

## **SCRUTINY COMMISSION FOR HEALTH ISSUES**

**MONDAY 17 JANUARY 2011**  
**7.00 PM**

**Bourges/Viersen Room - Town Hall**

### **AGENDA**

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<b>1. Apologies</b>	
<b>2. Declarations of Interest and Whipping Declarations</b>	
<b>3. Minutes of the Meeting held on 8 November 2010</b>	<b>1 - 8</b>
<b>4. Call In of any Cabinet, Cabinet Member or Key Officer Decisions</b>	
<b>5. Response to Recommendations Made by the Commission</b>	<b>9 - 14</b>
<b>6. Primary Care and Urgent Care Review and Proposed Consultation</b>	<b>15 - 20</b>
<b>7. Provision of Contraceptive and Sexual Health Services for Young People</b>	<b>21 - 22</b>
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<b>12. Forward Plan of Key Decisions</b>	<b>65 - 78</b>
<b>13. Work Programme</b>	<b>79 - 80</b>
<b>14. Date of Next Meeting</b>	

Monday 14 March 2011 at 7pm



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### **Committee Members:**

**Councillors: B Rush (Chairman), Y Lowndes (Vice-Chairman), N 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 Louise Tyers on telephone 01733  
452284 or by email – [louise.tyers@peterborough.gov.uk](mailto:louise.tyers@peterborough.gov.uk)**

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES  
HELD AT THE BOURGES/VIERSEN ROOM - TOWN HALL ON 8 NOVEMBER 2010**

**Present:** Councillors B Rush (Chairman), Y Lowndes (Vice-Chairman),  
R Dobbs, D Fower, N Khan, J Peach and J Stokes

**Also Present:** Kevin Spencer, NACRO  
Three Young People from the Young Men's Project

**NHS Peterborough:** John Webster, Director of Turnaround  
Tina Hornsby, Head of Performance and Informatics

**Officers:** Denise Radley, Executive Director of Adult Social Services  
Marie Southgate, Lawyer  
Louise Tyers, Scrutiny Manager

**1. Apologies**

Apologies for absence were received from Councillors Arculus and Nash. Councillor Dobbs was acting as the designated substitute and Councillor Peach as a nominated substitute.

Apologies for absence were also received from Councillor Lamb, Cabinet Member for Health and Adult Social Care and Gill Metcalfe of the Peterborough LINK.

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

There were no declarations of interest.

**3. Minutes of the Meeting held on 13 September 2010**

The minutes of the meeting held on 13 September 2010 were approved as an accurate record.

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

There were no requests for call-in to consider.

**5. Response to Recommendations Made by the Commission**

The Commission considered the response made by NHS Peterborough to the recommendation made in relation to the provision of contraceptive and sexual health services for young people.

**ACTION AGREED**

To note the response to the recommendation and that a further report on the issue will be brought to the Commission in January 2011

**6. Progress on Teenage Pregnancy**

The report gave an update on the progress being made on the Teenage Pregnancy Strategy to reduce teenage conceptions in Peterborough. In 2007 the then Health and Adult Social Care Scrutiny Panel undertook a review of teenage pregnancy services in Peterborough and

had followed the progress of the issue at subsequent meetings. This report updated the Commission on the progress made since its last report on 31 March 2009.

Peterborough was facing a challenge in reducing the number of teenage pregnancies. The national teenage pregnancy target was a 55% reduction in teenage pregnancies by 2010 from the 1998 baseline of 57.7 conceptions per 1,000 15-17 female population in Peterborough. This was a challenging target and one which was unlikely to be met locally or nationally. The latest data from the Office of National Statistics showed Peterborough's rate of teenage pregnancies continued to fluctuate. The rolling quarterly average rate from January to March 2009 was 56.3 conceptions per 1,000 of the 15-17 female population. This was higher than national, regional and statistical neighbour averages. Within the same period, the rate of teenage pregnancies leading to abortion was slightly higher than national and regional averages and broadly in line with our statistical neighbours. In terms of numbers, this equated to 94 conceptions of which 38 led to abortion between January and March 2009.

The National Teenage Pregnancy Strategy would draw to a close in 2010, although the issue of teenage pregnancy remained. The Strategy was intended to develop services to prevent teenage pregnancy and support existing teenage parents with the aim of those services being mainstreamed by 2010.

In line with the Scrutiny Panel recommendations, national guidance and the recommendations from Peterborough's National Support Team visit the following key areas had been focused on during the last year:-

- Ensuring focus was on the prevention of teenage pregnancies
- Improving sex and relationship education (SRE)
- Providing a full range of contraception and ensuring contraceptive and sexual health (CaSH) services were young people friendly and accessible
- Working jointly wherever possible
- Linking teenage pregnancy with other risk taking behaviour
- Using local data to target services at the most at risk
- Engaging young people in service delivery and planning

Examples of the progress achieved during the last year included:

#### Case Study 1: Targeting SRE to the most vulnerable and at risk

Local data provided by Children's Services was used to help identify young people at risk of not meeting their potential. These young people were invited to take part in a self esteem based programme run by youth workers. The programme discussed sexual health issues and its links to drugs, alcohol and risky behaviour amongst other things. It aimed to equip young people with increased self esteem, knowledge, confidence and social skills to make informed choices about their behaviour. The programme was in its second year and had received positive feedback from young people and staff.

#### Case Study 2: Helping parents discuss sex and relationships with their children - Speakeasy Programme

The accredited Speakeasy course helped parents develop the skills and confidence to talk about relationships, sex and contraception with their children and was being rolled out across the city. The course was aimed at parents of children of all ages, including those with additional needs and increased vulnerability. Seven professionals had been trained to deliver the programme and four runs of the course were being delivered reaching a total of 30 parents. It was hoped a number of parents completing the course would become accredited and go on to run further courses in the community.

### Case Study 3: Embedding sexual health in multi-agency work with those at risk - Street Youth Project

Funding had been obtained to tackle anti-social behaviour amongst young people during the summer holidays in priority wards. To maximise the opportunity to reach at risk young people, a number of professionals joined the police including youth workers, contraceptive nurses and staff from local drug and alcohol charities. Staff from the 8-19 Service had continued to work in those wards on Friday and Saturday evenings actively promoting sexual health messages to young people alongside their other work with young people. This helped to ensure that some of the most disengaged and at risk youngsters were engaged with services and could access the C-Card scheme and Chlamydia Screening.

### Case Study 4: Making contraception more accessible to young people

A further school-based health clinic (HYPA) had been opened bringing the total to six in the city. The HYPAs offered contraceptive and sexual health services alongside drug and alcohol advice and general physical and emotional health advice. A further two schools offered purely CaSH services through a 'Clinic in a Box' scheme. The idea behind the services was to encourage young people who might not feel confident in visiting their GP to still obtain contraceptive and sexual health information and advice. They were particularly aimed at younger teenagers. They also provided a safe place to ask questions and discuss the merits of delaying early sexual activity. The NHS also offered outreach CaSH services in Peterborough Regional College, local hostels and alternative education settings to reach older teenagers and those who might be more vulnerable and at risk. These services were promoted to young people by partner agencies, SRE sessions, outreach and general marketing.

One priority within the Sexual Health Strategy was to increase the use of long acting methods of contraception (LARC). The number of medical staff trained to fit long acting methods of contraception had increased this year to allow more young people to have LARC fitted to prevent unintended pregnancy. The CaSH service had moved to new premises in Rivergate to provide a central location and additional opening hours.

### Case Study 5: Promoting sexual health messages to young men

A marketing campaign called 'Who's The Daddy' was commissioned to reach young men and raise their awareness of teenage pregnancy and contraception. A panel of young people were involved in the commissioning and delivery of the project. Local contraceptive and sexual health services had also been promoted to young people through a campaign of wristbands, posters, radio advertising and websites.

We welcomed Kevin Spencer from NACRO and three young men who talked about the Young Men's Project. The project worked directly with young men aged between 13 and 19 around prevention of teenage pregnancies and risk taking through a mixture of outreach, 1:1 and group activities. The young men involved in the project had found the project very positive.

Questions and observations were made around the following areas:

- How long had the National Strategy been in place for and how much grant had been awarded? *The Strategy had been in place for 10 years and each year the Council received £125,000 implementation grant to pump prime services. A lot of work had also been funded through mainstream funding.*
- *Had officers considered spreading the message to young people via email, Twitter and Facebook? Those methods had been looked at through the Who's the Daddy campaign and some social marketing companies could also push messages via Bluetooth.*

- A lot of work was being done with young men between the ages of 13 to 15. It appeared that contraception was not the main issue as most young people knew where to get it. The campaign was targeting young men who at 13 and 14 were already very sexually active.
- When the Strategy ended would Jo still be in post? *Jo confirmed that the funding would end in March 2011 so there was the likelihood her post would end then.*
- What would the Strategy be in Peterborough following the end of the national strategy? *It was important that teenage pregnancy remained a priority and it was also important to link it to other risky behaviours.*
- A lot of money had been put into the work but what had been achieved? Was this a losing battle? *A lot of work had been done but it had not been innovative enough. The focus had always been around contraception; however young women know where to get contraception. Aspiration and educational attainment needed to become priorities. There also needed to be a link with other risk taking behaviours. It was a very challenging issue and became more challenging with the new arrivals in the city. There was a lot of capacity to be innovative as the previous government had been very prescriptive in the guidance it issued.*
- It was important to separate where lots of positive work had been done and show where the weaknesses were.
- Did officers have any problems getting into the faith schools? *It was an area which needed a sensitive approach. There was some provision in some of the faith schools but there were also other schools that were also sensitive to the issues. Accessibility in schools depended on the senior management team and governors of the school. The young people had a right to confidentiality but some individuals had a concern about that in schools.*
- Mary Cooke of the Peterborough Pensioners Association advised that she believed that it was short sighted to reduce the funding as it would lead to future costs for the NHS. Young men needed to change their attitude and treat young girls with respect. *Kevin and his team were working with the young men to develop respectful behaviours.*
- The work being done with NACRO was being independently evaluated and officers would be happy to bring that report back around March 2011.

## RECOMMENDATIONS

That the Cabinet Member for Children's Services, Executive Director of Children's Services and Chief Executive of NHS Peterborough are recommended by the Scrutiny Commission for Health Issues that following the end of the National Teenage Pregnancy Strategy:

- (i) tackling teenage pregnancy remains one of the Council's and NHS Peterborough's named priorities and should be included in appropriate strategic plans; and
- (ii) funding is identified to maintain levels of service provision and enable innovative ways of working to be continued to tackle this difficult issue.

## 7. NHS Peterborough Turnaround Plan

We welcomed John Webster, Director of Turnaround at NHS Peterborough to the meeting who gave an update on the delivery of the Turnaround Plan.

The target for the year was to achieve savings of £23.75m and to date £7.8m savings had been made however there was a predicted shortfall of £1.6m.

Questions and observations were made around the following areas:

- How much confidence did Mr Webster have that the right calibre of management was in place that could turn the situation around? *Paul Zollinger-Read had already had an impact across Peterborough and Cambridgeshire. There were committed people in*

*NHS Peterborough but continuity of leadership was now needed. There was a commitment within the organisation to make schemes deliver.*

- *Was there confidence that the targets would be met? There was confidence in people's skills and further work would be undertaken to look at some of the projects in detail. There continued to be some pressures in areas such as acute care.*
- *An article had been in the Sunday Times on how some PFI hospitals were coming under pressure due to the high costs for general maintenance. How could this affect Peterborough in the future? There were lessons to be learnt through earlier PFI schemes and we needed to understand the costs going forward. The new hospital would bring efficiencies to services.*
- *Community and mental health were both showing as amber, how would that become green? The RAG status was comparing performance not money. For example investing in rehabilitation and reablement services, if done well, would lead to savings in the future as well as better performance.*
- *Mary Cooke asked why corporate and back office was showing that there were no issues to report. The new GP Consortia would need to be trained and supported which would mean that there would be a cost in getting them organised. The majority of savings within corporate was down to staff leaving NHS Peterborough. A reduction in bureaucracy was expected but it would be difficult to balance.*

## **ACTION AGREED**

To note the current position of the NHS Peterborough Turnaround Plan and to receive a further update in March 2011.

### **8. Safe Sharps Disposal Pilot Project**

The report provided an update on the Safe Sharps Disposal Pilot.

The Safe Sharps Disposal Pilot placed special bins for injecting equipment and other sharp implements in public places to reduce the risk of injury and potential transmission of blood borne viruses to members of the public. In November 2009, the Commission were advised that a project implementation plan had been drawn up for the installation of the bins and the bins had now been installed in seven locations around the city between January and March 2010. One of the bins had to be removed due to it being wrongly sited on private land and work was now underway to identify an appropriate site for this to be moved to.

The bin locations had been promoted via the service specific and pharmacy needle exchanges in the city to all drug users, and had been clearly labelled with the needle exchange logo so that those who used injecting equipment were aware of what they were for.

Last week 171 needles had been collected from the bins and this could be partly related to work which had been done to secure a number of properties where needles were being used and also to the hard work the local services and service user groups had been undertaking to promote use of the bins. In addition, the incidents of reported discarded needles and drug-related litter around the city had dropped slightly from 170 to 122. However the use of the bins had not been as high as quickly as was originally hoped.

The low use of the bins might be due to a number of factors, including:

- hotspots having moved;
- greater numbers of needles being returned to needle exchanges and an increase in the portable sharps bins given out;
- fear of using the bins;

or a combination of all three.

Feedback was that users were willing to use the bins and word was starting to get around. Officers were currently undertaking work to identify how the bins could be better promoted.

Questions and observations were made around the following areas:

- Were there any leaflets in the Centre's which showed where the bins were? *No leaflets were produced but information was available in pharmacies. The needle exchange logo was also on the bins.*
- It would be useful to see a comparison of the number of needles collected in the bins compared to the number of needles that City Services collected. *More comparative data could be supplied. We would also keep an eye on hotspots to see if the bins needed to be moved to other locations in the future.*
- Were the bins able to be used by diabetics? *Yes, potentially they could and it was thought that diabetics would recognise the needle exchange logo.*
- Perhaps the focus of the bins needed to change and could be promoted as an additional service to diabetics. This would need to be discussed with health colleagues.

## **ACTION AGREED**

To note the progress of the Safe Sharps Disposal Project.

## **9. Adult Social Care Services - Quarterly Performance Report**

The report detailed progress against adult social care key outcomes and targets for the year 2010-11.

The new national performance framework for adult social care identified the following three outcomes for focus:

- Health and wellbeing
- Choice and control
- Dignity and respect

There was now much less focus on National Indicator sets to judge performance and the new report format was more evidence based.

### Health and Well Being

The team at 17 Fletton Avenue had secured sponsorship from John Lewis and also the Italian Community Association to develop a group for learning disabled people to have a kick about in the local park. This group had now become a competitive side who now entered competitions and had won trophies. Meetings had taken place with the Football Association (FA) and it was hoped that formal entry into a league would happen as part of the five year plan for disability football that the FA had. Service users participating in this scheme had shown improved communication skills, motivation and self-confidence.

### Choice and Control

- The data for October had now shown that over 30% (national target) of service users now had a personal budget.
- The indicators for adults in contact with mental health services in settled accommodation and in paid employment were both showing as red. There were some data issues but there were also some issues around employment.

## Dignity and Respect

The Peterborough Palliative Care in Dementia Group had won the NHS Team of the Year 2010, chosen by the Dementia Services Development Centre of the University of Stirling. The group had been founded in 2005 by a Consultant in Palliative Medicine and a local GP after a shared experience looking after a care home resident dying with advanced dementia.

The group aimed to develop and disseminate good practice in care of people with dementia at the end of life, with a particular focus on nursing / residential homes, but also in hospitals and community settings.

The results of an audit of 12 months of hospital admissions from 6 local care homes showed a 40% reduction in admissions and a 45% reduction in deaths in hospital from this population, the majority of who had dementia, three years after the establishment of this group.

Questions and observations were made around the following areas:

- What were the issues around the performance of mental health? *There were issues around data particularly as we were not certain of how many people there were or how many were not in employment. There were also issues around how we supported people in employment. Around employment there had been a small amount of additional funding this year but there needed to be a review of how the money had been used as we had not seen an impact on the indicator. With the housing indicator there were issues with ensuring the right type of housing was available and there was a lot we could learn from our work with people with learning disabilities.*
- Were social housing providers required to provide housing for people with mental health issues in new developments? *There was nothing specific but providers were asked to provide accessible homes.*
- When would the updated data on dying at home be available? *The next report would be published in December 2010 and would be reported in the quarter three report in March 2011.*
- Was there a concern that self directed support could be a more bureaucratic process for service users? *It should not be a more bureaucratic process and officers worked closely with the service user. There was currently a national debate about assessment processes and how far cash payments should be promoted but it would always be a balance of needs.*
- Mary Cooke advised that a number of people had told her that they could not get through on the 747474 number for social care assessments. *It had now been arranged with Peterborough Direct that adult social care would be the first option callers were given when they called the number.*

### **ACTION AGREED**

To note the progress made against adult social care key outcomes and targets for 2010-11.

## **10. Safeguarding Adults - Quarterly Report**

The report provided an update on the latest performance on adult safeguarding.

The key points were:

- The average number of referrals was 31 a month, which was down slightly on last year.
- More females were the alleged victims of abuse.
- Most allegations of abuse happened in the victims own home.
- Older people/physical frailty was the biggest vulnerable group.

- The dementia figures looked low, which was an under reporting issuing which had been identified.
- Adverts were now going out for the new safeguarding team.
- An independent chair of the Safeguarding Board was being recruited.
- The Safeguarding Policy was being reviewed.

#### **ACTION AGREED**

- To note the latest performance on adult safeguarding.
- That a copy of the Safeguarding Policy be circulated to Commission members once it has been reviewed.

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

The latest version of the Forward Plan, showing details of the key decisions that the Leader of the Council believed the Cabinet or individual Cabinet Members would be making over the next four months, was received.

Questions and observations were asked around the following areas:

- Future of Peterborough Community Services – Executive Director to circulate details of the proposed decision.
- Drug and Alcohol Misuse Services for Children and Young People – Scrutiny Manager to get an update on the decision.

#### **ACTION AGREED**

To note the latest version of the Forward Plan.

#### **12. Work Programme**

We considered the Work Programme for 2010/11.

It was agreed to add the future of Orton Medical Practice to the work programme for January 2011.

#### **ACTION AGREED**

To confirm the work programme for 2010/11.

#### **13. Date of Next Meeting**

Monday 17 January 2011 at 7pm

CHAIRMAN  
7.00 - 8.52 pm

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 5</b>
<b>17 JANUARY 2011</b>	<b>Public Report</b>

## Report of the Solicitor to the Council

Report Author – Louise Tyers, Scrutiny Manager

Contact Details – (01733) 452284 or email [louise.tyers@peterborough.gov.uk](mailto:louise.tyers@peterborough.gov.uk)

### RESPONSES TO RECOMMENDATION MADE BY THE COMMISSION

#### 1. PURPOSE

- 1.1 The purpose of this report is to inform the Commission of the response to a recommendation made at the previous meeting.

#### 2. RECOMMENDATIONS

- 2.1 That the Commission considers the response to the recommendation made and agree if, and how, the implementation of the recommendation should be monitored.

#### 3. BACKGROUND

- 3.1 During the Commission's meeting on 8 November 2010 a recommendation was made following consideration of a report on the progress of teenage pregnancy. The recommendation was subsequently submitted to the Cabinet Member for Children's Services and the Chief Executive of NHS Peterborough for consideration.

- 3.2 A copy of the recommendation made and response from NHS Peterborough are attached at Appendix 1.

#### 4. KEY ISSUES

- 4.1 The Commission is asked to consider the response and agree if, and how, the implementation of the recommendation should be monitored.

#### 5. IMPLICATIONS

- 5.1 Any implications are contained within the individual response to the recommendation.

#### 6. BACKGROUND DOCUMENTS

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

Minutes of the meeting of the Scrutiny Commission for Health Issues held on 13 September 2010.

#### 7. APPENDICES

Appendix 1 – Recommendation and Response Received.

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## RECOMMENDATION FROM THE PREVIOUS MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES

8 November 2010

Item	Recommendation	Response to Recommendation
Progress of Teenage Pregnancy	<p>That the Cabinet Member for Children's Services, Executive Director of Children's Services and Chief Executive of NHS Peterborough are recommended by the Scrutiny Commission for Health Issues that following the end of the National Teenage Pregnancy Strategy:</p> <ul style="list-style-type: none"><li data-bbox="421 555 1048 687">(i) tackling teenage pregnancy remains one of the Council's and NHS Peterborough's named priorities and should be included in appropriate strategic plans; and</li><li data-bbox="421 691 1048 823">(ii) funding is identified to maintain levels of service provision and enable innovative ways of working to be continued to tackle this difficult issue.</li></ul>	The response from NHS Peterborough is attached as Annex A.

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**Peterborough**

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Our Ref: PZR/SKS/pzr6dec2010  
Your Ref: LT/SCHI-081110  
6 December 2010

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Louise Tyres  
Scrutiny Manager  
On behalf of the Scrutiny Commission for Health Issues  
Democratic Services  
Chief Executive's Department  
Town Hall  
Bridge Street  
Peterborough  
PE1 1HG

Dear Louise

## **SCRUTINY COMMISSION FOR HEALTH ISSUES – PROGRESS ON TEENAGE PREGNANCY**

Thank you for your letter requesting a response to recommendations made by the Scrutiny Commission concerning the future commitment of this organisation to address teenage pregnancy within our strategic priorities, service provision and sustainable funding.

NHS Peterborough will continue to prioritise teenage pregnancy as part of its Public Health priorities. Teenage pregnancy is incorporated within our Healthy Lifestyles agenda addressing the multiple key issues impacting on the health of vulnerable young people. Teenage Pregnancy is also incorporated within the enhanced work we are commissioning with the Healthy Schools Partnership, where secondary schools will have the choice to offer Sexual Health as a priority, in addition to their core SRE Programme. The Health Trainer Service is delivered across Peterborough providing one to one support to vulnerable young people and adults to assist them in accessing core services.

NHS Peterborough will continue to commission core sexual health services that include specific work with vulnerable young people to support them to make informed decisions. This includes the Contraceptive and Sexual Health (CaSH) service, which delivers comprehensive sexual health provision, including training to GPs and health practitioners to increase access in primary care to Long Acting Reversible Contraception (LARC). This is an evidence-based intervention shown to impact significantly on teenage pregnancy rates.

The increased capacity and focus on young people within GP surgeries will enable young people across the city to access contraception and sexual health information more easily. The Contraceptive Sexual Health Nurse, who has remit to prevent second pregnancies, will continue to work with girls under 18 who are at risk of further pregnancy. In addition, the outreach programme which focuses on identifying the most vulnerable young people in schools, colleges and alternative locations will deliver their interventions alongside the C-Card condom scheme, which offers free condoms to young people under 25.



Improving Working Lives



Chairman: Derek Harris  
Chief Executive: Dr Paul Zollinger-Read Tel: 01733 758500  
Peterborough Primary Care Trust  
Working in partnership with Peterborough City Council  
www.peterborough.nhs.uk

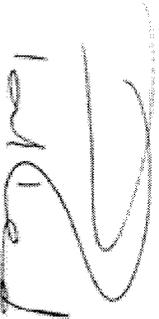


NHS Peterborough works very closely with the City Council and will strive to ensure that teenage pregnancy will be maintained as high priority through joint partnership agendas.

Finally, I have asked Sue Mitchell to undertake a review of the recently completed teenage pregnancy and sexual health needs assessments and a review of service provision in order to ensure that we are delivering the best quality targeted services for young people.

I hope this response will reassure members of our commitment to the health of young people and to reducing under 18 conceptions. However, if the Commission has any further queries, please do not hesitate to contact me again.

Yours sincerely



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**Dr Paul Zollinger-Read**  
**Chief Executive**

cc Dr Andy Liggins, Director of Public Health

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 6</b>
<b>17 JANUARY 2011</b>	<b>Public Report</b>

## **Report of NHS Peterborough**

**Contact Officer – Peter Wightman, Interim Director**

**Contact Details – peter.wightman@peterboroughpct.nhs.uk**

### **PRIMARY CARE AND URGENT CARE REVIEW AND PROPOSED CONSULTATION**

#### **1. PURPOSE**

- 1.1 To seek the Scrutiny Commission for Health Issues' (OSC) comment on and endorsement of the proposed approach to consultation on changes to urgent care and primary care services in Peterborough.

#### **2. RECOMMENDATIONS**

- 2.1 The OSC is asked to :
- comment on and approve the PCT's proposed approach to consultation
  - comment on the PCT's emerging thinking on urgent and primary care

#### **3. OVERVIEW**

- 3.1 NHS Peterborough began a consultation process for the future of the equitable access centre at Alma Road in summer 2010. NHS P stopped the consultation in October 2010 to allow time for a review of urgent care services. NHS P agreed to present this review to the OSC.
- 3.2 The PCT has also previously conducted a series of small consultations regarding the future of individual GP surgeries, following the retirement of GP sole contractors. The OSC asked for a more holistic approach by the PCT and received a briefing on the overall approach to primary care premises being followed by the PCT at its meeting in October 2010.
- 3.3 In view of the interconnected nature of these two service areas, the PCT proposes consulting simultaneously on its strategy for primary care and urgent care over the next six months. Bringing these two areas together, we aim to set out a clear vision, which will help patients access the right care at the right time, streamlining routes into the services and improving access.

#### **4. CURRENT SERVICES AND THE RATIONALE FOR CHANGE**

- 4.1 Patients have a number of choices for action to their health concerns:
- Self care
  - Pharmacy
  - GP practices, out of hours GP services
  - Walk in centre and Equitable access centre
  - Accident and Emergency

The activity levels for some of these options are shown below:

Service	Locations	Average Monthly consultations
GP practices	32 premises	c.130,000
Out of Hours primary care	City Care Centre	1,600
Nurse led walk-in centre	City Care Centre	5,500
Equitable Access Centre	Alma Road	*2,000
A&E	Hospital site	5,500

\* walk-ins

- 4.2 Analysis of these services shows that the current pattern of services is not sustainable in terms of providing high quality services to meet the future needs of patients in Peterborough and live within the budgets available to the NHS. The services are not sustainable for the following reasons.
- 4.3 There are currently **multiple overlapping access points** for urgent care and primary care, which mean it is difficult for patients to access the right service at the right time. This is frustrating for patients and inefficient for the NHS. Peterborough has the highest NHS spending level per head in East of England for non-elective hospital admissions – current systems of access contribute to this. The current system is also costly compared to other PCTs. The NHS needs to show value for money, particularly as we face financial challenges ahead. Savings need to be made to ensure NHS services can continually meet the demands of the growing, ageing population.
- 4.4 **Demographic changes** – population forecasts indicate growth in the next 5 -10 years of 20,000 – 40,000 with significant growth in specific neighbourhoods, which will require additional primary care capacity to meet these population changes. The ageing population means that there is an increase in the number of patients with long term conditions with the potential requirement for urgent care services and hospital admission.
- 4.5 It is proposed that **Peterborough and Stamford Foundation Hospitals Trust** will take on the management of out of hours primary care and the nurse led walk-in centre on 1 April 2011. The Trust has moved to a new hospital site on the outskirts of the city, which includes an Urgent Care Centre - putting a primary care model in the urgent care service. These changes present new opportunities for improved integration for the workforce and pathways to improve service quality, access, efficiency and patient experience
- 4.6 There are some significant structural pressures affecting the **sustainable delivery of primary care services**:
- *Workforce*: 36% of Peterborough GP contractors will be over 60 in the next 5 years and eligible for retirement. There are 5 practices where future retirements could end the contract with small practices. There are 5 short term contracts for small practices in place, which follow recent retirements. The PCT needs a strategic approach to each of these contractual decisions.
  - *Large number of small practices* (the highest number of small practices per head in East of England). Compared to larger practices, smaller practices in Peterborough
    - Achieve lower performance on the Quality Outcomes Framework
    - Are 30% more expensive for the NHS to commission
    - Are more vulnerable to GP retirement
  - *Value for Money*: Peterborough has one of the highest spend per weighted head of population in primary care in England. There is significant variation in funding per head by practice (£62 to £155). Recently awarded APMS contracts and small practices are particularly high.

- **Premises:** there are a large number of dispersed premises, many with poor quality of accommodation, which require investment. The practices with the greatest priority for premises changes and decisions are:
  - North Street and Lincoln Road
  - Hampton
  - Dogsthorpe, Burghley Road, Welland and Parnwell
  - Orton Medical Centre

The wider primary care team is not usually located with practices, which limits team communication.

- **Access:** patients report varied levels of satisfaction in access to their GP surgery. The key areas overall where practices struggle to achieve high patient satisfaction accessing appointments are:
  - Booking with a specific GP if wanted (this is a particular concern for small practices)
  - Telephone access
  - Advanced booking of appointments

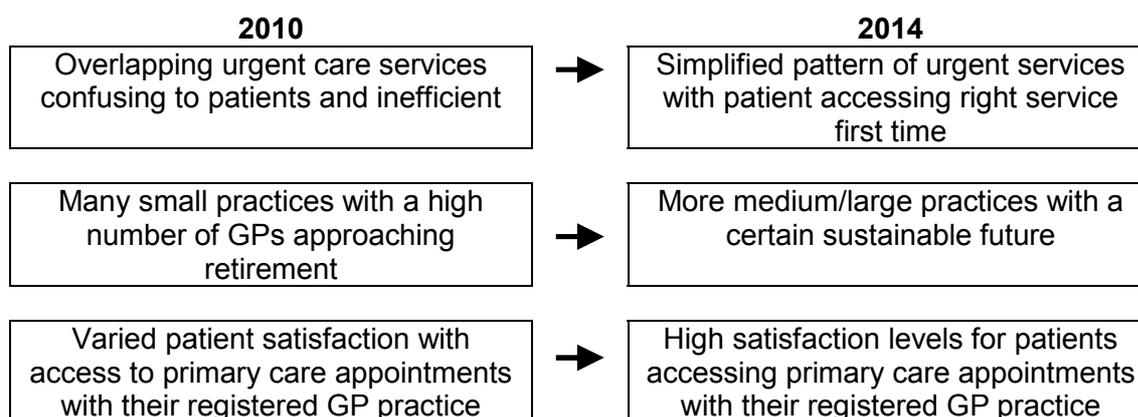
#### 2009/10 GP practice access satisfaction survey results (27 practices)

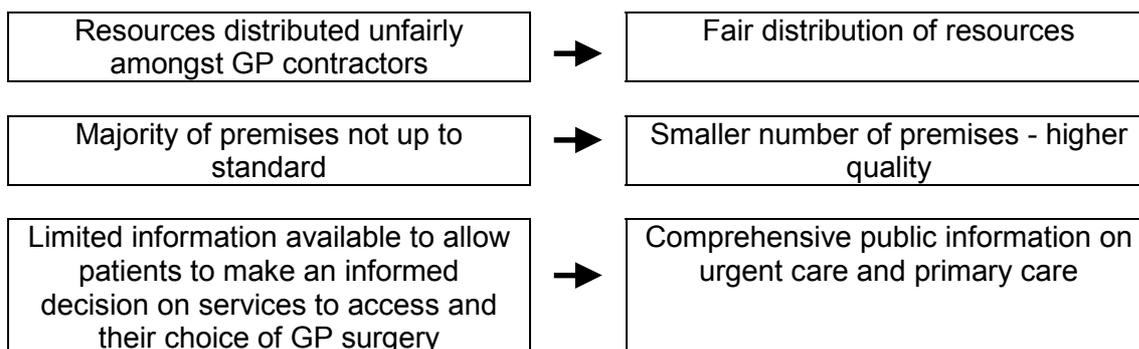
	75%+	50-75%	<50%
Overall satisfaction	26	1	0
Practice Opening Hours	23	4	0
Appointment same day or in 2 working days	20	7	0
Book appointment more than 2 days in advance	14	10	3
Telephone access	7	16	4
Appointment with specific GP if wanted	2	18	7

Practices report a high number of consultations for self-limiting conditions and patients not attending booked appointments, which hinder good access. However, some practices are able to achieve high levels of access satisfaction – this good practice needs to be adopted by all practices and information given to patients to inform their choice of GP surgery.

## 5. VISION

- 5.1 For primary care, the vision is to concentrate NHS resources in developing medium and larger practices that can improve access and provide high standards of care from good premises by being more efficient and sustaining a high quality workforce. Strong primary care is a critical foundation to support GP Commissioning as outlined in the NHS White Paper, *Liberating the NHS*, in the shift from the hospital to community setting.
- 5.2 For urgent care, the aim is to develop a pattern of services, which ensures people have access to the right service quickly when they need it; reducing duplication of services and confusion about where to go, and to offer high quality services for patients that is good value for money.
- 5.3 This can be summarised in the diagram below





#### 5.4 The PCT proposes an urgent care model with 3 levels

##### **Level one**

Easy access to primary care, which includes the opportunity to see a wide selection of practitioners to support care needs and also with extended hours

##### **Level Two**

Minor illness and injury services – if not seen by a health professional within 24 hours will need hospital attention.

##### **Level Three**

Life threatening and urgent care requirements

## 6. PROCESS

### 6.1 The aim of this process is:

- 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.
- Meets the Cabinet Office Code of Conduct for consultation.
- To ensure communication and consultation is integral to decision making regarding the future development of primary and urgent care services for Peterborough.

### 6.2 **Pre-consultation phase – seeking views (December to February)**

To meet with key stakeholders to discuss the PCT's thinking and inform development of its intentions for the formal consultation stage, to include:

- Councillors
- Primary Care Contractors
- Secondary care providers
- MPs
- LINKS, Overview and Scrutiny Committee, NHS Public Consultation Forum

A list of stakeholders is appended. These are the stakeholders that NHS P has identified as being important to this consultation. This is not a final list and we would welcome OSC comments on this list and any suggestions for further stakeholder groups to be considered.

### 6.3 **External verification of the clinical and procedural approach of the PCT.**

The PCT is testing its thinking with two national bodies that provide peer assessment of the approach being followed. These are:

- National Clinical Advisory Team : to focus on clinical issues
- Gateway process – focus on matters of procedure

6.4 **Formal Consultation (March to June/July)**

12 week consultation process to include:

- formal consultation documentation
- public meetings

6.5 Consultation Review, Evaluation and Board decision summer 2010

7. **BACKGROUND DOCUMENTS**

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

None

8. **APPENDICES**

Appendix 1 – Stakeholder Mapping

## Stakeholder mapping

<b>Partner</b>
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
Senior Leadership Team
MPs x2
Local Ward Councillors (named practices)
GPs directly affected
Peterborough Community Services Walk-in Centre Management Team
GPs other
Peterborough LINK
Pharmacists
Peterborough Urgent Care Network (PUCN)

<b>Engage</b>
Ward Councillors (other)
Registered patients at directly affected practices
NHS Public Consultation Forum
Practice Patient groups
NHS Cambridgeshire Board
GP Commissioning Clusters – Cambs
Joint Forum
Partnership Boards and Forum
Peterborough Community Services Board
Peterborough Community Services Senior Management Team
GPP

<b>Involve</b>
NHS Peterborough staff
Peterborough Community Services staff
Stakeholder Database members
LMC and LPC
BME communities

<b>Inform</b>
Media
Local Population
Cambs and Peterborough Foundation Trust
NHS Northamptonshire and NHS Lincolnshire
Dentists
Opticians
Anglia Support Partnership
Citizen's Advice Bureau
East of England Ambulance Trust
NHS Northants, NHS Lincs, NHS Cambs
New Link
Community Groups and Voluntary Orgs – through Peterborough Council for Voluntary Services, neighbourhood groups
Cambs Police
Expert Patient Programme
Voluntary Transport
Domiciliary care providers
Nursing and residential homes
New Link
Parish councils
Fitzwilliam, Addenbrookes, Hinchingsbrooke, and Papworth hospitals

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 7</b>
<b>17 JANUARY 2011</b>	<b>Public Report</b>

## **Report of the Executive Director of Public Health**

**Contact Officer(s) – Sue Mitchell, AD Public Health**

**Contact Details – email: sue.mitchell@peterboroughpct.nhs.uk**

### **PROVISION OF CONTRACEPTIVE AND SEXUAL HEALTH SERVICES FOR YOUNG PEOPLE**

#### **1. PURPOSE**

- 1.1 To inform the Commission of the comprehensive review of contraceptive and sexual health services for young people due to increasing financial pressures faced by service providers as demand for services increases. This review will take account of the recently completed review of the Pharmacy-based Sexual Health Service and the review of the decision to bring this pilot project to an end. The review of this decision was requested by the Commission.

#### **2. RECOMMENDATIONS**

- 2.1 To note the current review underway of all contraceptive and sexual health services for young people which will also include the results from the pharmacy-based scheme review; and that a further report will be presented to the Commission later in the year.

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

- 3.1 Contraceptive and sexual health services, including the Pharmacy-based Sexual Health Service are linked to NI 112: reducing unintended pregnancies within the under 18 age group, a national and Local Area Agreement Indicator within the priority area of creating opportunities and tackling inequalities. These services also contribute to the delivery of the national and local VSI 2010/11 Chlamydia Screening target to screen 35% of the 15 – 25 year old population during 2010/2011.

#### **4. BACKGROUND**

- 4.1 The Pharmacy based Sexual Health Service was funded initially by the East of England Strategic Health Authority (SHA) in 2008/9 and 2009/10 as part of a wider successful bid to test innovative new schemes to increase access to contraceptive service for young people. The project ended in August 2010. The main drive behind the funding was to contribute to the Teenage Pregnancy Strategy to reduce <18 conceptions.
- 4.2 Following an evaluation looking at take-up and cost, in the context of NHSP's financial constraints, a decision was made to withdraw the scheme from August 2009. At the Commission's meeting in October 2010, this withdrawal of service was discussed. The Commission felt unable to approve that decision and requested NHSP to review and reconsider its decision.
- 4.3 This scheme was part of a much wider strategy to modernise and improve services for young people in Peterborough, leading to the development of the Rivergate Centre as a hub for young people's contraceptive and sexual health services, with training and support for the development of contraceptive services in primary care and targeted at young people at most risk. Since the Health Scrutiny Commission requested a review of the decision to end this scheme, further funding issues have emerged within other services as efforts to increase

capacity and access to contraceptive services for young people have been successfully implemented.

## **5. KEY ISSUES**

- 5.1 Access to contraceptive services through primary care has increased as more GPs and practice nurses have been trained to fit long-acting reversible contraception. This is in line with NICE guidance concerning the reduction in teenage pregnancies and improving sexual health. The training continues and the increased capacity in the system requires funding.
- 5.2 Take-up of long acting reversible contraception (LARC) by young women via the Contraceptive and Sexual Health Service (CaSH) has also increased significantly since the service moved to the Rivergate Centre. CaSH is the training hub for family planning and LARC training for clinicians locally. This service has notified NHSP that without any additional funding it cannot meet the increased demand for LARC – thus restricting the increasingly popular service for young women. Take-up by 15 to 24 year-olds of Chlamydia screening has increased, although lack of funding for this programme is limiting the number of screens and therefore ability to meet the 2010/2011 target is significantly reduced.
- 5.3 A comprehensive review of all contraceptive and sexual health services for young people has been requested by the Chief Executive to ensure the limited resources available are appropriately targeted to deliver high quality and cost effective services. The results of the review of the Pharmacy-based Sexual Health Service will be considered alongside other competing priorities that have emerged.

## **6. IMPLICATIONS**

- 6.1 As there is limited funding, the implications of decisions reached in this review may impact on some services, however the result will ensure sustainable accessible services for young people with a clear objective of improving their sexual health and reducing teenage conceptions.

## **7. CONSULTATION**

- 7.1 Key Stakeholders taking part in the review of the pharmacy based service including NHSP's Chief Pharmacist, Ron Smith, Rita Bali, LPC lead, Cheryl McGuire (Commissioner for Sexual Health), Kay Elmy, (Manager CaSH/Oasis), Lorraine Brooks (Sexual Health Outreach lead – C-Card), Camilla Sewell (Chlamydia Screening Co-ordinator), Katie Good (EHC Co-ordinator for the pilot programme), Pam Setterfield (lead for teenage pregnancy within PCC). This review has also been informed by an NHSP led Young Persons Consultation on Sexual Health (December 2008). These individuals will be included in the wider review, alongside the Young People's Forum and other relevant groups.

## **9. BACKGROUND DOCUMENTS**

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

- 9.1 Letter from Dr P Zollinger-Read, Chief Executive NHS Peterborough, and answers to questions raised at the last Scrutiny meeting

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 8</b>
<b>17 JANUARY 2011</b>	<b>Public Report</b>

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

**Contact Officer(s)** Denise Radley - Director of Adult Social Services  
Mark Gedney - Financial Systems Manager, NHS Peterborough,  
Peterborough Community Services

**Contact Details** 01733 758444

### **ADULT SOCIAL CARE - CHARGING POLICY REVIEW**

#### **1. PURPOSE**

- 1.1 The purpose of this report is to consider a number of proposed changes to the Council's charging policy for non-residential social care services as part of a consultation process.

#### **2. RECOMMENDATIONS**

- 2.1 The Scrutiny Commission is asked to consider and comment on the proposed changes to the Charging Policy for adult social care as part of the consultation.

#### **3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY**

- 3.1 Ensuring that the charging policy complies with government guidance and is consistent with the principles of personalisation is an essential element in promoting and increasing the take up and use of personal budgets. The proposals contained in this report will help to achieve better performance in National Indicator 130 – social care clients receiving self directed support.

#### **4. BACKGROUND**

- 4.1 NHS Peterborough commissions and provides a range of social care services for vulnerable adults on behalf of Peterborough City Council and relies on service user contributions to help fund and improve these services. The operation of the charging and collection functions for social care services is delegated by the Council to NHS Peterborough under the terms of the Partnership Agreement but responsibility for charging policy direction is retained by the Council.
- 4.2 The delivery of adult social care in England is being transformed through the implementation of a personalised approach, which allows service users to have greater choice and control in how they meet their support needs. A personal budget can be taken as a cash payment paid directly to the bank account of an individual (known as a direct payment) so that the service user can arrange and pay for their own support in a way that best suits their own needs, or it can be held and used by NHS Peterborough on behalf of the individual to purchase support services.
- 4.3 Increasing numbers of personal budgets for social care are now being offered and taken up in Peterborough to fund creative and innovative support solutions. Therefore, the Council's charging policy for non-residential social services needs to be reviewed so that it can properly accommodate this change and to ensure that it complies with new charging guidance.
- 4.4 This new charging guidance builds on the original Fairer Charging guidance issued in 2003 on which Peterborough's current charging policy is based, but throws up some irregularities

within Peterborough's existing charging policy, which in its current form does not support the implementation of personal budgets.

- 4.5 The main principles of Fairer Charging continue to apply, in that the charge should be assessed on a fair and transparent basis and service users who are least able to pay are protected, and should not be required to pay more than they can reasonably afford, taking into account the income available to them, and allowing for their reasonable expenses.
- 4.6 Many councils, including Peterborough, choose to subsidise the charges for some care services by setting the chargeable amount for each service at a level below its true economic cost. This approach has resulted in the application of subsidy in inconsistent and inequitable ways over time and councils have been advised to consider this aspect of their charging policies when reviewing them to take account of the new guidance.

## 5. PROPOSALS FOR CONSIDERATION

### i) Compliance with new Department of Health Fairer Contributions Guidance

- 5.1 The new guidance states that, in deciding what contribution an individual will make towards their personal budget, councils first need to agree on the maximum possible contribution a person can be asked to make to their personal budget - subject to the levels of their income and savings. There is a requirement, therefore, to set a percentage figure to be applied to all personal budgets to determine the proportion of the budget that will be subject to a charge.
- 5.2 Under the current charging policy, up to 100% of the cost of the service is collected. It is proposed that the same principle applies in that up to 100% of the personal budget amount can be collected as a charge, depending on the result of the financial assessment, and how much the service user can reasonably afford to pay. This means that people who have savings/capital with a higher value than the upper capital limit (currently £23,250), or who have a very high income will not receive a personal budget, as their contribution will be equal to or greater than the value of the personal budget.

### ii) Removing subsidy from Adult Social Care charges

- 5.3 Some social care service charges are currently subsidised so that service users do not pay the actual cost of these even if they can afford to do so. It is proposed that this subsidy be removed, so that service users will pay what they can afford to, up to a maximum of the full true cost of the service. Charges for different types of non-residential social services are not applied to individuals separately but are combined and taken into account so that the service user only pays up to what they can afford to pay for all the services that they may receive. This change will affect the maximum charge that a service user might pay for:
- Day care / day opportunities - currently limited to £2 per day, but the actual cost could be up to £35 per day.
  - Homecare where two carers are required - currently limited to £13.16 an hour, but the actual cost could be £26.32 per hour.
  - Short term stays in residential care homes (known as respite) – currently limited to £241.50 per week, but the actual cost could be in the region of £400 per week depending on the cost of the home providing the respite care.
  - Standard charges for meals and transport will continue to apply.

### iii) Consider the introduction of a form of transitional protection to limit the increases described above in the first financial year (2011/12)

- 5.4 These proposals may mean that some people will experience increases in the charges that they pay for their care, so some form of temporary arrangement to protect people from such large increases is being considered. Charges for day care and respite will increase up to the levels that service users can afford to pay, but self-funding residents will face significant

increases, and could have a detrimental effect on attendances on in-house day care and respite services, and may encourage people to choose other forms of care services to meet their needs based on value for money and suitability. Consideration, therefore, needs to be given to some form of transitional protection to mitigate against the effects of significant charge increases for individual service users.

iv) Make two minor technical changes to the charging policy to simplify its operation and make it consistent with guidance for residential care charges.

- 5.5
- Clarify the criteria for the inclusion of housing costs as an allowable expense in the financial assessment calculation so that the definition of housing cost is consistent with the Housing Benefit definition of rent / housing costs.
  - Include provision within the charging policy for the use of notional capital and notional income (i.e. capital or income that is available if applied for) and take income from charitable payments into account in the same way as set out in residential charging guidance.

## 6. IMPLICATIONS

6.1 Financial - income from care charges is an essential component of the revenue budget for adult social care. The proposed changes will rebalance charges so that they are more consistent in their application, but this will mean that some service users will see reductions in their charges, while some will see increases – but accurate forecasts about the impact of these changes is made difficult because many service users' financial circumstances are not known, and some significant assumptions need to be made. The demand for non-residential care services continues to increase and the new personalised approach to delivering care is changing the way that people are choosing services to meet their care needs, further adding to the difficulties of estimating future revenue from charges. Budgets will, therefore, need to be closely monitored to ensure that any adverse variances are identified at an early stage.

6.2 The proposed changes to the charging policy will simplify its operation and administration, but if the policy remains unchanged, then the financial assessment process will become more time-consuming.

6.3 The City Council is seeking to raise at least £80,000 in additional income from these changes in accordance with its published budget proposals.

6.4 Legal – there is a statutory requirement to carry out consultation prior to making changes to the Council's Charging Policy. The Council is also required to comply with DoH guidance, and review its charging policies from time to time to ensure that they are equitable, fair and reasonable. Charging for non-residential services is discretionary whilst charging for residential services is mandatory and based on a national framework.

## 7. CONSULTATION

7.1 Consultation is taking place currently on the overall City Council budget proposals which includes changes to the adult social care charging policy. Consultation with stakeholders, specifically on these proposals, is being carried out and will include meetings with relevant groups, circulation of a consultation document and use of the website to gather views.

## 8. NEXT STEPS

8.1 Consultation will take place as outlined above following which the new Charging Policy will be drawn up and approval sought for its adoption.

## **9. BACKGROUND DOCUMENTS**

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

### 9.1 Department of Health Guidance:

- Fairer contributions guidance: calculating an individual's contribution to their personal budget (July 2009)
- Fairer charging policies for home care and other non-residential social services: guidance for Councils with Social Services Responsibilities (September 2003)
- Department of Health Ministerial Concordat - Putting people first: a shared vision and commitment to the transformation of adult social care (December 2007)

## **10. APPENDICES**

### 10.1 Appendix 1 - Benchmarking comparison of other Councils' charges for ASC services

## APPENDIX 1

### Comparison of non-residential care charges

Council	Full cost day care charge £	Full cost respite charge £	Meals charge £
Brighton & Hove	22.00	Not known	2.90
Cambridgeshire County Council	2.20	372.93	3.80
Croydon	27.13	Actual cost of care	2.80
Dorset County Council	22.41 <i>proposed</i>	Actual cost of care	
London Borough of Enfield	33.85	Actual cost of care	3.47
Hertfordshire County Council	38.40	459.83	3.30
Lincolnshire County Council	3.20	Actual cost of care	
Luton Borough Council	13.50	Actual cost of care	3.25
Milton Keynes	15.40	Actual cost of care	3.30
Peterborough	35.00 - proposed	Actual cost of care - proposed	3.20
Stockport	32.20	Actual cost of care	3.80
Swindon Borough Council	11.20	Not known	
London Borough of Waltham Forest	36.48	108.15	3.66
Warwickshire County Council	Actual cost of care - proposed	Actual cost of care - proposed	

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 9</b>
<b>17 JANUARY 2011</b>	<b>Public Report</b>

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

**Report Author – Tony Cox, Interim Assistant Director, NHS Peterborough & Denise Radley**  
**Contact Details – 01733 758444**

### **LEARNING DISABILITY SERVICES**

#### **1. PURPOSE**

- 1.1 This report updates the Commission on progress made in implementing the recommendations of the national “Six Lives” Report, detailing the service improvements that have been developed in the last year and outlining on-going work around annual health checks and other developments for people with learning disabilities. The report also describes the process for transferring these services to the City Council.

#### **2. RECOMMENDATION**

- 2.1 That the Commission notes the content of the report and asks any questions in order to provide assurance around the safety and quality of learning disability services.
- 2.2 That the Commission notes the work underway to transfer learning disability services to the City Council in April 2011 and the further review work planned.

#### **3. LINKS TO SUSTAINABLE COMMUNITY STRATEGY**

- 3.1 Support for vulnerable people including those with a learning disability is a key dimension of the sustainable community strategy. Developments are focused on safeguarding and promoting good health, independence and well-being which are all priorities in Peterborough.

#### **4. BACKGROUND**

- 4.1 The title ‘Six Lives’ relates to a report by Mencap entitled ‘Death by Indifference’ (2007) which outlined case studies of six people with learning disabilities whom Mencap asserted unnecessarily died as a result of receiving worse healthcare than people without this condition. Mencap referred the six cases to the Ombudsman which led to an independent inquiry into access to healthcare for people with a learning disability chaired by Sir Jonathan Michael and the publication of the ‘Healthcare for All’ Report. The joint report of the health and local government Ombudsmen is known as the “Six Lives” report.
- 4.2 The report identified significant failings in the provision of general healthcare services for people with learning disabilities. A key recommendation of the report was that commissioners, such as NHS Peterborough, should be satisfied that similar situations could not happen within their commissioned services. The Ombudsman recommended in this report that all statutory commissioning bodies of learning disability services should ensure that they have effective systems in place to:
- address inequalities of care that could arise for patients with a learning disability condition; and
  - make sure that patients with a learning disability are safe in the services provided.

- 4.3 In response to this report, in March 2010, the Care Quality Commission (CQC) published a set of six indicators for all NHS organisations to ensure equality of access to healthcare. All NHS organisations were required to review their performance against these key indicators. The NHS Peterborough Board and the Peterborough Learning Disability Partnership Board have both received reports reviewing performance and providing assurances.
- 4.4 On 14 October 2010, the Department of Health published a 'Six Lives Progress Report'. The report identified that all local authorities and health organisations had put in place plans to address the two recommendations within the Healthcare for All Report. However, many had done so after the date by which the Ombudsmen said they should have been completed by.
- 4.5 The progress report found that whilst all health and social care organisations had done lots of good work on improving health and social care services for people with learning disabilities, there were a number of long standing problems which will take time to improve. Importantly, in terms of improving health and social care pathways, it identified that where good practice was identified this was not always part of everyday work and the good work stopped when the staff who developed this good practice left the organisation.
- 4.6 The progress report highlighted the factors that contributed to making a positive difference to improving health and social care services for people with learning disabilities, these being:
- leadership
  - effective engagement with people with leaning disabilities and their families in reviewing and planning services
  - annual health checks by GPs
  - liaison nurses and health facilitators in acute services
  - reasonable adjustments to services such as easy read literature, and longer appointment times with health professionals
- 4.7 In conclusion the progress report identified two main areas where there remain concerns, these being:
- the capacity of, and consent by, people with learning disabilities in relation to the decisions made about their healthcare; and
  - the understanding of the particular needs of people with a learning disability by health staff who provide generic health services to people with a learning disability

## **5. PROGRESS TO DATE**

- 5.1 Over the last year there has been considerable effort put into improving the healthcare services available to people with learning disabilities. NHS Peterborough has successfully addressed the issues of leadership and effective engagement with people with learning disabilities and their families in reviewing and planning services. Considerable progress has been made on working with clinicians and partner organisations to improve the experience of healthcare by people with learning disabilities although it is acknowledged that more work is needed to ensure that improvements are consistent and effective across Peterborough. The areas where work is needed are discussed in more detail below. In considering the failings identified in the Healthcare for All Report and subsequent Six Lives Progress Report, NHS Peterborough has taken the following steps to ensure that these should not arise in the health services that we commission. Finally, in this section, we identify a number of service improvements that have been developed in the last year.
- 5.2 Strategic leadership and partnership arrangements
- 5.2.1 NHS Peterborough has taken leadership of the local health economy by setting clear strategic goals and operational plans with a significant focus on improving access to health and social care, including for those people with learning disabilities.

- 5.2.2 NHS Peterborough has appointed a lead Non-executive Director, Malcolm Burch, to represent the interests of vulnerable people on the Board. In addition, Dr Panday has been appointed as the clinical lead for learning disabilities and mental health.
- 5.2.3 A successful Learning Disabilities Partnership Board (LDPB) continues which has an open membership with a range of key professional stakeholders and strong representation of people with learning disabilities, their carers and the local voluntary and community sectors. Self advocates form a strong element of the LDPB. The LDPB is co-chaired by a self advocate and the Assistant Director for Mental Health and Learning Disabilities. A link between the Partnership Board and the NHS Peterborough Board is provided by Cllr Diane Lamb, who is the Peterborough City Council Cabinet Member for Health and Adult Social Care.
- 5.2.4 The Partnership Board has established a Health Sub-group to focus on improving the health and social care available to people with learning disabilities. Dr Panday has agreed to chair the Health Sub-group. As one of its priorities, the Health Sub-group will oversee the delivery of the Learning Disability Directed Enhanced Service, the purpose of which is to ensure people with a learning disability receive an annual health check. We are working with all GPs in Peterborough to ensure that this target is met.
- 5.3 Complying with 'Health Care for All'
- 5.3.1 NHS Peterborough has sought assurances from the three NHS provider organisations from which it commissions services that they are complying with the recommendations of the 'Health Care for All' report and that their performance is satisfactory, measured against the CQC key indicators. In seeking this assurance each organisation, (Peterborough and Stamford Hospital NHS Foundation Trust, Cambridgeshire and Peterborough Foundation Trust and Peterborough Community Services), was required to submit an action plan that had been approved by its Board.
- 5.3.2 Each organisation has submitted an action plan and these have been reviewed and will be monitored as part of the contract monitoring and the Annual Learning Disability Health Self Assessment.
- 5.3.3 The other key service area concerned with the healthcare of people with learning disabilities is GPs. Progress in this area is discussed below.
- 5.4 Annual health checks and the Learning Disability Enhanced Service
- 5.4.1 One of the key areas that respondents to the Six Lives Progress Report identified as making a positive difference was annual health checks. To promote the provision of annual health checks for people with a learning disability a Directed Enhanced Service (DES) was commenced on 1 April 2009 and will run until 31 March 2011.
- 5.4.2 The DES requires GPs to register those people with a learning disability in their practice who are on the on the local authority learning disability register, and to undertake an annual health check. A payment is made to the GP for both registering a patient and undertaking the health check. A training programme, which involved self advocates, was run during 2009 to support GP practices to undertake the health checks.
- 5.4.3 In 2009/10, 28 out of 29 GP practices agreed to participate in the Directed Enhanced Service with 14 returning data to NHS Peterborough. 291 (66%) of people with a learning disability were identified and registered leading to 125 people (43%) receiving a health check. Reporting from GPs was only required at the end of the financial year and, as such, it was difficult to performance manage this work stream.
- 5.4.4 In 2010/11, the number of GP practices agreeing to participate in the Directed Enhanced Services has reduced to 23. However, data is now submitted by GP practices on a quarterly basis which allows performance to be tracked and an action plan is in place to encourage those

GPs who have declined to participate to re-engage and support those who have agreed to participate to undertake the health checks.

5.4.5 The LDPB Health Sub-group has identified, as one of its key priorities, the need to support NHS Peterborough to engage with GP practices to encourage participation in the DES. The NHS Peterborough Board is supporting this.

## 5.5 Annual Self Assessment of health services provided to people with learning disability

5.5.1 Alongside these specific initiatives to improve the healthcare provided to people with learning disabilities, NHS Peterborough is required by the Department of Health to complete an annual Performance and Self Assessment of health services for people with learning disabilities. This self assessment is undertaken in partnership with a range of stakeholders, self advocates and carers. The self assessment is validated by NHS East of England at a validation meeting attended by senior NHS officers and representatives from the Learning Disability Partnership Board.

5.5.2 The key national objectives are that:

- Plans are in place to meet the needs of people who no longer require in-patient care.
- Health inequalities faced by people with learning disabilities are addressed.
- People with learning disabilities, who are in services commissioned or provided by the NHS, are safe.

5.5.3 The three key priorities for the health self assessment for 2010/11 have been identified as:

- To recognise and register all individuals with learning disabilities with primary care. This priority is being taken forward through the Directed Enhanced Service (see 5.4).
- To ensure people with learning disabilities and their families and/or supporters are supported and empowered to fully contribute to the planning, prioritisation and delivery of health services generally. This priority is being taken forward through the involvement of people with a learning disability in the development of Health Action Plans through the NHS Peterborough Long Term Conditions Pathway work stream, and Patient Passports which are being piloted by Peterborough and Stamford Hospital NHS Foundation Trust in partnership with the LDPB Health Sub-group.
- To develop a whole systems approach to address the needs of people with autistic spectrum disorder. This priority is being taken forward through the establishment of an Autism sub-group of the LDPB which will support NHS Peterborough implement the recommendations of the National Autism Strategy.

5.5.4 As part of the annual self assessment, the Department of Health has requested all PCTs to ensure that the Mental Capacity Act is being effectively implemented in relation to people with a learning disability. An audit of 10 cases, where the Mental Capacity Act has been implemented, will be undertaken for each PCT commissioned health and social care organisation, Cambridgeshire and Peterborough Foundation Trust, Peterborough Community Services and Peterborough and Stamford Hospital NHS Foundation Trust.

## 5.6 Service Improvements

5.6.1 An example of the sort of positive action that has been prompted by the detailed consideration of the 'Six Lives Report' is that Peterborough and Stamford Hospital NHS Foundation Trust has appointed a Disability Advisor to support the Trust to provide personalised health care for those people with a learning disability accessing their services. The Disability Advisor also attends the Learning Disability Partnership Board (LDPB) and is a key member of the LDPB Health Sub-group.

5.6.2 Another initiative has been that to ensure generic health services are easily available and accessible for people with disabilities, including learning disabilities, the NHS Peterborough Clinical Governance Team is developing an audit process to access services against this objective.

- 5.6.3 An innovative service to support people who require support when in the community has been developed called 'Stay Safe'. The initiative is a partnership between NHS Peterborough and retail outlets in the city centre and townships where participating shops will display a 'stay safe' sticker in their window which will signify to people with a learning disability who are distressed that they can approach staff in the shop for assistance. The assistance provided by the staff within the shop is limited to telephoning the person's nominated contact, which is displayed on their 'Stay Safe' membership card and providing a place for the person to stay until help arrives. To ensure the service is used correctly, self advocates are required to undertake an induction session run by Peterborough Council for Voluntary Service.
- 5.6.4 A Learning Disability Service Review was undertaken in 2009 and the recommendations of the report are informing future commissioning of services for people with a learning disability. The resulting Learning Disabilities Efficiency Programme addresses the cost issues around learning disability services whilst identifying opportunities for service improvement. Two services recommended within the review have been commissioned during 2010/11 – an Intensive Community Support Service to support people in the community within Peterborough and an extension to the Adult Placement Scheme. PCS is currently implementing these initiatives.

## 5.7 Safeguarding

- 5.7.1 A key requirement of 'Healthcare for All' is to ensure people are safe when using health and social care services and a crucial element of our response to the report has been to review existing policies and practices and to ensure that the service improvements discussed above strengthen and enhance our work on safeguarding vulnerable adults.
- 5.7.2 So the general principle underlying our work on learning disability services is that the needs of the individual are properly identified and, in close co-operation with the individual, their carers and supporters, individual personal development and support plans are in place that protect the interests of the individual. Critical to the success of such safeguarding arrangements is the active engagement of the range of agencies and individuals that have a role to play in supporting the individual. The Peterborough Adult Safeguarding Board oversees these arrangements.
- 5.7.3 In order to ensure that all partner organisations and agencies understand their roles and responsibilities for safeguarding adults, protocols are in place to monitor safeguarding alerts raised for people with learning disabilities through the NHS Peterborough Safeguarding Manager (Commissioning) reviewing, on a monthly basis, safeguarding cases entered onto the social care service user database (RAISE). This system identifies cases by the client group, such as learning disabilities, and the Safeguarding Manager is able to identify any trends within the cases reported.
- 5.7.4 The Safeguarding Manager (Commissioning) is also responsible for ensuring all NHS Peterborough providers have training in place to ensure their staff have adequate knowledge of safeguarding. A safeguarding standard is being developed for inclusion within all NHS Peterborough service contracts.
- 5.7.5 The LDPB Health Sub-group will, as part of its terms of reference, have a scrutiny function in relation to safeguarding to support the Safeguarding Manager to champion the safeguarding standards, identify any barriers to the system working well, identify best practice and review how operational front line practices are meeting individual service users' needs.

## 6. **LEARNING DISABILITY SERVICE TRANSFER**

- 6.1 NHS Peterborough and the City Council have agreed in principle to transfer learning disability services to the City Council from April 2011.
- 6.2 A project group has been established and meets fortnightly to ensure the necessary pace to the work. NHS Peterborough (NHSP), the City Council (PCC) and Peterborough Community Services (PCS) are all represented on the group including key support services – human resources, finance and legal.

6.3 Project management capacity has been provided by PCC – a project manager is supporting the group and maintaining the project plan and documentation.

6.4 The project covers the following areas:

- Core service delivery.
- Human resources.
- Information technology.
- Location.
- Communications.
- Legal.
- Finance.
- Project management.

6.5 Milestones are in the main on track with the following matters to note:

- Services will transfer as integrated teams.
- Day services, employment services and the adult placement service will also transfer.
- The staff transfer will be under TUPE (Transfer of Undertakings, Protection of Employees regulations).
- Appropriate support staff/resources will also transfer.
- It is proposed the team be located in the town hall.
- Regular meetings with staff are taking place.
- Project management capacity is currently stretched and is being enhanced.
- A review of funding has been completed and financial negotiations will take place between the City Council and NHS Peterborough.
- An equality impact assessment has been used.
- A formal staff consultation by NHS Peterborough is currently underway.
- A new Section 75 agreement between PCC and NHSP will be drawn up.

## **7. CONCLUSION**

7.1 This report provides information in order that the Commission can be assured that significant progress has been made on improving the healthcare of people with learning disabilities and that their interests continue to be safeguarded. This report has identified areas where more work is needed to ensure that the local health economy complies with national advice and guidance in this important responsibility. The report also outlines the proposed transfer of the service to the City Council in April 2011.

## **8. NEXT STEPS**

8.1 Work will continue to implement the plans set out in this document.

## **9. BACKGROUND DOCUMENTS**

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

None

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 10</b>
<b>17 JANUARY 2011</b>	<b>Public Report</b>

## Report of the Executive Director of Adult Social Services

Contact Officer – Jacqui Hanratty, Assistant Director, NHS Peterborough  
Contact Details – 01733 758422

### DAY SERVICES REVIEW

#### 1. PURPOSE

1.1 This report briefs members on a proposed review of day services for older people.

#### 2. RECOMMENDATIONS

2.1 That the Scrutiny Commission endorses the principles to be used in reviewing day care services and receives a further report setting out proposals, timescales and consultation arrangements in March 2011.

#### 3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

3.1 This report relates to the support and safeguarding of vulnerable older people in Peterborough.

#### 4. BACKGROUND

4.1 Peterborough has four day centres for older people managed by Peterborough Community Services (PCS), the PCT's provider arm. These centres provide services to people who meet the eligibility criteria for adult social care. The voluntary sector provides other day care services in the city, some of which are open access. The in-house day services are as follows:

Table 1 – figures provided by PCS

Day Centre	Week Days	Places Available	Weekends	Places Available	Places Available Per Week	Places Taken Per Week over a 13 week period	Average Places Taken Per Week
Copelands	Mon & Wed 9 - 5	15	~	~	30	209/390	16
Greenwood House (co-located with home)	Mon – Fri 9 - 5	18	~	~	90	439/1170	33
The Cresset	Mon – Fri 9 - 5	28	Saturday & Sunday	15	170	1063/2210	81
Welland House (co-located with home)	Mon – Fri 9 - 5	24	Saturday & Sunday	15	150	994/1950	76
<b>Total number</b>					<b>535</b>	<b>3392/6955</b>	<b>258</b>

- 4.2 The figures above show that vacancy levels within these day centres are low and, consequently, the unit cost of these services is high. These vacancy levels are apparent even after the closure of the Fleet Day Centre earlier this year (where individuals moved to other day centres in friendship groups).
- 4.3 Within the City Council's budget proposals, a review of day centres is suggested. This is based on:
- The need to modernise day centre provision and ensure it can meet the needs of future generations.
  - The need to ensure a greater choice and flexibility of services so that people can buy the services they wish with their personal budgets.
  - The need to ensure sufficient services for people with dementia in the future.
  - The need to ensure that all services are cost effective and that savings are made where this is not the case.
  - The view in the government's new vision for adult social care which indicates that councils/PCTs should not, unless in exceptional circumstances, directly provide services such as day care themselves.
- 4.4 As part of this modernisation, and the "Living My Life" programme, day services provision will need to broaden its priorities to skilling individuals to manage to the best of their abilities and promoting access to health and social care and healthy choices, as well as providing meaningful leisure and social activities. It will also be important to provide opportunities for people to have the access they need 365 days of the year, at times flexible to their and their carers' needs. The support must be tailored in such a way to enable choice, both around what the support is and where it is delivered. For example, people may wish to use personal budgets to attend a regular keep fit class, eat out at a restaurant or luncheon club, attend art or dance classes in a local village hall. This model will empower individuals to be creative in identifying what they need and how their needs may be met.
- 4.5 The proposals for day services will be developed within the principles set out in the national vision for adult social care and our local personalisation programme "Living my Life". This sets out that we believe everyone should be able to:
- Live as independently as possible.
  - Make their own choices to achieve their personal goals and aspirations.
  - Take appropriate risks.
  - Live their lives free from abuse and neglect.
  - Maximise their health and well-being.

## 5. KEY ISSUES

We have used the following principles to generate the overall budget and service plans for adult social care and the day services review will be set within this framework:

- 5.1 Early intervention and prevention – in order to reduce cost pressures, we will do all we can to prevent people needing our services in the first place. We will continue to invest in services to enable people to continue living independently in their own homes.
- 5.2 Re-ablement – these are very intensive services which last for around six weeks and help people get 'back on their feet' after a fall or illness. We are investing in this area as part of the overall budget proposals.
- 5.3 Personalised services – if people do need ongoing social care services, we will ensure that we allocate funding in a fair and clear way by allocating personal budgets. Individuals will then have choice and control over the services they receive – a personalised approach.
- 5.4 In carrying out this review and work programme we will, therefore, need to:

- Use the above principles to guide the work particularly in relation to effective prevention and personalised services.
- Develop proposals that take account of the fact that everyone eligible for social care services will, in future, have their own personal budget (currently around a third of service users have them).
- Consult with people who use existing services and their families.
- Consider the quality and cost issues of the various different kinds of day services.
- Talk to voluntary and community sector providers of day services to identify any future opportunities and/or impacts on their services.
- Use best practice from elsewhere to plan changes.
- Manage any changes well and ensure that communication is clear.
- Be aware of a similar review process which will need to take place in relation to learning disability day services.

## **6. IMPLICATIONS**

6.1 Depending on the options identified, there are likely to be:

- Financial implications (the Councils' budget proposals set out a target of at least £100k saving from this review).
- Human resources implications (potential changes for staff).
- Service implications (changes for some or all service users and their carers).
- Equality implications (an impact assessment will be drawn up during the development of proposals).
- Quality implications (we are aiming to achieve quality improvement and greater choice and flexibility).

## **7. CONSULTATION**

7.1 At this stage, we are planning to consult on proposals by April 2011. As a general principle, it is expected that any consultation will begin no later than three months before the commencement of any service change. This paper provides the Scrutiny Commission and others with an early outline of the proposed review and an opportunity to comment, at the outset, on the principles behind it.

## **8. NEXT STEPS**

8.1 Work is underway to consider options and develop proposals. A timeline for consultation and proposed changes will be developed and any consultation will then commence as above.

## **9. BACKGROUND DOCUMENTS**

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

Vision for Adult Social Care: Capable Communities and Active Citizens and its consultation on Transparency in outcomes: a framework for adult social care (2010)

Medium Term Financial Plan – Proposals Document from Cabinet (2010)

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 11</b>
<b>17 JANUARY 2011</b>	<b>Public Report</b>

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

**Report Author – Denise Radley, Director of Adult Social Services**  
**Contact Details – 01733 758444**

### **CARE QUALITY COMMISSION RATINGS FOR ADULT SOCIAL CARE 2009/10**

#### **1. PURPOSE**

- 1.1 To present the Care Quality Commission's Performance Assessment Summary as detailed at Appendix 1 to the Scrutiny Commission.

#### **2. RECOMMENDATION**

- 2.1 That the Scrutiny Commission notes and comments on the Care Quality Commission's Performance Assessment Summary.

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

- 3.1 Adult Social Services is a statutory function of the City Council and is reflected in the Sustainable Community Strategy through priorities around creating opportunities and tackling inequalities, promoting independence, choice and control and supporting and safeguarding the most vulnerable in our communities.

#### **4. BACKGROUND**

- 4.1 A key aspect of the Care Quality Commission's assessment entails a review meeting which, this year, took place on 22 July 2010. This meeting considers aspects of the statutory social services functions relating to adult social care, following which a report confirmed the key strengths as well as identifying areas for development in the coming year. The annual performance assessment judgement and summary was published on 25 November 2010.
- 4.2 Social care services for adults were, overall, deemed to be "performing well" at delivering outcomes – an improvement on the previous year's rating.
- 4.3 On six of the seven outcome areas (improved health and well-being, improved quality of life, making a positive contribution, increased choice and control, freedom from discrimination and harassment, and economic well-being) services received a rating of performing "well". One outcome area (maintaining personal dignity and respect) was rated "adequate".
- 4.4 Improved performance has been recognised in two areas – we have moved from "performing adequately" to "performing well" for the choice and control outcome and we have achieved a rating of "performing adequately" for the dignity and respect outcome, which is largely focused on our safeguarding work. These are the two areas on which we have been focusing over the last 18 months.
- 4.5 The Care Quality Commission's performance assessment summary is required to be submitted to an open meeting of the council.

## **5. KEY ISSUES**

- 5.1 The performance assessment summary is attached.
- 5.2 The annual performance assessment for adult social care will no longer be taking place. It will, however, be critical to continue local monitoring of outcomes in order to maintain standards and drive improvement. Further national work on performance measures and the future role of the Care Quality Commission is underway.

## **6. IMPLICATIONS**

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

## **7. CONSULTATION**

- 7.1 Service users and carers were spoken to by the Care Quality Commission as part of the performance assessment.

## **8. NEXT STEPS**

- 8.1 Actions required to address identified areas for improvement will be reported to the Scrutiny Commission as part of the routine quarterly performance report.

## **9. BACKGROUND DOCUMENTS**

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

None

## **10. APPENDICES**

Appendix 1 - Care Quality Commission's Performance Assessment Summary of Adult Social Care.

# Assessment of Performance Report 2009/10

## Record of analysis

## ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 :PETERBOROUGH



Contact Name	Job Title
Barbara Skinner	Compliance Manager
<p>The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.</p> <p>The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.</p> <p><b>Performing Poorly</b> - not delivering the minimum requirements for people.  <b>Performing Adequately</b> - only delivering the minimum requirements for people.  <b>Performing Well</b> - consistently delivering above the minimum requirements for people.  <b>Performing Excellently</b> - overall delivering well above the minimum requirements for people.</p> <p>We also make a written assessment about</p> <p><b>Leadership and Commissioning and use of resources</b></p> <p>Information on these additional areas can be found in the outcomes framework            To see the outcomes framework please go to our web site: <a href="#">Outcomes framework</a>            You will also find an explanation of terms used in the report in the glossary on the web site.</p>	

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## 2009/10 Council APA Performance

<b>Delivering outcomes assessment</b> Overall council is:	<b>Well</b>
<b>Outcome 1:</b> Improved health and well-being	<b>Well</b>
<b>Outcome 2:</b> Improved quality of life	<b>Well</b>
<b>Outcome 3:</b> Making a positive contribution	<b>Well</b>
<b>Outcome 4:</b> Increased choice and control	<b>Well</b>
<b>Outcome 5:</b> Freedom from discrimination and harassment	<b>Well</b>
<b>Outcome 6:</b> Economic well-being	<b>Well</b>
<b>Outcome 7:</b> Maintaining personal dignity and respect	<b>Adequate</b>

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## Council overall summary of 2009/10 performance

The Council and Primary Care Trust have an established agreement in respect of the delivery of adult social care and the adult social care duties and responsibilities are undertaken by the primary care trust. In this annual performance assessment report the Council and Primary Care Trust acting together will be referred to as the Partnership.

The Partnership delivery of adult social care has been further supported in this assessment year by a stronger working relationship between the Council and the Primary Care Trust. Last year the service inspection which covered safeguarding highlighted for both organisations the need to work together to bring about robust and speedy improvement. The drive to bring about improved outcomes has led to the delivery of an improved service and although there is scope to make more improvements a great deal of underpinning work has been completed. The action plan to address the shortfalls in safeguarding has been comprehensive and has now been supplemented by a follow-up plan. Improvement has been regularly monitored by the Partnership and benefits from senior officer, political and board member interest in the impact on outcomes being achieved by delivery of improved safeguarding. Externally the Partnership have benefited and made use of the expertise and support of the Department of Health Regional Social Care team and funding supplied has been utilised by the Partnership to focus on reviewing and quality assuring the safeguarding action plan through a specific interim appointment.

Support provided to carers is comprehensive, supporting them to lead a full life whilst maintaining their caring responsibilities. Consultation mechanisms are well established and people who use services and carers are able to become involved at different levels and a specific Partnership strategy 'Living My Life' has committed to establishing working groups with people who use services and carers.

People have access to advocacy and support which is arranged through a voluntary organisation. Voluntary organisations are involved in providing assistance and support to people who are involved in self assessment and in supporting people from minority ethnic and diverse communities.

Support to maintain or attain independence has been further enhanced in Peterborough by the provision of extra care sheltered housing for people with a variety of support needs; admissions to residential care are low.

The Partnership is aware of and has addressed numerous challenges with a clear vision about how the services will develop under the 'Transformation Agenda' in respect of adult social care. The programme has been supported by senior appointments who are committed to ensuring that transformation and personalisation will be across all services as outlined in their own personalisation strategy 'Living My Life'.

In addition to the focus on safeguarding action plan, throughout 2009/10 the areas of improvement identified from the previous assessment of performance report from 2008/09 have been monitored during routine meetings between the Partnership and the Care Quality Commission, with progress noted on these areas as well as on new developments that were self-identified.

## Leadership

*"People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce".*

## Conclusion of 2009/10 performance

Councillors and senior managers have clear vision for social care and demonstrate ambition in respect of achieving improved outcomes for people who use services and carers. Transformation plans are in the main well developed and as part of an agreed strategy they reflect and link into the plans with partners. Senior managers were able to provide evidence of how outcomes have been improved and of how the workforce of the Partnership is being supported to further develop and deliver the cultural change which underpins the 'Living My Life' strategy of the Partnership. The Partnership has made good use of the Joint Strategic Needs Analysis (JSNA) ensuring that the inequalities and areas of need identified are addressed through joint action plans, and will be completing a re-fresh of the JSNA in the forthcoming year.

The Partnership has demonstrated its ability to manage a significant degree of change over the past year, and the ambition has been focussed on particular issues and outcome areas, namely safeguarding and choice & control. Consultation and engagement with people who use services and carers has been apparent in most activity undertaken and the contribution made has been valued and respected by all partners and services.

People who use services and carers have been involved in the planning and review of both health and social care services, and are considered by the leadership of the Partnership to be essential to service development.

The workforce makes good use of the access they have to learning and development opportunities. The performance management framework is effective and has contributed to the delivery of improved performance in respect of: carers' assessment, the timeliness of assessments and support for some people who use services to gain employment. Performance is monitored regularly by the Primary Care Trust Board and the Scrutiny Committee for Health.

The Primary Care Trust ended 2009/10 with a financial deficit which has implications for the future way that services are to be delivered; the leadership are focussed on ensuring that they will be able to contribute to greater efficiencies by improving outcomes for people through an improved focus on preventative services and the use of re-ablement services.

### **Key strengths**

- A clear vision for the future delivery of social care is well understood by the workforce and by people who use services.
- Strong focus on performance management
- Strong corporate and political support for delivery of adult social care
- Supportive senior managers who are focussed on delivering better outcomes for people who use services

### **Areas for improvement**

- Continue to progress and deliver better outcomes in respect of safeguarding
- Complete as planned the re-refresh of the JSNA

## Commissioning and use of resources

*"People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value".*

## Conclusion of 2009/10 performance

The Partnership has made good use of the Joint Strategic Needs Analysis (JSNA) to inform commissioning priorities and to identify gaps in provision. There is an understanding of the social care needs in Peterborough and the Partnership use this information from the JSNA to target resources on the reduction of health and social inequalities.

The Partnership has been clear with providers of failing or poor services about outcomes that are expected to be delivered. Monitoring and review processes consider quality issues from the perspective of people who use services and their carers, and overall people report improved outcomes. Specific action has been taken in respect of some poor quality services, which was demonstrated when the Partnership undertook close monitoring of a provider of a poor rated service which was specifically for minority ethnic communities monitoring improvement balanced against the needs of people who use the services until they had adequate re-assurance that the service was meeting expected quality standards. The poorest quality in-house care home was closed in 2009/10 and there is a programme in place to de-commission in-house residential care. The Partnership has opened a new intermediate care facility within the City Care Centre and are intent on commissioning additional extra care housing in 2010/11.

Reviews have been commissioned or undertaken in respect of Valuing People Now and Learning Disability services (involving people who use services, carers and staff) to establish how the Partnership could provide better services more efficiently as well considering how they can bring people living out of the council area back to Peterborough.

The Partnership is performing well in respect of supporting the independence of older people through rehabilitation and intermediate care, with a good number of people remaining in their own homes more than 90 days after discharge from hospital in keeping with their individual care plans.

Significant progress has been made to ensure that the views of carers gained through carers assessments/reviews and through consultation, are used to facilitate choice of care provider, care services or support.

### **Key strengths**

- Targeted and effective use of the Joint Strategic Needs Analysis
- Improved commissioning capacity
- Clear focus on improving safeguarding, personalisation, choice and control.
- Embedded stakeholder engagement and oversight in respect of the delivery of the strategic plan – leading in some cases to involvement at a project level

### **Areas for improvement**

- Proceed with plans to commission more extra care housing
- Implement the plan to develop a city wide re-ablement care service to support people to remain independent and reduce support needed in the long term
- Proceed with plans to undertake a review of the dependency needs of people in all extra care schemes
- Make full use of available data and information to drive up quality of commissioned social care

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### Outcome 1: Improving health and emotional well-being

*“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.*

### Conclusion of 2009/10 performance

The Partnership has continued to provide support to help people access clear and useful information about how to maintain and improve their physical health and well being. The health trainers programme introduced in December 2009 has helped over 450 people to build a healthier lifestyle and improve their general well being. The Partnership has supported regional campaigns to contribute to improved knowledge of local people in accessing appropriate health care. Additional services have been provided and signposting has been put in place to promote local access to health care services and during the past year have delivered a regional campaign which was an update on the previous campaign also delivered by Peterborough. There has been focussed support alongside the provision of public information about childhood obesity, and early indicators are that the target set for 2010 will indicate that the planned improvement is on target.

The Partnership has developed an alcohol strategy during 2009/10 and the impact of this should be evident in 2010/11. To ensure that people from Eastern European communities that have drink related problems are not marginalised, the Partnership has commissioned targeted work from a charity to support people with a range of alcohol related problems to ensure their needs, however complex, are addressed. Over 650 people were supported by this work with support ranging from simple advice and help to delivery of complex care packages. The Partnership has helped a large number of people to stop smoking including the provision of nicotine reduction therapies and support to help pregnant women to cease smoking.

There has been an increase in the number of delayed hospital discharges although few are attributable to social care. The Partnership is monitoring any delayed discharges from mental health services on a monthly basis and has noted an overall improvement over previous years. The Partnership has in place well established pathways through intermediate care to both prevent unnecessary hospital admission and to facilitate early hospital discharge. There is a seven day service which contributes to hospital avoidance care and facilitates weekend discharges to reduce unnecessarily lengthy hospital stays. The use of non-

residential intermediate care increased in 2009/10.

The introduction of direct enhanced GP services has ensured that people who have a learning disability have provision of improved GP support and annual health checks from GPs who have received training and input direct from learning disabled people. Feedback from carers and people who have used the service has been positive.

### Key strengths

- Positive outcome and reduced use of A&E services arising from the promotion of the regional 'Choose Well' campaign.
- There has been ongoing targeted work with specific groups of people who use service to address health inequalities.
- The number of older people who have been helped through rehabilitation / intermediate care has increased and is above that of comparator councils.
- Access and support for end of life care is good and is above that of comparator councils.
- The Partnership has maintained a focus on monitoring the contract with the mental health trust to further reduce delayed discharges from mental health facilities.
- Introduction of GP enhanced services for people with learning disabilities.

### Areas for improvement

- Continue to monitor and actively work to reduce the number of delayed discharges from acute hospitals.
- Continue to support people with long term needs to manage their health related conditions.
- Proceed as planned to support the delivery of the PCT's priorities specific to health and well being.
- Progress the ongoing implementation of the plan to reduce the numbers of teenage pregnancies.

## Outcome 2: Improved quality of life

*“People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighborhood. They are able to have a social life and to use leisure, learning and other local services.”*

## Conclusion of 2009/10 performance

Support provided to carers has increased throughout the year and the Partnership is actively engaged in ensuring that carers are offered assessment and reviews as a right and the number of carers receiving an assessment or review remains high with the council performing better than comparator councils. Carers days and carers’ support events are held in the city and amongst social and health care professionals there is an increased level of awareness of the need to identify and ensure that carers are aware of the support available to them. The Carers Partnership Board has ensured that it has developed mechanisms to capture the views of the majority of carers and has built-in opportunities to ensure that carers can influence service development at all levels.

The Partnership has ensured that there are services to help people to maintain independence including access to assistive technology. A multi agency group has delivered a new falls prevention strategy which outlines the pathway for people who have fallen ensuring that they receive appropriate levels of support, assistance and onward referral to specialist clinicians or services.

There has been an increase in the provision of extra care sheltered housing which has helped more people to maintain their independence and people who use these services expanded on how they appreciated being independent but able to ask for assistance with some activities of daily living. The accommodation and facilities in one of the schemes visited were of a high standard and accessible to people with varying support needs. Intermediate accommodation has also been developed on a small scale for people who use mental health services alongside some long stay specific accommodation for those in need of longer term support. People who use the service are able to develop skills and abilities essential to independence at a pace that suits them with skilled input and support from health and social care staff as needed.

There were short waiting times from assessment to delivery of minor adaptations with the Partnership performing better than comparator averages, in respect of the provision of minor adaptation and equipment this meant that people were usually waiting

less than a week. In respect of waiting times for major adaptations performance of the Partnership was in line with that of comparator councils. The Partnership had identified why performance in respect of these waiting times was not better and intends to improve on this in 2010/11.

The Partnership utilises feedback from surveys to inform and shape service improvement and development.

### Key strengths

- Continue with negotiations with housing partners to develop more extra care sheltered housing schemes for people who have dementia.
- The community link bus service and dial a ride service provides support to people maintain a degree of independence and participate in using community services and facilities.
- Short waiting times between assessment and delivery of minor adaptations.
- Admissions to residential care provision are low.
- Feedback from people who use services evidenced that people provided with community equipment were supported to make full use of the equipment and enjoy a good quality of life.

### Areas for improvement

- Ensure that all carers who are eligible receive appropriate support and that all carers are provided with a range of information about support that is available to them.
- Progress the plan to establish a re-ablement service in Peterborough.
- Continue with plan to implement the revised fall strategy with aim of addressing high rate of falls amongst the over 65s.

### Outcome 3: Making a positive contribution

“People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported”.

### Conclusion of 2009/10 performance

There is a full range of user related partnership boards that are active and involved with Peterborough Council and the Primary Care Trust. Through the partnership boards, people who use services and carers have opportunities to meet and consult with staff from statutory agencies as well as voluntary groups and are able to review and influence service development. Progress has been made on increasing the level of engagement with carers and people who use services. Consultation mechanisms are well established and people who use services and carers are able to become involved at different levels.

The Partnership has a specific strategy ‘Living My Life’ which is grounded in a commitment to establishing working groups that have membership from amongst people who use services and carers. A number of the partnership boards are chaired or co-chaired by board members who are not employees of the Partnership ensuring that there is meaningful opportunities for independent contributions to be made and fully considered.

Volunteering is well established in Peterborough and the range of voluntary provision is varied meeting the needs of a wide number of people. The views and opinions of all people who use services are actively sought by the Partnership. In addition to the established range of user led groups and boards 2009/10 saw the development of an active user group for people accessing drug treatment services.

Progress is being made on securing the involvement of people who have used safeguarding services through the delivery of a safeguarding user engagement strategy. The action taken to increase the number of carers from BME communities has been successful in engaging with a hard to reach group of citizens.

<b>Key strengths</b>
<ul style="list-style-type: none"><li>• A new service user advisory group has been established which acts as a voice for people using drug treatment services.</li><li>• The Partnership is engaged with the local involvement network (LINK) and is keen to promote a focus on adult social care services provision.</li><li>• The Partnership has increased the number of registered carers from BME communities to ensure that their contribution to and views in respect of service development are captured.</li></ul>
<b>Areas for improvement</b>
<ul style="list-style-type: none"><li>▪ Proceed with plan to ensure that carers and people who use services are involved in the on-going implementation of the safeguarding plan</li><li>▪ Produce as planned a carers directory aimed at supporting new carers</li></ul>

#### Outcome 4: Increased choice and control

“People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support”.

#### Conclusion of 2009/10 performance

Assessments undertaken include the personal wishes and aspirations of people who use services and help is provided to maximise individual choice and control. The timeliness of assessments has improved and the delivery of individual budgets and direct payments (as part of self directed support to people who use services) has been successful over the past year with the council exceeding its plan it is performing above regional and England averages. The Partnership has ensured that people who use services and carers are able to choose from a wide range of support to determine how their needs for personal care and support are met. The Partnership has funded six voluntary organisations to assist support planning and self assessment. The Partnership has established a carers emergency respite service and has significantly increased the number of listed on the Partnerships emergency support register – each of whom has an individual emergency support plan in place.

The Partnership has ensured that people have access to advocacy and support, and although there has been a reduction in the spend on advocacy services for people who have learning disabilities the funding has been secured for use in 2010/11 when it will be needed to support people transferring from campus accommodation. Advocacy is provided through an umbrella community and voluntary sector organisation.

The complaints received continue to be low in numbers and although the Partnership has ensured that access to and information about how to make a complaint is available the Partnership continues to receive about half the rate of comparator councils based on the population served. The Partnership has concluded that as services are provided by an integrated organisation most complainants are using the Patients Advisory Liaison Service to raise concerns or complaints and in taking into consideration the numbers received by this service, if they are related to adult social care services then the Partnership would not be out of line with comparators,

People continue have the opportunity to participate in a review of their care although performance in respect of reviews for older

people has not been as good with the Partnership performing less well than comparator councils. Reviews in respect of people who use mental health services improved in 2009/10.

The range of out of hours provided through the Partnership was reviewed and as a result a number of changes were made, eliminating difficulties in accessing out of hours support as well as duplication between teams. As a result of the reviews changes were made impacting positively on access, capacity and provision.

The number of older people admitted to residential care homes is low and there is evidence that the numbers of people with learning disabilities and mental health issues living in settled accommodation has increased.

### Key strengths

- The timeliness of assessments has improved for all groups of people who use services except people who use mental health services.
- The Partnership is actively involved in ensuring that people have ease of access to advocacy services.

### Areas for improvement

- Further increase, as planned, the take up of personal budgets and direct payments.
- Commission, as planned, additional extra care housing with support to promote independence
- The Partnership should undertake a review of concerns and complaints received by the PALS to establish if any complaints received are related to adult social care and utilise learning from the review of these as it has done with other complaints received.

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

“People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighborhoods”.

### **Conclusion of 2009/10 performance**

Engagement with people from minority ethnic communities has been increased during in 2009/10 through some specific strands of work. An increased number of carers from BME communities are now registered with the Partnership and are aware of services that are available to them. This was achieved by the Partnership actively making contact through mosques to publicise carer support that is available. Another strand of work related to supporting people who have alcohol related social care problems from minority communities is the support work delivered through the alcohol strategy which has provided both simple and complex care services to people from Eastern European communities.

The Partnership has advised that it is at the development stage in respect of a single equality assessment scheme. Advocacy and interpreter services are wide ranging and easy to access.

The Partnership has ensured that the eligibility criteria are well signposted and has also ensured that there is detailed information on the website on what the criteria means. Information and signposting is also available for people who are not eligible to receive care services and in addition to being available on the website, information is detailed in a variety of ways including: in free council magazines, information leaflets, and via targeted newsletters and mailings.

The Partnership has established a local group focussed on prevention of violent extremism (PVE) with a network of partners and a prevention training programme has been developed to train 120 front line staff in dealing with new arrivals in the city. The staff are from a range of services and providers.

Feedback from Peterborough people who use services gained through national surveys are positive in respect of fair treatment, addressing crime and anti-social behaviour, and respect and consideration. People who use services are involved in the delivery of specific staff training on a range of topics including anti-discriminatory practice, diversity and communication.

Peterborough has a highly acclaimed HIV/AIDS services working with and supporting a high number of people, many of whom are from minority ethnic communities. The work is undertaken in partnership with a number of voluntary organisations supporting people to remain independent in managing their care and support needs.

**Key strengths**

- The Partnership has actively engaged with minority groups and has provided services which address their needs as carers or users of services.
- Active participation and promotion of the prevention of violent extremism programme, which has been nationally recognised as a good example by the Cohesion Board.
- People who use services are involved in delivering diversity and anti-discriminatory staff training

**Areas for improvement**

- Improve awareness and monitoring of safeguarding amongst minority communities
- Continue to develop the single equality scheme
- Proceed with plans to improve awareness of safeguarding in minority ethnic communities and to ensure that minority ethnic communities are making use of direct payments and individual budgets to meet their individual care needs.

## Outcome 6: Economic well-being

*“People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment”.*

## Conclusion of 2009/10 performance

Carers are supported to combine their caring role and current employment and the Partnership has been active in promoting flexible working practices to local employers. Together with the Department for Work and Pensions the Partnership are trying to support 32% of the total number of carers who have employment.

The Partnership, through its Financial Assessment staff, has helped 66 new users to claim over £110,000 in additional income. In addition another commissioned service that provides benefits and take up of services has secured over £820,000.

There has been a significant increase in the number of people with learning disabilities who are in employment; they have been helped by an employment service. The Partnership figures are more than double those of comparator councils. Support for people using mental health services to secure employment has been good and access to psychological therapies has supported nine people to come off sick pay or benefits.

The Partnership has been active in promoting flexible working practices to local employers, encouraging practice that enables carers to remain actively employed and financially independent. There is support provided for employers of people with disabilities or long term conditions and the Partnership have successfully supported both employers who have encountered problems with the Employment Services Team supporting people to remain in paid employment.

### Key strengths

- A high number of people with learning disabilities have been supported to secure and maintain employment.
- Support for people who use mental health services.
- Feedback from carers who have employment has been favourable about the support they have received and in many cases it has been extremely positive.

### Areas for improvement

- Continue to support people to maximise their income through take up of benefits and employment opportunities
- Continue to support people who use services to access training, paid work and voluntary work.
- Proceed as planned to deliver support to people through the Improving Access to Psychological Therapies service (IAPT) enabling them to move off sick pay or benefits.

## Outcome 7: Maintaining personal dignity and respect

*“People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life”.*

## Conclusion of 2009/10 performance

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

Prior to the inspection commencing, The Partnership had introduced new safeguarding procedures that were informed by and based on good practice and current guidance. The new policy and procedures were put in place after an internal audit in July 2008 had revealed problems with the existing procedures and practice. The Partnership has ensured that staff undertaking safeguarding assessments and their managers have access to regular quarterly training workshops in addition to the basic awareness and enhanced level training courses.

The Partnership accepted the inspection findings as detailed in the report, submitted an action plan detailing steps that would be taken to address the recommendations. Progress to address the recommendations has been monitored by the Care Quality Commission at routine meetings with the Partnership. Progress has included: 1) a formalised quality assurance and performance management process which includes regular auditing of a selection of safeguarding case files with robust challenge as appropriate; 2) clear and effective responses to received safeguarding concerns or referrals; 3) improved training of staff and managers who have key safeguarding roles; 4) general safeguarding awareness training for a wide range of people, with specific training for those engaged in mental health capacity judgements.

The Partnership has supported the provision of qualifying training for Mental Health Assessors and Best Interest Assessors in support of their respective roles under the Deprivation of Liberty safeguards, prior to working in their respective specialist areas. In addition the Partnership has participated in and contributed to information sharing and learning events with other local and

regional partners.

Community safety is also considered by the safeguarding board with links to the Community Safety Partnership and a number of schemes related to community safety support the more vulnerable people in communities many of who use adult social services. There is a multi agency referral scheme in place which saves on duplication and ensures that people who are vulnerable get support from the right agency irrespective of which agency identifies or is alerted to a potential or actual safety issue.

### **Key strengths**

- Strong and measurable progress against the action plan to improve safeguarding has been achieved.
- Clear action taken to review and terminate commissioning of contracted services where outcomes were not positive.
- Links between the Partnership and the Community Safety Partnership directly benefit people who use services.

### **Areas for improvement**

- Maintain a strong focus on safeguarding to ensure that the action plan is regularly reviewed and progress monitored and adjusted as necessary
- Evaluate safeguarding referrals received to identify any trends or patterns that could be addressed through training or via other means.
- Utilise evaluation of referrals made in respect of deprivation of liberty to identify any trends or patterns
- Proceed with the plan aimed at improving safeguarding practice and understanding of mental capacity issues and deprivation of liberty aimed at the poorer providers

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 12</b>
<b>17 JANUARY 2011</b>	<b>Public Report</b>

## **Report of the Solicitor to the Council**

**Report Author** – Louise Tyers, Scrutiny Manager

**Contact Details** – 01733 452284 or email [louise.tyers@peterborough.gov.uk](mailto:louise.tyers@peterborough.gov.uk)

### **FORWARD PLAN OF KEY DECISIONS**

#### **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 relevant items for inclusion within their work programme.

#### **3. BACKGROUND**

- 3.1 The latest version of the Forward Plan is attached at Appendix 1. The Plan contains those key decisions, which the Leader of the Council believes that the Cabinet or individual Cabinet Member(s) will be making over the next four months.
- 3.2 The information in the Forward Plan provides the Commission with the opportunity of considering whether it wishes to seek to influence any of these key decisions, or to request further information.
- 3.3 If the Commission wished to examine any of the key decisions, consideration would need to be given as to how this could be accommodated within the work programme.

#### **4. CONSULTATION**

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

#### **5. BACKGROUND DOCUMENTS**

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

None

#### **6. APPENDICES**

Appendix 1 – Forward Plan of Executive Decisions

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**PETERBOROUGH CITY  
COUNCIL'S FORWARD PLAN  
1 JANUARY 2011 TO 30 APRIL 2011**

## FORWARD PLAN OF KEY DECISIONS - 1 JANUARY 2011 TO 30 APRIL 2011

During the period from 1 January 2011 To 30 April 2011 Peterborough City Council's Executive intends to take 'key decisions' on the issues set out below. Key decisions relate to those executive decisions which are likely to result in the Council spending or saving money in excess of £500,000 and/or have a significant impact on two or more wards in Peterborough.

This Forward Plan should be seen as an outline of the proposed decisions and it will be updated on a monthly basis. The dates detailed within the Plan are subject to change and those items amended or identified for decision more than one month in advance will be carried over to forthcoming plans. Each new plan supersedes the previous plan. Any questions on specific issues included on the Plan should be included on the form which appears at the back of the Plan and submitted to Alex Daynes, Senior Governance Officer, Chief Executive's Department, Town Hall, Bridge Street, PE1 1HG (fax 01733 452483). Alternatively, you can submit your views via e-mail to [alexander.daynes@peterborough.gov.uk](mailto:alexander.daynes@peterborough.gov.uk) or by telephone on 01733 452447.

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

### NEW ITEMS THIS MONTH:

**Interpretation & Translation Services - KEY/03JAN/11**

**Peterborough Local Investment Plan - KEY/01FEB/11**

**Affordable Housing: Revised Council Policy for Awarding Grants - KEY/02FEB/11**

**Supply of Utility in respect of Electricity, Gas and Oil to Council Owned properties managed by Strategic Property Unit - KEY03/FEB/11**

**Local Transport Plan Capital Programme of Works 2011/12 - KEY/01MAR/11**

**Supply of Temporary Agency Workers - KEY02/MAR/11**

**Bayard Place - replacement of air-conditioning system (legislative works) - KEY/03MAR/11**

## JANUARY

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p><b>Delivery of the Council's Capital Receipt Programme through the Sale of Coneygree Lodge, Coneygree Road - KEY/01NOV/10</b></p> <p>To authorise the Chief Executive, in consultation with the Solicitor to the Council, Executive Director – Strategic Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale of Coneygree Lodge at Coneygree Road.</p>	<p>January 2010</p>	<p><b>Cabinet Member for Resources</b></p>	<p>Sustainable Growth Scrutiny Committee</p>	<p>Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments &amp; external stakeholders as appropriate</p>	<p>Alastair Smith Temp Capital Projects Officer Tel: 01733 384532 alastair.smith@peterborough.gov.uk</p>	<p>Public report will be available from the Governance team one week before the decision is made</p>

<p><b>Delivery of the Council's Capital Receipt Programme through the Sale of land adjacent to Pupil Referral Unit (former Honeyhill School) Paston Ridings - KEY/02NOV/10</b></p> <p>To authorise the Chief Executive, in consultation with the Solicitor to the Council, Executive Director – Strategic Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale of land adjacent to the former Honeyhill School.</p>	<p>January 2010</p>	<p><b>Cabinet Member for Resources</b></p>	<p>Sustainable Growth Scrutiny Committee</p>	<p>Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments &amp; external stakeholders as appropriate.</p>	<p>Sandra Neely Temp Capital Projects Officer Tel: 01733 384541 sandra.neely@peterborough.gov.uk</p>	<p>Public report will be available from the Governance Team one week before the decision is made.</p>
<p><b>Review of Charges for Allotments - KEY/08NOV/10</b></p> <p>To agree the charges for the use of Allotments for the forthcoming year.</p>	<p>January 2011</p>	<p><b>Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning</b></p>	<p>Sustainable Growth Scrutiny Committee</p>	<p>Relevant ward members, internal Departments and external stakeholders as appropriate.</p>	<p>Commercial Services Director</p>	<p>Public report to be available from the Governance team one week before the decision is made</p>

<p><b>Contract Award - Adult Drug Treatment Services - KEY/11NOV/10</b> To award the contracts for the delivery of Adult Drug Treatment Services</p>	<p>January 2011</p>	<p><b>Cabinet Member for Community Cohesion, Safety and Women's Enterprise</b></p>	<p>Strong and Supportive Communities</p>	<p>Internal departments as appropriate Safer Peterborough Partnership</p>	<p>Gary Goose Community Safety Strategic Manager Tel: 01733 863780 gary.goose@peterborough.gov.uk</p>	<p>A public report will be available from the governance team one week before the decision is taken.</p>
<p><b>Delivery of the Council's Capital Receipt Programme through the Sale of Land and Buildings - Vawser Lodge Thorpe Road - KEY/04DEC/10</b> To authorise the Chief Executive, in consultation with the Solicitor to the Council, Executive Director – Strategic Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale of Vawser Lodge</p>	<p>January 2011</p>	<p><b>Cabinet Member for Resources</b></p>	<p>Sustainable Growth</p>	<p>Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments &amp; external stakeholders as appropriate</p>	<p>Sandra Neely Temp Capital Projects Officer Tel: 01733 384541 sandra.neely@peterborough.gov.uk</p>	<p>A public report will be available from the governance team one week before the decision is taken</p>

<p><b>Award of Contract - Paston Ridings Primary School - KEY/08DEC/10</b> Award of Contract for Extension to increase pupil numbers at the Paston Ridings Primary School following competitive tendering process.</p>	January 2011	<b>Cabinet Member for Education, Skills and University</b>	Creating Opportunities and Tackling Inequalities	Internal departments and external stakeholders	Alison Chambers Asset Development Officer  alison.chambers@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken
<p><b>Security Framework Contract - lot 2 - KEY/09DEC/10</b> Award lot 2 of framework contract; cash collection and cash in transit services, delivering services for the council such as collecting cash from parking meters and banking it securely.</p>	January 2011	<b>Cabinet Member for Resources</b>	Sustainable Growth	Internal and external stakeholders as appropriate	Matthew Rains P2P Manager Tel: 01733 317996 matthew.rains@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is made
<p><b>Extension of contract for Emergency Duty Team Service with Cambridgeshire County Council - KEY/10DEC/10</b> To extend the current contract with Cambridgeshire County Council</p>	January 2010	<b>Cabinet Member for Children's Services, Cabinet Member for Health and Adult Social Care</b>	Creating Opportunities and Tackling Inequalities	Neighbouring authorities and internal departments	Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken

<p><b>Grant Support to Anglia Ruskin University - KEY/11DEC/10</b> The approval of a capital grant to support Anglia Ruskin University's purchase and refurbishment of the Guild House.</p>	January 2011	<p><b>Cabinet Member for Education, Skills and University, Cabinet Member for Resources</b></p>	Creating Opportunities and Tackling Inequalities		<p>Andrew Edwards Head of Peterborough Delivery Partnership Tel: 01733 452303 andrew.edwards@peterborough.gov.uk</p>	<p>Public report will be available from the Governance Team one week before the decision is made.</p>
<p><b>Lot 3: Operational Services - KEY/01JAN/11</b> To identify the preferred bidder, commence the formal TUPE consultation and award the contract for the Lot 3 strategic partnership for operational services</p>	January 2011	<p><b>Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning</b></p>	Sustainable Growth		<p>Margaret Welton Principal Lawyer - Waste 2020 Tel: 01733 452226 margaret.welton@peterborough.gov.uk</p>	<p>A public report will be available from the governance team one week before the decision is taken</p>
<p><b>Manor Drive Managed Service – Procurement through the Services Competitive Dialogue Process - KEY/02JAN/11</b> To (1) recommend outsource of services, (2) approve initial shortlist of suppliers and (3) authorise further shortlisting decisions through the competitive dialogue process by the Executive Director of Strategic Resources in consultation with the Cabinet Member for Resources</p>	January 2011	<p><b>Cabinet Member for Resources</b></p>	Sustainable Growth	Internal departments, Unions, Staff	<p>Andrew Cox Senior Category Manager  andy.cox@peterborough.gov.uk</p>	<p>A public report will be available from the governance team one week before the decision is taken</p>

<p><b>Interpretation &amp; Translation Services - KEY/03JAN/11</b> Award of contract for interpretation and translation services for the Council</p>	<p>January 2011</p>	<p><b>Cabinet Member for Community Cohesion, Safety and Women's Enterprise</b></p>	<p>Strong and Supportive Communities</p>	<p>Internal and external stakeholders as appropriate</p>	<p>Matthew Rains P2P Manager Tel: 01733 317996 matthew.rains@peterborough.gov.uk</p>	<p>A public report will be available from the governance team one week before the decision is taken.</p>
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## FEBRUARY

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p><b>Peterborough Local Investment Plan - KEY/01FEB/11</b> Document for submission to the Homes and Communities Agency, drawn largely from the Integrated Development Programme (Adopted December 2009). The LIP is the first stage towards applying for funding from the HCA for primarily housing-related project aspirations in the City.</p>	February 2011	<b>Cabinet</b>	Sustainable Growth	Internal and External stakeholders as appropriate.	Andrew Edwards Head of Peterborough Delivery Partnership Tel: 01733 452303 andrew.edwards@peterborou gh.gov.uk	A public report will be available from the governance team one week before the decision is taken.
<p><b>Affordable Housing: Revised Council Policy for Awarding Grants - KEY/02FEB/11</b> To agree revised policy and process for awarding affordable housing grants</p>	February 2011	<b>Cabinet</b>	Sustainable Growth	Internal as appropriate	Richard Kay Strategic Planning Manager  richard.kay@peterborough.go v.uk	A public report will be available from the governance team one week before the decision is taken.

<p><b>Supply of Utility in respect of Electricity, Gas and Oil to Council Owned properties managed by Strategic Property Unit - KEY/03FEB/11</b></p> <p>To award the contract for supply of Electricity and Gas to the single source supplier under the nationally awarded EU compliant ESPO framework agreement.</p>	<p>February 2011</p>	<p><b>Cabinet Member for Resources</b></p>	<p>Sustainable Growth</p>	<p>Internal consultation where appropriate</p>	<p>Mandy Sterling Strategic Sourcing Manager Tel: 01733 384607 mandy.sterling@peterborough.gov.uk</p>	<p>A public report will be available from the governance team one week before the decision is taken.</p>
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## MARCH

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p><b>Museum Redevelopment Project - KEY/03DEC/10</b></p> <p>To authorise the award of the contract for the Museum Redevelopment project.</p>	<p>March 2011</p>	<p><b>Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning</b></p>	<p>Strong and Supportive Communities</p>	<p>Consultation will take place with relevant internal stakeholders as appropriate</p>	<p>Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.Pilsworth@peterborough.gov.uk</p>	<p>A public report will be available from the governance team one week before the decision is taken.</p>

<p><b>Local Transport Plan Capital Programme of Works 2011/12 - KEY/01MAR/11</b> To approve the proposed LTP Capital Programme of Works for 2011/12</p>	March 2011	<p><b>Cabinet Member for Housing, Neighbourhoods and Planning</b></p>	Environment Capital	Relevant internal stakeholders and the Environment Capital Scrutiny Committee	<p>Michael Stevenson Project Engineer Tel: 01733 317473 michael.stevenson@peterborough.gov.uk</p>	A public report will be available from the Governance team one week before the decision is taken.
<p><b>Supply of Temporary Agency Workers - KEY/02MAR/11</b> To approve a framework agreement to supply temporary agency following a competitive tendering exercise.</p>	March 2011	<p><b>Cabinet Member for Community Cohesion, Safety and Women's Enterprise</b></p>	Sustainable Growth	Internal consultation as appropriate	<p>Mandy Sterling Strategic Sourcing Manager Tel: 01733 384607 mandy.sterling@peterborough.gov.uk</p>	A public report will be available from the governance team one week before the decision is taken.
<p><b>Bayard Place - replacement of air-conditioning system (legislative works) - KEY/03MAR/11</b> To authorise the award of the contract for the replacement of the air-conditioning system at Bayard Place</p>	March 2011	<p><b>Cabinet Member for Resources</b></p>	Sustainable Growth	Consultation will take place with relevant internal stakeholders as appropriate	<p>Julie Robinson-Judd Head of Strategic Property Tel: 01733 384544 julie.robinson.judd@peterborough.gov.uk</p>	A public report will be available from the governance team one week before the decision is taken

## APRIL

There are currently no Key Decisions scheduled for April.

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**SCRUTINY COMMISSION FOR HEALTH ISSUES  
WORK PROGRAMME 2010/11**

Meeting Date	Item
<b>14 March 2011</b> (Papers to be despatched on 4 March 2010)	<b>NHS Peterborough Turnaround Plan</b> To scrutinise progress on the NHS Peterborough Turnaround. <b>Contact Officer: John Webster, NHS Peterborough</b>
	<b>Review of Primary Care Across Peterborough</b> To scrutinise the review of primary care and make any appropriate recommendations. <b>Contact Officer: Peter Wightman, NHS Peterborough</b>
	<b>Evaluation of the NACRO Young Men's Project</b> To scrutinise the evaluation of the NACRO Young Men's Project. <b>Contact Officer: Sherry Touray/Jo Melvin</b>
	<b>Hospital Paediatric Services - Service Redesign</b> To consider the service redesign of hospital paediatric services. <b>Contact Officer: Sue Mitchell/Julian Base, NHS Peterborough</b>
	<b>Mental Health Trust – Inpatient Services</b> To consider inpatient services at the Mental Health Trust. <b>Contact Officer: Denise Radley</b>
	<b>Quarterly Performance Report on Adult Social Care Services in Peterborough</b> To scrutinise the performance on adult social care services and make any appropriate recommendations. <b>Contact Officer: Tina Hornsby, NHS Peterborough</b>
	<b>Peterborough Safeguarding Adults – Quarterly Report</b> To scrutinise the latest Safeguarding Adults quarterly report. <b>Contact Office: Denise Radley</b>

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