
Hospital Based NHS Staff	0	1				
Occupational Therapy Team	0	1				
Social Services Dep`T	0	0				
NUMBER OF ALERTS NOT PROCEEDING TO A SAFEGUARDING ADULTS REFERRAL (INVESTIGATION)						
	21	17				

CONCERNS, SUSPICIONS OR ALLEGATIONS OF ABUSE REPORTED

	Jan 10	Feb 10	Mar 10	April 10	May 10	June 10	July 10	Aug 10	Sept 10	Oct 10	Nov 10	Dec 10
TOTAL ALERTS	12	19	31									
Age breakdown												
18 to 30	1	5	5									
31 to 45	3	1	7									
46 to 64	3	3	8									
65 to 79	2	4	2									
80+	3	6	9									
Unknown	0	0	0									
Whereabouts at time of alert												
Own home	4	11	21									
Care home	5	2	3									
Hospital	0	4	1									
Other	3	2	5									
Unknown yet	0	0	1									
Gender												
Female	9	9	18									
Male	3	10	13									
Unknown yet	0	0	0									
Ethnic origin												
White British	11	12	22									
Other white	1	2	3									
Pakistani	0	1	2									
Other Asian	0	0	1									
Unknown yet	0	4	3									
Vulnerable adult client group												
Physical	0	12	13									
Mental health	4	2	4									
Learning	1	5	10									
Frailty & Temp.	3	0	0									
Dementia	0	0	0									
Other Vul. People	4	0	3									
Unknown/not recorded	0	0	1									
Self funding												
Yes	1	0	2									
No	8	15	29									
Not known	3	4	0									
Funded by another authority	0	1	1									
Type of Abuse												
Financial	3	7	8									
Neglect	0	3	3									
Physical	8	3	11									
Discriminatory	0	0	0									
Sexual	0	0	3									
Emotional	1	6	6									
Psychological	0	0	0									
Multiple	0											
Non Alerts	49	34	23									

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PETERBOROUGH SAFEGUARDING ADULTS BOARD IMPROVEMENT PLAN 2010/12

	OBJECTIVE	ACTION	BY WHEN	BY WHOM	OUTCOME MEASURES	RESOURCES	APRIL 2010 POSITION
JOINT PLANNING AND CAPABILITY	A: Formalise quality assurance and performance management further	Regular consideration of comparative analysis of activity data (including the safeguarding data already collected for Care Quality Commission)	From April 2010	Data analysis & quality assurance staff, and new safeguarding coordinator	Pointers for managers for how to further improve the receiving of and response to safeguarding concerns	Officer time (in both Trusts involved)	Increasing use of data since early 2009
	B: New specialist safeguarding team	Create and recruit to team (as decided in February 2010)	September 2010	NHS Peterborough	New team exits	Officer time	Decision being implemented
PREVENTION	C: Strengthen the training for safeguarding	Commission training to further strengthen the receiving, assessing, investigating and completing work about safeguarding concerns	After appointment of new safeguarding coordinator	Jenny McIntyre, training sub-group and new safeguarding coordinator	Those who respond to and investigate safeguarding concerns are always well trained	Officer time and training budget (in both Trusts involved)	Improvement began early 2009
RESPONSE TO SAFEGUARDING CONCERNS	D: Further improve how safeguarding concerns are received, assessed, investigated – and the work completed	Review and refine the work stream that starts with an alert about a safeguarding concern and ends with the completion of the required work	After appointment of new safeguarding coordinator	New safeguarding coordinator and their team	Alerts and referrals about safeguarding concerns always result in highly effective responses – in line with policy and procedures	Officer time (in both Trusts involved)	Improvement began early 2009

PETERBOROUGH SAFEGUARDING ADULTS BOARD FURTHER WORK PROGRAMME 2010-2012ⁱ (Standards 1 and 2)ⁱⁱ

JOINT PLANNING AND CAPABILITY

OBJECTIVE	ACTION	BY WHEN	BY WHOM	OUTCOME MEASURES	RESOURCES	APRIL 2010 POSITION
1.1 Include lessons from serious case reviews in quality assuring safeguarding arrangements	Ongoing task to identify and plan response to lessons from all/ any Serious Case Reviews	From April 2010	June Steffanelli, senior managers (across partnership) and new coordinator	Lessons from serious case reviews improve safeguarding within individual organisations and across partnership	Officer time	Some progress in 2009
1.2 Ensure that membership of board continues to meet national policy	To be kept under review	From April 2010	Chair of safeguarding board	The board has the right range of membership	Officer time	Good range of membership
1.3 Review policies, procedures and protocols to ensure they remain up to date	Regular review and revision in light of changes/ developments	Ongoing	New safeguarding coordinator	Safeguarding policies, procedures and protocols are always up to date	Officer time	Currently up to date
1.4 Champion safeguarding across the partnership	Communicating the safeguarding vision to leaders across partnership organisations	Ongoing	The champions in each organisation & new coordinator	Importance of adult safeguarding is well appreciated through-out all partners	Officer time	Right direction
1.5 Explore and develop congruence with arrangements for safeguarding children within Peterborough	Dialogue with Children's Safeguarding Board about a consistent Peterborough approach to processes that are similar for children's and adults' safeguarding; for example, serious case reviews, tracking who trained for what, and external communications strategies.	From when new coordinator appointed	New safeguarding coordinator	Partners and the public can see similarities of approach in similar processes.	Officer time	New action

PETERBOROUGH SAFEGUARDING ADULTS BOARD FURTHER WORK PROGRAMME 2010-2012 (Standards 3 to 5)

PREVENTION

OBJECTIVE	ACTION	BY WHEN	BY WHOM	OUTCOME MEASURES	RESOURCES	APRIL 2010 POSITION
2.1 Strengthen the training about safeguarding awareness	Identify all resources available to commission safeguarding training – and negotiate and develop training approach about safeguarding awareness	Ongoing	Jenny McIntyre and training sub-group	People whose work brings them into contact with vulnerable adults know about safeguarding and how and when to make a safeguarding referral	Officer time	Good work done since early 2009 – but more to be done
	Target training using analysis of safeguarding data, and unsatisfactory safeguarding practice identified in inspection reports			Training gets to where it is most needed		
2.2 Safeguarding vulnerable adults is reflected in other key local policies and activity	Ensure Multi-Agency Protection Panel Arrangements (MAPPA), Crime and Disorder Reduction Boards, domestic violence Multi-Agency Risk Assessment Conferences (MARAC), Joint Strategic Needs Assessment (JSNA), Safeguarding Children’s Board, & Safer Peterborough Partnership include safeguarding focus	From when new coordinator appointed	New safeguarding coordinator	All other key Peterborough forums, that have a dimension about preventing harm and neglect, include a component about safeguarding vulnerable adults	Officer time	Need is factored into plans
2.3 Ensure there are safeguards when individual budgets/ direct payments used	Develop tools and procedures to ensure safe practice through individual budgets, direct payments etc	Ongoing	Tim Bishop	Adults using individual budgets/ direct payments are safeguarded	Officer time	Ongoing work
2.4 Focusing on quality assurance about unsatisfactory safeguarding in regulated services	Focus by Board on unsatisfactory safeguarding shown in inspections in Peterborough & in homes where there are Peterborough people. Encouragement to such services to improve	Ongoing	Jackie Collins and team	Improved safeguarding practice within regulated homes and domiciliary care (reported by Care Quality Commission)	Officer time	Bring work more into view of the board

PETERBOROUGH SAFEGUARDING ADULTS BOARD FURTHER WORK PROGRAMME 2010-2012 *(Standards 6 to 9)*

RESPONSE TO SAFEGUARDING CONCERNS

OBJECTIVE	ACTION	BY WHEN	BY WHOM	OUTCOME MEASURES	RESOURCES	APRIL 2010 POSITION
3.1 Formalise quality assurance further	Further emphasis to ensure that case recording of safeguarding cases is of a high standard. Ongoing case audit by managers; and the independent audit of cases previously planned for	Ongoing	Managers and (independent audit) Gerald O'Hagan (consultant)	Audit informs managers and practitioners – improving response to safeguarding alerts and referrals	Officer time	Management audit since 2009 has made a positive difference
3.2 Ensure sufficient capacity to note strategy meetings – across all settings that carry out investigations	Increase numbers of existing administrative staff (in all settings) who have note-taking skills – and deploy them, and the extra capacity within the new specialist team	Ongoing	Operational managers	There is sufficient capacity to note decisions taken and issues identified at safeguarding strategy meetings	Officer time	Issue acknowledged – and some additional capacity in new team
3.3 Ensure computer systems strongly support safeguarding work and data collection - in all settings where concerns are responded to and investigated	Consolidate and develop existing initiatives	Ongoing	John Bain and new Coordinator	Computer systems (in both Trusts) work well for those responding to and investigating safeguarding concerns – and those who need to analyse and use data about this activity	Officer time	Significant progress and development within RAISE
3.4 Have a communications strategy for all those who respond to safeguarding concerns and carry out investigations	Information, purpose and vision about the safeguarding direction and developments communicated to managers and staff doing core work	Ongoing	Senior managers, Amie Barber and the Communications sub-group	Those involved in dealing with alerts/ referrals and investigations are well informed about the improvements and developments in safeguarding	Officer time	Aide memoire produced and circulated to relevant staff

PETERBOROUGH SAFEGUARDING ADULTS BOARD FURTHER WORK PROGRAMME 2010-2012 (Standards 10 and 11)

ACCESS AND INVOLVEMENT

OBJECTIVE	ACTION	BY WHEN	BY WHOM	OUTCOME MEASURES	RESOURCES	APRIL 2010 POSITION
4.1 Ongoing initiatives to inform the public about what adult safeguarding is – and how to make a relevant referral	External communications strategy (for example, to re-establish link on Council website to Adult Safeguarding part of NHS Peterborough website)	Ongoing	Amie Barber and communications sub-group	Wider public in Peterborough has easy access to information about adult safeguarding	Officer time	Communications sub-group exists
4.2 Expand consultation about safeguarding issues with vulnerable adults and carers	Through wider use of partnership boards and forum meetings	Ongoing	Alison Reid and team	Representatives of the range of vulnerable adults are consulted with about safeguarding issues	Officer time	Consultation has started
4.3 Involvement of service users and carers in dialogue with those monitoring services with unsatisfactory safeguarding practice	Representative users and carers have conversations with contract monitoring staff who visit services that inspection reports show have (or have had) unsatisfactory safeguarding practice	From April 2010	Jackie Collins, Alison Reid and teams	Users and carers say they can see unsatisfactory safeguarding practice is tackled and is reducing	Officer time	New action – yet to start
4.4 Ensure advocacy is available for vulnerable adults to help them talk about any safeguarding issue	Include advocacy for safeguarding in work of all organisations in the partnership that leads the safeguarding work	Ongoing	Advocacy specialists within partnership	Vulnerable adults can use advocates to help them communicate about any safeguarding matter	Officer time	Recent relevant recruitment in NHS Peterborough

ⁱ The work programme does not include what already achieved through the action plan drawn up in 2009

ⁱⁱ The standards are in the Association of Directors of Adult Social Services (ADASS) publication *Safeguarding Adults*. Please see ADASS publication on their website:

<http://www.adass.org.uk/old/publications/guidance/safeguarding.pdf>

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 8
19 JULY 2010	Public Report

Report of NHS Peterborough

Contact Officer(s) – Paul Whiteside, Director for Strategic Change
Contact Details - Tel: 01733 758500

WALK-IN SERVICES

1. PURPOSE

- 1.1 To inform the Commission of NHS Peterborough's consultation on the future provision of services at the Alma Road surgery.

2. RECOMMENDATIONS

- 2.1 To consider and comment on the Consultation Document including the Equality Impact Assessment and the Communication & Engagement Strategy specifically on NHS Peterborough's intention to consult over an eight week period.
- 2.2 To consider and comment on the options presented and NHS Peterborough's preferred option.

3. BACKGROUND

- 3.1 Alma Road provides a walk in service for registered and non-registered patients and was commissioned following the Interim Report by Lord Darzi in October 2007.

As part of the changes to the health economy and infrastructure that are currently taking place, NHS Peterborough is in the process of reviewing all of the elements of its urgent and out of hours care provision. This review includes the current services provided from the Alma Road practice.

Our aim is to rationalise current provision so that patients have access to high quality services, in an integrated manner and in a way that delivers high quality and efficient healthcare.

4. KEY ISSUES

- 4.1 Key messages from the previous consultation included:
- Access for vulnerable and excluded groups
 - Access for socio-economic migrants
 - Provision of additional walk in services
 - The number of patients the current service caters for
 - Other services and developments in the city
 - Capacity across the health care economy for the re- provision of the existing service

5. IMPLICATIONS

- 5.1
- Financial implications of retaining the current services in the context of the Primary Care Trust's financial turnaround programme.
 - Statutory duty of the PCT to reach financial balance.
 - The re provision of services with a specific impact on Central, Park and North wards.

6. CONSULTATION

- 6.1 Previous consultation has taken place including the PCT financial turnaround plan which was agreed at the June 2010 board meeting.

7. BACKGROUND DOCUMENTS

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

- 7.1 The NHS Peterborough Turnaround Plan.

8. APPENDICES

- 8.1 Appendix 1 - 'The Right Care at the Right Time' Consultation Document and Equality Impact Assessment
Appendix 2 - Consultation, Communication and Engagement Strategy



‘The Right Care at the Right Time’

Improving Unscheduled and Urgent Primary Care Services

The future of services currently provided at Alma Road Primary Care Centre

Consultation Document

Why are we consulting you?

NHS Peterborough is in the process of reviewing all of the elements of its urgent care services. These services provide treatment for less serious illnesses and injuries which require immediate care, but which do not require the full services of an accident and emergency department.

What is needed is efficient, high-quality, cost effective services. When people need urgent care they do not want or need to have to negotiate a complex system of services. We need a simple system that allows people to access the right care at the right time.

There is a need to improve access to timely and appropriate urgent care to patients, and provide information and advice so that patients can make an informed choice about which service they use and when.

The current configuration of urgent care services could be improved to better meet patient needs. There is an element of duplication and lack of efficiency in the current system which could be changed. This should result in more streamlined services, and ones which will also contribute to improving NHS Peterborough's financial position as part of its turnaround programme.

We are asking for your views, along with a number of other stakeholders, so that they can be reflected in the decision making process.

Right care, at the right time

The variety of services available can sometimes be confusing - NHS Direct, pharmacies, GP services, Walk-in Centres and A&E. Many people attend their local A&E department because they need urgent or immediate treatment – but many patients attend A&E because they feel it is the easiest place to get the care they need. These patients could easily be seen by their own GP or at the City Care Centre Walk-in Centre.

Many ailments and queries can also be dealt with by a pharmacist who is the expert in medicine management and offering a quick and safe remedy. These are in a number of locations across the city. Going direct to hospital or dialling 999 should only be for serious illness or injuries considered to be critical or life threatening.

To help Peterborough residents seek the right treatment, in the right place, at the right time, NHS Peterborough launched a new campaign this winter encouraging people to 'Choose Well'. The Choose Well campaign aims are to tell people what local services are available and provide them with guidance to ensure they can make the right choice according to the symptoms they have.

What are we consulting on?

The current services which provide urgent care in Peterborough are:

- Accident and Emergency Services
- The City Care Centre Walk-in Centre

Appendix 1

- GP access for patients needing urgent care
- The Alma Road Primary Care Centre
- Primary Care Out-of-Hours service

The element that we are consulting you on is the Alma Road Primary Care Centre only.

Alma Road PCC

Alma Road Primary Care Centre currently provides a walk-in service for non-registered patients and for registered patients. The service opened in April 2009 as part of a national directive from the Department of Health, arising from the Interim Report of Lord Ara Darzi.

The Alma Road Primary Care Centre was originally commissioned on the basis that it would provide services for over 2,000 registered patients, while treating 350 walk-in patients per week.

The facility is open from 7am until 10pm each day, and on average sees 300 walk-in patients per week. Latest figures (April) indicate there are currently 402 patients registered with Alma Road Primary Care Centre for GP services.

Consideration

NHS Peterborough has assessed the service according to the extent to which it is duplicating similar nearby services, how these services could alternatively be provided and whether the money it costs could be better utilised.

Duplication of primary care services

Alma Road is providing primary care to 400 registered patients (April figures). This is problematic for a number of reasons:

- It is an underperformance against the expected patient list size of 2,000.
- That such a small list size is not sustainable as a stand-alone primary care entity.
- There is duplication in that there are 11 other GP practices within 1 mile of the centre which are open for new patients (see Annex for list of practices).

Duplication of primary care walk-in services

The walk-in element of Alma Road Primary Care Centre is a duplication of the similar nearby (1.12 miles), walk-in services offered at the City Care Centre and at other local GP practices.

The City Care Centre walk in service is also open 7 days a week from 7am – 10pm. It provides a similar service which is primarily nurse-led, but it works closely with on-site GPs during cross over times (evenings and early mornings) with the co-located medical Out of Hours Service.

Appendix 1

The nearby 11 GP practices also offer a walk-in service to their patients (as part of their standard contract). Some of these practices also offer extended hours, so further giving choice for patients outside core hours.

Other factors

NHS Peterborough has also considered the following:

- That the number of registered patients at Alma Road is relatively low and could easily be accommodated through the large number of close-by GP practices. All the practices (see attachment) have open lists, and collectively they could more than accommodate all the patients currently registered at Alma Road.
- The PCT would support this process of enabling patients to choose and then register at the other 11 practices. NHS Peterborough has a well tested process whereby it would contact all the affected registered patients to ensure they were aware of and offered alternatives, and depending on patient choice, NHS Peterborough would support the transfer (eg ensuring patient notes were moved). This would therefore be a managed process to ensure minimum inconvenience for patients.
- The City Care based Walk in Centre has higher urgent care volumes overall compared to Alma Road, and it can be backed up by a much larger range of co-located services (on-site diagnostics (x-ray and ultrasound), in-patient beds, regular specialists on site for OP consultations, therapies, on-site pharmacy, minor procedure rooms etc).
- There is GP leadership support for our proposals through NHS Peterborough's Clinical Change lead Dr Michael Caskey, based on the fact the current service is not being fully utilised, and clinical services available elsewhere have the capacity to treat those that are using the service. We are planning consultation with the wider group of GPs to ensure they are supportive of our approach.

Costs

The Alma Road centre costs the people of Peterborough roughly £1m per annum (staff and rental). If the centre were closed and patients accessed alternative providers, a significant element of this cost could be saved. Although there would be some initial termination costs to close the service, the costs of providing the services from other sites would be considerably less. Although it is difficult to determine alternative costs exactly, our best estimate is that we could save 80% of the current running costs. The alternative costs would be less because:

- The patients registering with other GPs would cost less as they would represent marginal additional costs to practices which are already established, and for which the PCT would only pay a small amount to reflect the higher list size of those practices.
- The walk-in services would be contained primarily through patients accessing the nearby Walk-in Centre, which is run under a "block contract", and to a lesser extent through patients visiting local GPs, for which there is effectively no additional charge for this element of service.

Appendix 1

The saving of £0.8m per annum (full year effect) would otherwise need to be found through finding savings in other services. To give a sense of the scale of other service costs, this saving would equate to cutting other services by eg: reducing A&E attendances by 9,000 patients.

The Options

Option 1

To close the services at Alma Rd.

To facilitate patients in choosing to register at one of the nearby GP practices and to support them to ensure they move to their new practices with the minimum of hassle.

To undertake communications through the existing Choose Well and other processes, to ensure that patients are aware of the alternative similar walk-in services at the City Care Centre and GP practices.

Option 2

To retain the existing Alma Road facility and services and to find roughly £1m of savings through alternative means.

Benefits of Recommendation

NHS Peterborough has identified Option 1 as its preferred option on the basis that it retains patient choice and access and that it is significantly more efficient for the health care system overall.

It also has the following benefits:

- The rationalisation of the urgent care services will provide straightforward access to the right care in the right location by simplifying the route of access.
- Walk in service provision will no longer be offered in competing locations in Peterborough, avoiding unnecessary duplication.
- Through the continued promotion of other primary care services, there will be good care provision available to all patients – including vulnerable and excluded groups.
- There are real opportunities to educate patients via Choose Well campaign regarding the appropriate use of health services including those currently offered at the Alma road Primary Care Centre.

It would make a significant contribution to NHS Peterborough's financial turnaround plan while making the least difference to the quality and range of urgent care services available to local people.

How to have your say

This public consultation runs until 3rd September 2010.

1. Do you agree or disagree that we need to simplify urgent care treatment in the city to ensure you know where to get the right care at the right time?
2. Do you agree or disagree with our recommended option?
3. If you disagree, what other options or proposals would you put forward to achieve the needed improvements?
4. Is there anything else you think we should consider?

There are a number of ways you can contribute, either by:

- Writing to us at:

**Freepost NAT 12255
Alma Road Consultation
Peterborough Primary Care Trust
2nd Floor
Town Hall
Peterborough
PE1 1BR**

- Calling us on **01733 758500**
- Emailing us at involvement@peterboroughpct.nhs.uk
- Attending the public meeting:

On 12th and 24th August 2010

Once we have received your and other stakeholders' views, we will summarise these as part of the decision-making process. The final decision will take these into account, and we propose that this should be made at our Board meeting on 21st September.

If the Board approves this recommendation, then a change could occur anytime in the following 4 months, only once we were sure we had put in place arrangements to support the smooth transfer of services.

Need more information?

This consultation can be found on our website www.peterborough.nhs.uk.

Alternatively you can contact us by phone, letter or email at the addresses given above. We will be visiting organisations and groups during the consultation. If you would like a member of our team to come and talk to your organisation or group, please contact us to arrange an appropriate time.

If you or someone you know needs help with this document in another language or format, please contact us using the details given above.

GP Practices within one mile of Alma Road (with open lists for patients to register)

Millfield Medical Centre, St Martins Street, Peterborough, Cambs PE13BF
0.06 miles

Minster Medical Practice, Thomas Walker Medical Centre, Princes Street,
Peterborough, Cambridgeshire PE12QP
0.26 miles

Huntly Grove Practice Thomas Walker Medical Centre, Princes Street, Peterborough,
Cambridgeshire PE12QP
0.26 miles

The Thomas Walker Surgery, The Thomas Walker Medical Centre, Princes Street,
Peterborough, Cambridgeshire PE12QP
0.26 miles

94 Burghley Road, 94 Burghley Road, Peterborough, Cambridgeshire, PE12QE
0.44 miles

Park Medical Centre, 164 Park Road, Peterborough, Cambs PE12UF
0.45 miles

63 Lincoln Road Surgery, 63 Lincoln Road, Peterborough, Cambs PE12SF
0.62 miles

Church Walk Surgery, 14 Church Walk, Peterborough, PE12TP
0.63 miles

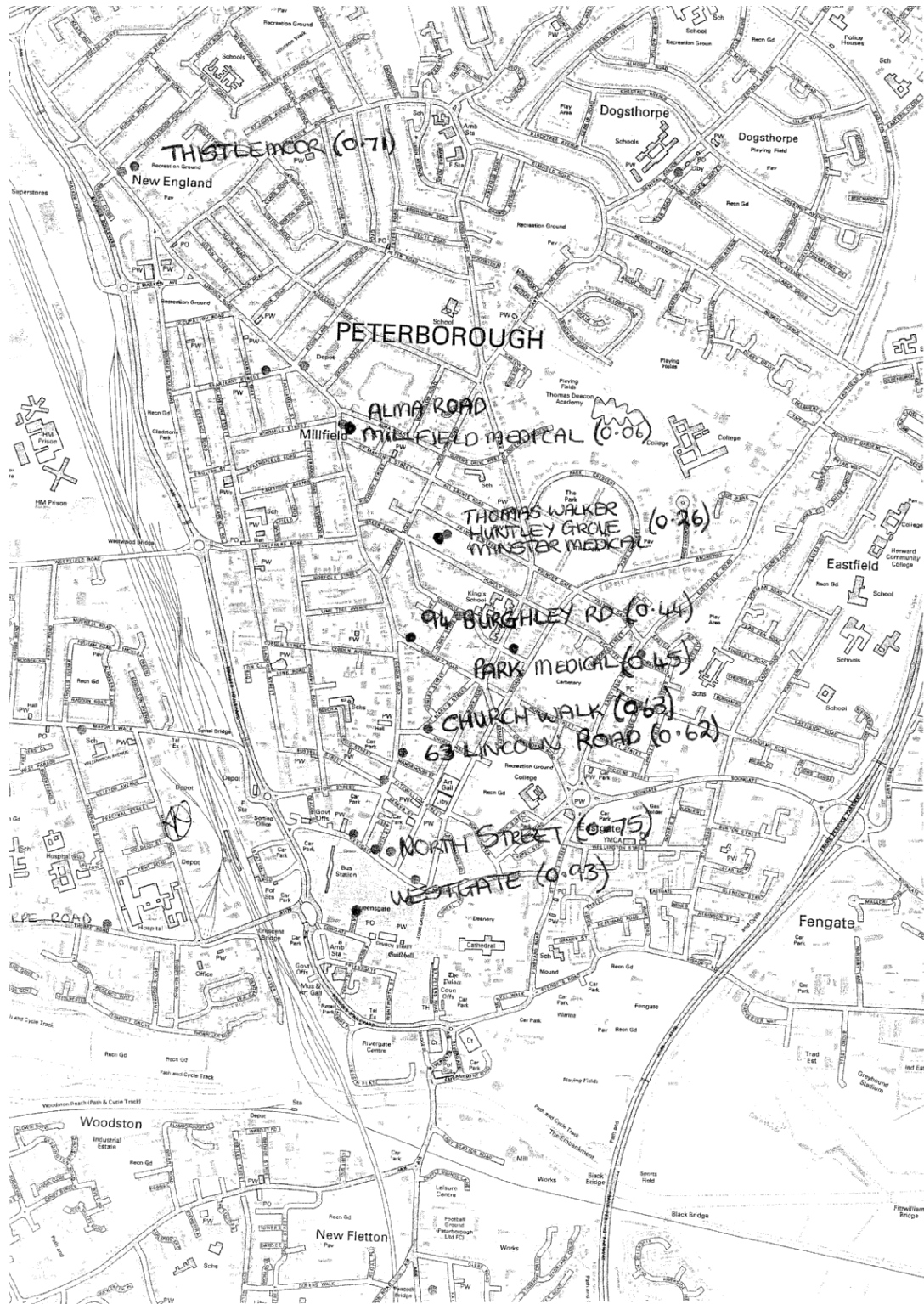
Thistle Moor Road, 6 Thistle Moor Road, Peterborough, Cambridgeshire PE13HP
0.71 miles

North Street Medical Practice, 1 North Street, Peterborough, Cambs PE12RA
0.75 miles

Westgate Surgery, Queensgate Centre, Peterborough, Cambs PE11NW
0.93 miles

* All practices with the exception of Minster Medical Practice, offer extended hours.

Appendix 1



1. Introduction

- 1.1 An Equality Impact Assessment (EIA) is a careful examination of a proposed policy, strategy, initiative, service or function to see if it could affect some groups unfavourably, especially minority groups who may experience inequality, discrimination, social exclusion or disadvantage. It applies equally to internal and external policies, procedures, services and functions. We are required to undertake EIA for each workstream/initiative within the Turnaround Plan.
- 1.2 The equality duties provide a framework to ensure that unlawful discrimination is eliminated and equality of opportunity promoted. Currently the law requires Equality Impact Assessments to be undertaken in relation to race, disability and gender duties. However the Equality Bill has now completed its journey through Parliament and confirms in law best practice that Equality Impact Assessments cover all aspects of equality. Peterborough PCT's Equalities Schemes require regular Equality Impact Assessments to be undertaken and has always covered all areas of equalities, including race, disability and gender but also covering age, sexual orientation, religious and cultural beliefs
- 1.3 This guidance is to assist staff in undertaking Equality Impact Assessments. When developing or reviewing policies/plans, procedures or guidelines, development and delivery of services and functions. Impact Assessments are required to be undertaken on policies, strategies, services and functions, when these are being developed or reviewed.

2. Purpose and Scope of this Policy

- 2.1 The purpose of the Equality Impact Assessment is to examine the extent to which a policy, strategy, service or function may impact, either negatively or positively, on any groups of the community and, where appropriate, recommend alternative measures to ensure equal access.
- 2.2 Equality Impact Assessments will be carried out:
 - When developing new policies/plans, procedures, services and functions.
 - When reviewing existing policies, strategies, services and functions.

3. Definitions

- 3.1 Peterborough Primary Care Trust has defined a policy as:

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A policy is a statement which guides decision making based on the organisation's mission, objectives and strategies. It sets out the general aim of the organisation in a specified area and includes objectives, responsibilities and arrangements for implementation and monitoring.

- 3.2 The Commission for Racial Equality defines a policy as:
Policies are sets of principles or criteria that define the different ways in which an organisation carries out its role or functions and meets its duties.
- 3.3 The CRE goes on to state that policies can be formal or informal, written or 'custom and practice', so this can include procedures and guidelines. The best guidance is to always undertake an Initial Screening Equality Impact Assessment if you are unsure.
- 3.4 Peterborough Primary Care Trust has defined a service as:
A department or branch of the organisation that provides specified care.
- 3.5 Peterborough Primary Care Trust has defined a function as:
The actions and activities assigned to, or required/expected of, a person, group or organisation.

4. Undertaking the Equality Impact Assessment

- 4.1 Step 1 *Initial Screening*
Identify the purpose/aim of the policy, strategy, service and function.
Gather information and data that is already available
Measuring the effectiveness of the impact assessment

An assessment of the impact or effects on different communities

- 4.2 Step 2 *Gathering Information*
Talk to the Performance Team to see if there is any local data already in place that gives a breakdown by Ethnicity, disability, age, gender.
Check whether any clinical audits have been undertaken. Look to see if there is any national data available.

The evidence gathered should give enable you to make a judgement on whether the policy, service, function is likely to have an adverse impact on any particular group. If the answer is **yes** then a full **Equality Impact Assessment** must be undertaken.

If the answer is **no** then the Initial Screening Form must be passed to the Chief Executives Office (Commissioning) or the Information Governance and Policy Manager (Provision) for publication.

Appendix 1 – Step 1 Initial Screening Form – Equality Impact Assessment

<p>What are the aims and objectives or purpose of the workstream/initiative?</p>	<p>Decommission Equitable Access to Primary Care Service (Alma Road).</p>
<p>Who will benefit from the policy, strategy, service or function?</p>	<p>All registered and un-registered patients living in Peterborough.</p>
<p>Who are the main stakeholders?</p>	<p>PCT, 3-Well, patients currently accessing Alma Road.</p>
<p>What are the desired outcomes?</p>	<ul style="list-style-type: none"> ▪ Unscheduled and urgent care services rationalised as part of overall urgent care strategy. ▪ Walk in service provision no longer duplicated in Peterborough. ▪ Simplified pathways for patients to access urgent care when needed. ▪ Savings made from rationalised services contributing to financial turnaround programme.
<p>What factors could detract from the desired outcomes?</p>	<ul style="list-style-type: none"> ▪ Poor primary care access with GPs not meeting the demand for walk in services. ▪ Unregistered population not adequately provided with primary care when needed who may then create demand on other existing services. ▪ Health care needs of vulnerable and excluded groups not met by project.
<p>What factors could contribute to the desired outcomes?</p>	<ul style="list-style-type: none"> ▪ Full engagement from GPs to offer a full primary care walk in service to registered and unregistered patients. ▪ PCT to use the GP contract more robustly to ensure all GP practices are offering full essential services to registered and unregistered patients. ▪ Support for project from PCT clinical lead. ▪ Use of Choose Well material to educate patients regarding the range of urgent care

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	<p>services still available to patients.</p> <ul style="list-style-type: none"> ▪ Consideration of the development of a locally enhanced service to incentivise GPs to offer this service to registered and unregistered patients.
Who is responsible for the policy, strategy, service or function?	Paul Whiteside/Sue Oakman/Kyle Cliff/Diane Siddle/Dr R. Withers/Chris Palmer/Caroline Hall/Richard Mills/Sandra Pryor
Have you consulted on the policy, strategy, service or function? and if so with whom? If not why not?	A consultation process is being planned currently.

Double click over the boxes to enable them to be checked

Which groups of the population do you think will be affected by this policy, service or function?	Yes	No
Minority ethnic people (this includes Gypsy Traveller)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Men	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People in religious/faith groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disabled people	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Older people	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Children and young people	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lesbian, gay, bisexual and transgender people	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People of low income	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People with mental health problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless people	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People with caring responsibilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People involved in criminal justice system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any other groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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What information and evidence do you have about the groups that you have selected above?

Information on the patient groups who may be affected by this proposal has been taken from the PCT Joint Strategic Needs Assessment (Chapter 4 – Population and Chapter 5 – Socioeconomic and Cultural Details)

This is further supplemented by minimum datasets from the current providers of Alma Road which provides some additional information on the patient groups currently accessing these services.

Consider: Demographic data, performance information, recommendations of internal and external inspections and audits, complaints information, staff survey reports, stakeholder and public engagement feedback etc

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Double click over the boxes to enable them to be checked

What information and evidence do you have about the impact on groups that you have selected above? For example on their access to physical and or mental health services, lifestyle, learning, social or physical environment.

Examples may be:

a young person's ability to access young people friendly health services – how do you know that what you are proposing will not impact on this?

Vulnerable adults (e.g. rough sleepers or individuals with no fixed abode)

unable to register with a GP; services for people with disabilities or older people client centred and easily accessible – how do you know that what you propose will or will not impact – what would be the impact if any? Services respecting religious beliefs – will any changes impact on this...?

Information on changes proposed delivered in accessible formats; staff groups not representative of the communities they serve.

The patient groups listed above will not be detrimentally affected due to the proposal as the number of registered patients at Alma Road is relatively low and could easily be accommodated through the large number of close-by GP practices. Patients will be given information about a process of re-registering at these other practices, and NHS Peterborough will facilitate this process. Other urgent care services are available to patients. These include the surrounding GP practices as well as the Walk-in Centre at the City Care Centre.

Consider: Demographic data, performance information, recommendations of internal and external inspections and audits, complaints information.

Summary	
<p>Positive impacts (note the groups affected)</p> <ul style="list-style-type: none"> ▪ Unscheduled and urgent care services rationalised as part of overall urgent care strategy. ▪ Walk in service provision no longer duplicated in Peterborough. ▪ Simplified pathways for patients to access urgent care when needed. ▪ Wider primary care provision available to all patients – including vulnerable and excluded groups. ▪ Opportunity to educate patients via Choose Well campaign regarding the appropriate use of health services. 	<p>Negative impacts (note the groups affected)</p> <ul style="list-style-type: none"> ▪ This may result in an increased demand on other services.
<p>Additional information and evidence required</p>	

<p>Recommendations</p> <p>It is recommended that the Equitable Access to Primary Medical Care Service (Alma Road) is closed.</p>	
<p>Actions to be taken (include name of person responsible for implementing the actions and timescale)</p> <p>To be overseen by steering group and unplanned care programme board.</p>	
<p>Does this Plan need to progress to a Full Equality Impact Assessment?</p>	<input type="checkbox"/> <input type="checkbox"/>
<p>Managers signature</p>	<p>Date</p>

Improving Unscheduled and Urgent Primary Care Services

The future of services currently provided at Alma Road Primary Care Centre

Consultation, Communication and Engagement Strategy

1. Background

NHS Peterborough is in the process of reviewing all of the elements of its urgent care services. These services provide treatment for less serious illnesses and injuries which require immediate care but which do not require the full services of an accident and emergency department.

What is needed is efficient, high-quality, cost effective services. When people need urgent care they do not want, or need to have to negotiate a complex system of services. We need a simple system that allows people to access the right care at the right time.

There is a need to improve access to timely and appropriate urgent care to patients, and provide information and advice so that patients can make an informed choice about which service they use and when.

Due to the current financial situation faced by NHS Peterborough, the current urgent care services provided cannot be sustained and therefore NHS Peterborough has identified new ways of offering this care to patients, which will be more efficient and cost effective as well.

As part of our assurance that this consultation process meets the Lansley Criteria for Significant Service Change:

- NHS Peterborough's Clinical Change lead Dr Michael Caskey (GP at Park Medical Centre) has indicated his support for this proposal and that he believes there will be more widespread support from other GPs whom we are now consulting.
- Public and patient engagement activity will be undertaken as part of this process and we will consult with other key stakeholders. As part of any strategy undertaken by NHS Peterborough, a comprehensive stakeholder mapping exercise is conducted to ensure the views of all effected and

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interested stakeholders and groups are sought and recorded, and reflected in the decision making process.

- The service commissioned is not being fully utilised by the public and valuable resources can be utilised within other clinical services. Capacity in other areas of the system can support those service elements which are being used, such as GP practices within a one mile radius of Alma Road, with open lists to register patients.
- Patient Choice will be supported through the availability of other urgent care services available to patients in the city, and other GP practices within a one mile radius of Alma Road with open lists to register patients. As part of the consultation process patients will be informed of these choices through the consultation document, website information, NHS Choices, etc.

In line with our aims to deliver a simple and effective system of care for the population of Peterborough we believe that this consultation will have the following positive benefits for healthcare provision and access in the city:

- Unscheduled and urgent care services will be rationalised as part of the overall urgent care strategy.
- Walk in service provision will no longer be duplicated in Peterborough.
- Patients will access simplified pathways and be able to find the right service at the right time.
- Through the increased promotion of primary care services there will be wider care provision available to all patients – including vulnerable and excluded groups.
- There are real opportunities to educate patients via Choose Well campaign regarding the appropriate use of health services including those currently offered at the Alma road Primary Care Centre.

Please see consultation document

The aim/purpose of this strategy is therefore:

- To ensure the consultation meets the Lansley Criteria for Significant Service Change.
- To ensure that the PCT meets its statutory duty in relation to Section 242 of the National Health Service Act of 2006.
- To ensure communication and engagement is integral to decision making regarding the future of Walk-in Primary care Services in Peterborough.
- To ensure communication and engagement processes are in place and to oversee and monitor delivery of these processes.
- To ensure that all communication and engagement material is consistent, accurate and timely.
- To ensure that all communication material is designed for the intended audience in line with the PPCT Producing Information for the Public policy.

The purpose of this strategy is to support this process and explain how identified stakeholders will be engaged.

2. Communication and involvement objectives

- To ensure that key stakeholders, partners, and staff are kept fully up-to-date and have the opportunity to be involved in the future of services currently provided at Alma Road Primary Care Centre.

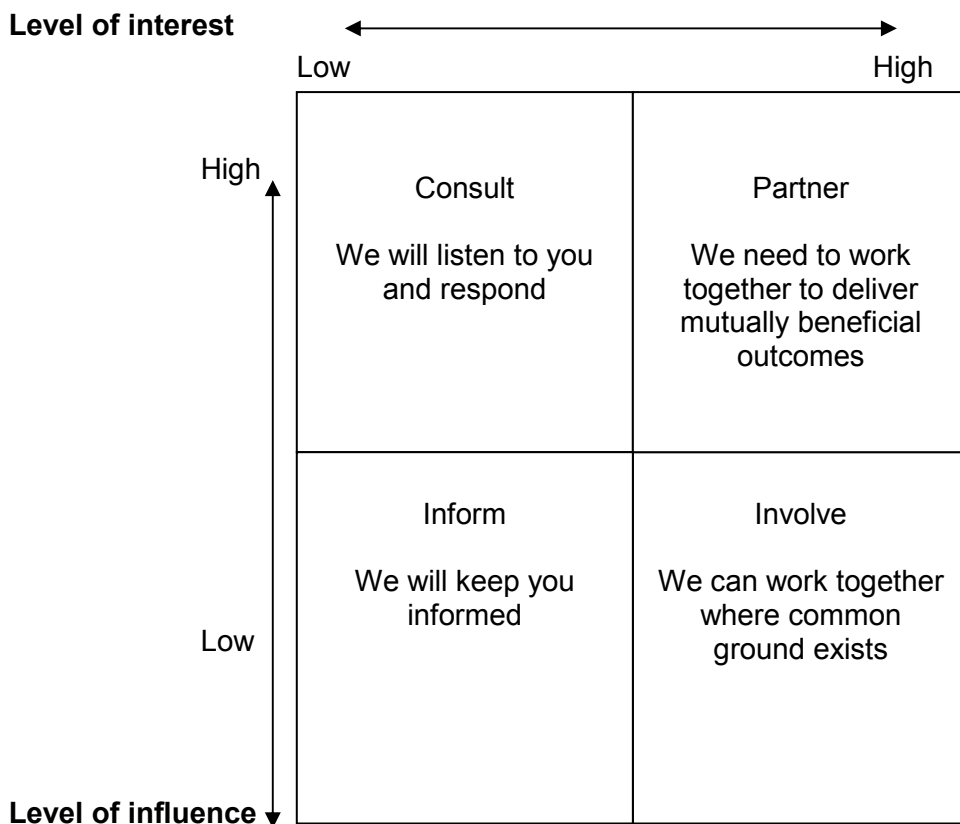
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- To manage, through engagement and communication, expectations of stakeholders, partners and staff in the relation to services currently provided at Alma Road Primary Care Centre.
- To reduce the risk of misinformation.

3. Stakeholders

A stakeholder mapping exercise was conducted against the following chart developed by Johnson, G, Scholes, and K Whittington (2005).

The chart maps stakeholders into four groups: consult, partner, inform, involve, which determines the level of communication and involvement with them. Stakeholders may move as the consultation proceeds, so it will be important to regularly review communication with them.



4. Timeframe

Activity	Date
Discuss plans with Board in relation to scope and scale of consultation	7 th July 2010
Initial consultation meeting with Scrutiny Committee for Health Issues	19 th July 2010
Consultation period	19 th July – 13 th September
Public Meetings	[12 th and 24 th August

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	2010]
Board decision	21 September
Proposal implemented	TBC

5. Key Messages

- NHS Peterborough is in the process of reviewing all of the elements of its urgent care services
- Urgent care services will be simplified to allow patients to get the right care at the right time
- The element that we are consulting on is the Alma Road Primary Care Centre
- Alma Road Primary Care Centre currently provides a walk-in service for non-registered patients and for registered patients
- The service opened in April 2009 as part of a national directive from the Department of Health arising from the Interim report of Lord Ara Darzi.
- The service is seeing far fewer registered patients than expected, using valuable resources which can be utilised within other services.
- Capacity in other areas of the system can support those service elements which are being used, such as GP practices within a one mile radius of Alma Road with open lists to register patients, who also offer extended opening hours.
- The walk-in element of Alma Road Primary Care Centre is a duplication of the similar walk-in services offered at the City Care Centre and at other GP practices. The registered patient list alone is too small to be sustained as a viable GP practice.
- This change supports our overall financial turnaround plan

Appendix 1 Stakeholder mapping

Partner
NHS Peterborough Board
Scrutiny Committee for Health Issues
NHS East of England
Department of Health
Peterborough and Stamford Hospitals Foundation Trust
Cabinet Member for Health
3-Well
MPs x2
Local Ward Councillors
GPs
Peterborough LINK
Peterborough Community Services Sub Committee
Peterborough Local Involvement Network (LINK)

Consult
NHS Public Consultation Forum
Partnership Boards
East of England Ambulance Trust
NHS Northants, NHS Lincs, NHS Cambs
New Link
Pharmacists
Cambs and Peterborough Constabulary
St Theresa's Hostel
Community Groups and Voluntary Orgs – through Peterborough Council for Voluntary Services
Staff (not directly affected)
Staff PCS (not directly affected)

Involve
Neighbourhood Councils
Community Associations

Inform
Media
Local Population
Cambs and Peterborough Foundation Trust
NHS Direct
Dentists
Opticians
Anglia Support Partnership
Sure Start
Citizen's Advice Bureau
Benefits Agency
Crosskeys Housing
Axiom Housing

Appendix 2 Approach

Partner – ensure joint ownership with stakeholders

Approaches	Organiser	Lead	Details/frequency	Status
PCT Board				
Board meeting to approve Turnaround Plan	GK	SB	9 th June 2010	complete
Board to discuss and decide on the scale and scope of consultation process	GK	PW	7 th July	pending
Board members will be invited to attend public consultation events	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
Board to receive and consider consultation feedback	GK	PW		pending
Board to decide on option to implement as part of Turnaround	GK	PW		pending

Scrutiny Committee for Health Issues				
Met with Scrutiny Chair and officer to discuss proposals	BJ	DR/PW	?14 th Jun 2010?	complete
Scrutiny to discuss and decide on the scale and scope of consultation process	AH	PW	19 th July	pending
Scrutiny to be kept informed of the progress of the project	AH	PW	ongoing	ongoing

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NHS East of England				
Met with NHS EoE staff to approve Turnaround Plans	SS	SB	?	complete
Met with NHS EoE staff to discuss proposals	PW	PW	?	complete
NHS EoE to advise on of consultation process	JLC	PW	6 th July	pending
NHS EoE need to receive e-mail from Director of Clinical Change re support for the proposals from GPs	PW	MC	Before 19 th July	pending
NHS EoE to be kept informed of the progress of the project	KC	PW	ongoing	ongoing

Department of Health				
DoH to advise on of consultation process	JLC	PW	6 th July	pending
DoH need to receive e-mail from Director of Clinical Change re support for the proposals from GPs	PW	MC	Before 19 th July	pending
DoH to be kept informed of the progress of the project	KC	PW	ongoing	ongoing

PSHFT				
Arrange to meet in person to discuss proposals	KC	PW	After 19 th July	pending
To be invited to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
To be kept informed of progress of the project with regular updates.	KC/ SO /SP	PW	ongoing	ongoing

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Cabinet Member for Health				
Arrange to meet in person to discuss proposals	KC	PW	After 19 th July	pending
To be invited to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
To be kept informed of progress of the project with regular updates.	KC/ SO /SP	PW	ongoing	ongoing

3- Well				
Arrange to meet in person to discuss proposals	KC	PW	After 19 th July	pending
To be invited to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
To be kept informed of progress of the project with regular updates.	KC/ SO /SP	PW	ongoing	ongoing

MPs				
Arrange to meet in person to discuss proposals	KC	PW	After 19 th July	pending
To be invited to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
To be kept informed of progress of the project with regular updates.	KC/ SO /SP	PW	ongoing	ongoing

Local Ward Councillors				
Arrange to meet in person to discuss proposals	KC	PW	After 19 th July	pending
To be invited to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
To be kept informed of progress of the project with regular updates.	KC/ SO /SP	PW	ongoing	ongoing

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GPs				
Arrange to meet through Core Group to discuss proposals	AP/LH	PW	After 19 th July	pending
To be invited to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
To be kept informed of progress of the project with regular updates.	KC/ SO /SP	PW	ongoing	ongoing

Peterborough LINK				
Arrange to attend LINK meeting to discuss proposals	AB (Shaw Trust)	PW	20 th July	pending
To be invited to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
To be kept informed of progress of the project with regular updates.	KC/ SO /SP	PW	ongoing	ongoing

PCS Sub Committee				
Arrange to attend meeting to discuss proposals	PS	PW	15 th July	pending
To be invited to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
To be kept informed of progress of the project with regular updates.	KC/ SO /SP	PW	ongoing	ongoing

Joint Forum				
Arrange to attend meeting to discuss proposals	KH	PW	?2 nd Sept 2010?	pending
To be invited to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
To be kept informed of progress of the project with regular updates.	KC/ SO /SP	PW	ongoing	ongoing

Appendix 2

Consult – ensure that stakeholders are engaged

Approaches	Organiser	Lead	Details/frequency	Status
NHSPCF				
Letter to be sent inviting them to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
Issue consultation documentation.	KC/ SO /SP	PW	After 19 th July	pending
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

Partnership Boards				
Letter to be sent inviting them to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
Issue consultation documentation.	KC/ SO /SP	PW	After 19 th July	pending
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

EoE Ambulance Trust				
Letter to be sent inviting them to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
Issue consultation documentation.	KC/ SO /SP	PW	After 19 th July	pending
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

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NHS Northants, Lincs, Cambs				
Letter to be sent inviting them to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
Issue consultation documentation.	KC/ SO /SP	PW	After 19 th July	pending
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

New Link				
Letter to be sent inviting them to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
Issue consultation documentation.	KC/ SO /SP	PW	After 19 th July	pending
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

Pharmacists				
Letter to be sent inviting them to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
Issue consultation documentation.	KC/ SO /SP	PW	After 19 th July	pending
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

Cambs and Peterborough Constabulary				
Letter to be sent inviting them to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
Issue consultation documentation.	KC/ SO /SP	PW	After 19 th July	pending
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

Appendix 2

St Theresa's Hostel				
Letter to be sent inviting them to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
Issue consultation documentation.	KC/ SO /SP	PW	After 19 th July	pending
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

Community and Voluntary Groups through PCVS				
Letter to be sent inviting them to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
Issue consultation documentation.	KC/ SO /SP	PW	After 19 th July	pending
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

NHSP Staff				
Inform staff of proposals through Chief Execs Briefing, PCT Connect and Extranet	AMB	PW	After 19 th July	pending
Issue consultation documentation.	KC/ SO /SP	PW	After 19 th July	pending
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

PCS Staff not directly affected				
Inform staff of proposals through Extranet, internal comms and team meetings	MC	PW	After 19 th July	pending
Issue consultation documentation.	KC/ SO /SP	PW	After 19 th July	pending
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

Involve – ensure stakeholders are involved

Neighbourhood Councils				
Letter to be sent inviting them to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
Issue consultation documentation.	KC/ SO /SP	PW	After 19 th July	pending
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

Community Associations				
Letter to be sent inviting them to public meeting re proposals	GK/JLC	PW	?12 th Aug 2010? ?24 th Aug? 2010	pending
Issue consultation documentation.	KC/ SO /SP	PW	After 19 th July	pending
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

Appendix 2

Inform – ensure stakeholders are aware

Approaches	Organiser	Lead	Details/frequency	Status
Media				
Issue consultation documentation and media statement	AMB	PW	After 19 th July	pending
To be kept informed of implementation dates and service details.	AMB	PW	After consultation period	pending

Approaches	Organiser	Lead	Details/frequency	Status
Local Population				
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

Mental Health Trust				
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

NHS Direct				
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

Dentists				
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

Opticians				
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

ASP				
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

Sure Start				
To be kept informed of implementation	KC/ SO /SP	PW	After consultation period	pending

Appendix 2

dates and service details.				
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Citizen's Advice Bureau				
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

Appendix 2

Benefits Agency				
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

Crosskeys Housing				
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

Axiom Housing				
To be kept informed of implementation dates and service details.	KC/ SO /SP	PW	After consultation period	pending

Abbreviation Key

GK	Gemma Keats	SP	Sandra Pryor
PW	Paul Whiteside	SO	Sue Oakman
JLC	Jane Coulson	AP	Andrea Patman
GA	Gina Allen	LH	Liz Hurst
AH	Alana Hair	AB	Angela Burrows
BJ	Beverly Jost	PS	Paul Sproat
SB	Sheila Bremner	KH	Kerry Holliday
MC	Mark Cole	AH	Angela Hartley
DR	Denise Radley	AMB	Amie Barber
KC	Kyle Cliff		

Appendix 3 Resources

There are budget implications in terms of the resources/material associated with a public consultation:

- venue hire
- consultation document
- tailored letters
- presentation
- media releases

Appendix 4 Evaluation

- Feedback from staff meetings
- Feedback from team leaders
- Feedback from public consultation events
- Monitor media coverage
- Ask for feedback via the extranet
- Word of mouth

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 9
19 JULY 2010	Public Report

Report of the Chief Executive

Report Author – Alana Hair, Governance Officer

Contact Details – 01733 452276 or email alana.hair@peterborough.gov.uk

FORWARD PLAN – 1 AUGUST 2010 TO 30 NOVEMBER 2010

1. PURPOSE

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

2. RECOMMENDATIONS

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

3. BACKGROUND

- 3.1 The latest version of the Forward Plan will be tabled at the meeting, as the Forward Plan for 1 August to 30 November is due for publication on 16 July 2010. The Plan contains those key decisions, which the Leader of the Council believes that the Cabinet or individual Cabinet Member(s) will be making over the next four months.
- 3.2 The Commission may wish to include some of the items highlighted on the Plan onto their future work programme or to request additional information from the Executive before a decision is made. Any comments about the format of the Plan would also be welcomed.
- 3.3 In accordance with the Council's Executive procedure rules, the Cabinet or Cabinet Member will not make any key decision until at least five clear days after the receipt of the report relating to that decision. The Group representatives of this Commission and of the Scrutiny Committees are sent a copy of these reports at the same time as the Cabinet Member and any comments can be passed onto the Member before a decision is made.

4. CONSULTATION

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

5. EXPECTED OUTCOMES

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

6. BACKGROUND DOCUMENTS

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

- 6.1 None.

7. APPENDICES

- 7.1 None. The Forward Plan of Key Decisions for 1 August to 30 November is due for publication on 16 July 2010 and will be tabled at the meeting.

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SCRUTINY COMMISSION FOR HEALTH ISSUES

Work Programme 2010-2011

Publication Date – 9 July 2010

MEETING DATE	SCRUTINY ITEM	REPORT AUTHOR/S
14 June 2010 (Papers despatched on 4 June 2010)	1. Scrutiny of Proposals for Neonatal Services – Joint Committee	Louise Tyers, Scrutiny Manager
	2. NHS Peterborough Turnaround Plan	Denise Radley, Director of Adult Social Services
	3. Quarterly Performance Report on Adult Social Care Services in Peterborough	Tina Hornsby, Head of Performance and Informatics, NHS Peterborough
	4. Transforming Community Services – Future of the PCT Provider Arm	Denise Radley, Director of Adult Social Services
	5. Closure of Millfield Surgery, 10 Searjeant Street, Peterborough 6. Referred by the Central and North Neighbourhood Council at its meeting on 2 June 2010	Alana Hair, Governance Officer
	7. Work undertaken in 2009-2010 and Priorities for 2010-2011	Alana Hair, Governance Officer
	8. Cessation of Comprehensive Area Assessments	Alana Hair, Governance Officer
	9. Forward Plan of Key Decisions (Standing Item)	Alana Hair, Governance Officer
	19 July 2010 (Papers to be despatched on 9 July 2010)	1. Walk-in Services
2. Mental Health Trust – Inpatient Services (July or September)	Denise Radley, Director of Adult Social Services	
3. Update on Safe Sharp Disposal Bins	Leonie McCarthy, Neighbourhood Manager - Citywide	
4. NHS Peterborough Budgetary Monitoring – 2009/10 Outturn	Lesley McLeod, Interim Finance Director, NHS Peterborough	
5. Peterborough Safeguarding Adults – Quarterly Report	Denise Radley, Director of Adult Social Services	
6. Forward Plan of Key Decisions (Standing Item)	Alana Hair, Governance Officer	

SCRUTINY COMMISSION FOR HEALTH ISSUES

Work Programme 2010-2011

Publication Date – 9 July 2010

MEETING DATE	SCRUTINY ITEM	REPORT AUTHOR/S
13 September 2010 (Papers to be despatched on 3 September 2010)	1. Changes to NHS Estates / Buildings with an emphasis on primary care	Denise Radley, Director of Adult Social Services
	2. White Paper	Denise Radley, Director of Adult Social Services
	3. Review of Day Centres – Service Delivery Changes for Efficiency	Denise Radley, Director of Adult Social Services
	4. Service Redesigns – Hospital Paediatric Services	Denise Radley, Director of Adult Social Services
	5. Quarterly Performance Report on Adult Social Care Services in Peterborough	Denise Radley, Director of Adult Social Services
	6. Teenage Pregnancy	TBC
	7. Hinchingsbrooke Hospital Franchise	Nik Patten, Chief Executive of PSHT
	8. Forward Plan of Key Decisions (Standing Item)	Alana Hair, Governance Officer
8 November 2010 (Papers to be despatched on 29 October 2010)	1. Update on Turnaround Plan & NHS Peterborough Budgetary Monitoring Report	Sheila Bremner, Interim Chief Executive, NHS Peterborough / Denise Radley, Deputy Chief Executive, NHS Peterborough
	2. Learning Disability Services	Denise Radley, Director of Adult Social Services
	3. Review of other Mental Health services including for older people	TBC
	4. PJ Care Home	TBC
17 January 2011 (Papers to be despatched on 7 January 2011)	1. Service Improvements to Learning Disability Services	Denise Radley, Director of Adult Social Services

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SCRUTINY COMMISSION FOR HEALTH ISSUES
Work Programme 2010-2011
Publication Date – 9 July 2010

MEETING DATE	SCRUTINY ITEM	REPORT AUTHOR/S
14 March 2011 (Papers to be despatched on 4 March 2010)		
<i>Monday, 16 May 2010 - Mayor Making & Annual Council</i>		

Information only items for inclusion in the Scrutiny Bulletin:

- Outcomes from the Neonatal Joint Health Scrutiny Committee

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