

## SCRUTINY COMMISSION FOR HEALTH ISSUES

**MONDAY 14 MARCH 2011**  
**7.00 PM**

**Bourges/Viersen Room - Town Hall**

### AGENDA

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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  
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**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES  
HELD AT THE BOURGES/VIERSEN ROOM - TOWN HALL ON 17 JANUARY 2011**

**Present:** Councillors B Rush (Chairman), Y Lowndes (Vice-Chairman),  
Arculus, J Stokes and N Khan

**NHS Peterborough:** Peter Wightman, Interim Director  
Dr Mike Caskey, Director of Clinical Change  
Mark Gedney, Financial Systems Manager  
Jacqui Hanratty, Assistant Director

**Officers Present:** Denise Radley, Executive Director of Adult Social Services  
Michelle Abbott, Lawyer  
Louise Tyers, Scrutiny Manager

**1. Apologies**

Apologies for absence were received from Councillors Nash and Fower. Councillors Peach and Sandford were in attendance as substitutes.

Apologies for absence were also received from Councillor Lamb, Cabinet Member for Health and Adult Social Care and Paul Zollinger-Read and Sue Mitchell from NHS Peterborough.

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

The following declarations of interest were made:

Item 6 – Primary Care and Urgent Care Review and Proposed Consultation

Councillor Peach declared a personal interest as he was registered as a patient at Dr Caskey's practice.

Item 9 – Day Services Review

Councillor Sandford declared a personal interest as he was a member of the Church of Holy Spirit which was part of The Cresset.

**3. Minutes of the Meeting held on 8 November 2010**

The minutes of the meeting held on 8 November 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 at the last meeting in relation to teenage pregnancy.

**ACTION AGREED**

To note the response to the recommendation.

## 6. Primary Care and Urgent Care Review and Proposed Consultation

The report sought the Commission's endorsement of the approach to be taken on consultation on proposed changes to urgent care and primary care services in Peterborough.

NHS Peterborough had begun a consultation process on the future of the equitable access centre at Alma Road during summer 2010. This consultation had been stopped in October 2010 to allow time for a review of urgent care services. The PCT had also conducted a series of small consultations regarding the future of individual GP surgeries following which the Commission had asked for a more holistic approach by the PCT and received a briefing on the overall approach to primary care premises at its meeting in October 2010.

In view of the interconnected nature of the two service areas, the PCT now proposed consulting simultaneously on its strategy for primary care and urgent care over the next six months. By bringing the two areas together, they aimed to set out a clear vision, which would help patients access the right care at the right time, streamlining routes into the services and improving access.

Patients currently had 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

These services were not currently sustainable for the following reasons:

- **Multiple overlapping access points** for urgent care and primary care, which meant it was difficult for patients to access the right service at the right time. Peterborough had the highest NHS spending level per head in East of England for non-elective hospital admissions which the current systems of access contributed to.
- **Demographic changes** – population forecasts indicated growth in the next 5 -10 years of 20,000 – 40,000 people which would require additional primary care. The ageing population meant that there would also be an increase in the number of patients with long term conditions with the potential requirement for urgent care services and hospital admission.
- It was being proposed that **Peterborough and Stamford Foundation Hospitals Trust** would take on the management of out of hours primary care and the nurse led walk-in centre on 1 April 2011.
- There were some significant structural pressures affecting the **sustainable delivery of primary care services**, including:
  - 36% of Peterborough GP contractors would be over 60 in the next 5 years and eligible for retirement.
  - Peterborough had a large number of small practices (the highest number of small practices per head in East of England).
  - Peterborough had one of the highest spend per weighted head of population in primary care in England. There was significant variation in funding per head by practice (£62 to £155) and recently awarded APMS contracts and small practices were particularly high.
  - There were a large number of dispersed premises, many with poor quality of accommodation, which required investment.
  - Patients reported varied levels of satisfaction in access to their GP surgery.

For primary care, the vision was to concentrate resources in developing medium and larger practices that would improve access and provide high standards of care from good premises. For urgent care, the aim was to develop a pattern of services that ensured people had access to the right service quickly; reduced duplication of services and confusion about where to go and to offer services for patients that were good value for money.

The PCT proposed an urgent care model with 3 levels

**Level one** – easy access to primary care, which included 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 – those that if not seen by a health professional within 24 hours would need hospital attention

**Level Three** – Life threatening and urgent care

Between now and February the PCT would be meeting with key stakeholders to discuss the PCT's initial thinking which would inform the development of its intentions for the formal consultation stage. The PCT would also be testing its thinking with two national bodies that would provide peer assessment of the approach being followed. These were the National Clinical Advisory Team which would focus on clinical issues and the Gateway process which would focus on matters of procedure. A formal 12 week consultation would then take place between March and June/July 2011 and would include formal consultation documentation and public meetings, with a review of the consultation, evaluation and Board decision during summer 2011.

Questions and observations were made around the following areas:

- It was appreciated that there was a need to rationalise services but what was the main purpose of the consultation, was it better patient choice or was it to plug a hole in the PCT's budget? *The consultation was to ensure that GP practices in the City were sustainable but it was also about making a contribution to the PCT's deficit. It was about achieving best use of resources and making them go further.*
- What did 'right care at the right time' mean? *It was looking to avoid inappropriate consultations by ensuring the patient went to the right care provider first time.*
- How genuine would this consultation be as it appeared to be about closing Alma Road? *It would be a real consultation and the pre-consultation period ensured that we could test our thinking to ensure a clear strategy was produced.*
- Did the PCT have any preconceived ideas? If Alma Road was lost that would mean that there would only be one provider for emergency care in the City. *The PCT had to develop its initial thinking by March but the consultation would be an opportunity to firm up the ideas. This would be a major opportunity for the hospital to co-ordinate out of hours provision in the City.*
- What were the overlapping access points mentioned in the report? *A patient could currently access the system first via their GP, then by Walk In and then through A&E.*
- How could you compare cost effectiveness between the practices as in some cases the PCT provided the premises and so those costs would be unable to be affected, so should premises costs be taken out of the calculations? *That was a good point and we would exclude premises costs from the proposals.*
- With the City's demographic changes it was just not an increase in older people, Peterborough had also seen a vast increase in the number of younger people. *The existing cohort of residents was getting older but the average age may drop due to the number of young people arriving.*
- What was an APMS contract and why had they had higher costs recently? *This was an Alternative Provider Medical Services contract and were usually for five years and negotiated locally. They may not have achieved efficiencies due to the shorter length of contract and the size of the practice.*

- It was not agreed that there was a link between the size of a practice and value for money. Had any research been done on patients trusting single doctor practices more than larger ones? *The new generation of GPs were looking to join larger practices as they offered peer support, better learning and had higher staffing. This was also the view of the Royal College of General Practitioners.*
- There was concern that the Commission was being asked to support the consultation without full information being supplied. There was a lack of evidence to support the move to medium and larger practices.
- Why had some ward councillors already been consulted and not others? *There were some specific areas of the City where decisions would need to be made in the near future but the door was open to all councillors.*
- Who made the choice as to who a patient saw, for example seeing a GP rather than a practice nurse? *It was about offering patients control and not primary care dictating to them. If they wanted to see a doctor then they should be able to see a doctor.*
- The fact that medium and larger practices had 4000 patients registered put Alma Road at a disadvantage as it was primarily a walk in centre. Was it part of the agenda to close Alma Road? *The review was not just about Alma Road which would be covered in both reviews. 4000 patients was a measure and it was about what was best for smaller practices and primary care in general in Peterborough.*
- What was the latest position with Orton Medical Centre? *Currently Bushfield Medical was on a long term contact and they currently shared their building with Orton Medical Centre who were on a short term contract but the PCT would be looking to extend that contract until September. The specific proposals for the future would be contained in the consultation document but we would be looking to deliver the services in Orton.*
- The report was not very clear on where GP practices in Peterborough were heading? *North Street and Lincoln Road were large practices which were at the top of the list for new premises. We were currently looking at sites and locations and we would be able to be more specific in the consultation document.*
- Were plans in place for the provision of medium and large practices for the future population growth? *This would be a specific part of the consultation as there would be large growth particularly in Stanground and Hampton.*
- Had an Equality Impact Assessment been done on the proposals? *We were required to undertake an Equality Impact Assessment and that would be done as part of the process.*

#### **ACTION AGREED**

To hold an additional meeting of the Commission in February to enable scrutiny of the consultation document prior to the start of the consultation.

#### **7. Provision of Contraceptive and Sexual Health Services for Young People**

The report provided an update on a comprehensive review of contraceptive and sexual health services for young people which was being undertaken due to the increased financial pressures faced by service providers as demand for services increased.

The review would take into account the recently completed review of Pharmacy-based Sexual Health Service and the decision to bring that pilot project to an end. A further report on the review would be provided at a future meeting.

#### **ACTION AGREED**

To note the current review and that a further report will be provided at a future meeting.

## 8. Adult Social Care - Charging Policy Review

The report detailed a number of proposed changes to the Council's charging policy for non-residential social care services.

NHS Peterborough commissioned and provided a range of social care services for vulnerable adults on behalf of Peterborough City Council and relied on service user contributions to help fund and improve those services. The operation of the charging and collection functions for social care services was delegated by the Council to NHS Peterborough under the terms of the Partnership Agreement but responsibility for charging policy direction was retained by the Council.

Adult social care in England was being transformed through the implementation of personal budgets, which allowed service users to have greater choice and control in how they met their support needs. A personal budget could be taken as a cash payment paid directly to the service user so they could arrange and pay for their own support or it could be held and used by NHS Peterborough on behalf of the individual to purchase support services. Increasing numbers of personal budgets for social care were now being offered and taken up in Peterborough and therefore, the Council's charging policy for non-residential social services needed to be reviewed so that it could properly accommodate this change and to ensure that it complied with new charging guidance. The new charging guidance was built on the original Fairer Charging guidance which had been issued in 2003 and on which Peterborough's current policy was based but in its current form did not support the implementation of personal budgets. Service users who were the least able to pay would be protected and should not be required to pay more than they could reasonably afford, taking into account the income available to them, and allowing for their reasonable expenses. Many councils, including Peterborough, had chosen to subsidise the charges for some care services by setting the chargeable amount for each service below its true cost however this approach had resulted in the application of subsidy in an inconsistent and inequitable way over time and councils had now been advised to consider this aspect of their charging policies when reviewing them to take account of the new guidance.

A number of proposals were being considered:

i) Compliance with new Department of Health Fairer Contributions Guidance

The new guidance stated that when deciding what contribution an individual would make towards their personal budget, councils needed to agree on the maximum possible contribution a person could be asked to make, subject to the levels of their income and savings. Under the current charging policy, up to 100% of the cost of the service was collected and it was proposed that the same principle would be applied in that up to 100% of the personal budget amount could be collected as a charge, depending on the result of the financial assessment, and how much the service user could reasonably afford to pay. This meant that people who had savings/capital with a higher value than the upper capital limit (currently £23,250), or who had a very high income would not receive a personal budget, as their contribution would be equal to or greater than the value of the personal budget.

ii) Removing subsidy from Adult Social Care charges

Some social care service charges were currently subsidised so that service users did not pay the actual cost of those even if they could afford to do so. It was proposed that this subsidy would be removed, so that service users would pay what they could afford to, up to a maximum of the full true cost of the service. This change would 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 were 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 – 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 would 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)

These proposals could mean that some people would experience increases in the charges that they paid for their care, so some form of temporary arrangement to protect people from such large increases was being considered. Charges for day care and respite would increase up to the levels that service users could afford to pay, but self-funding residents would 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 needed 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.
- 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 was 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.

Questions and observations were made around the following areas:

- There was concern at the potential size of the increase in charges, particularly day care.
- How many people would be affected by the proposals and should any transition phase be longer than 12 months? *It was difficult to know how many people would be affected as not all service users currently declared their finances but we would assess each individual. The 12 months transition was an example and was subject to further discussion.*
- It was concerning that the proposals had been put forward when officers did not know the full impact on service users.
- Did service users have to meet both thresholds to pay charges? *The upper capital limit and very high income were separate tests and service users would get assistance if they fell below that threshold.*
- Did the upper capital limit threshold include the service user's home? *Their home was not included within the assessment for community care charges.*
- If the service user was part of a couple were both people's capital and income considered? *Any review was undertaken on the service user only.*
- What alternatives would be available if a service user could not afford to pay? *Those who could not afford to pay were protected by the charging policy. An individual review would be undertaken as different services could be available. There was an*



*element of discretion built into the system and it would be looked at on a case by case basis.*

- *What was the actual cost of day care? £35 was the unit cost of day care in one of the Council's own day care centres and the proposal was that the service would no longer be subsidised.*
- *Would the proposed increases have to happen if areas such as the back office were looked at? Back office savings had also been included within the Council's budget proposals and were a way of avoiding having to make less palatable choices.*
- *What would happen if a service user withdrew from accessing the services due to the increased charges? Service users even now declined a financial assessment but we would engage with their social worker and encourage them to cooperate.*
- *What would the affect be on the vulnerable? There would be a need to reassure people about how the information was being used and we would also ensure that they received all of the welfare benefits they were entitled to.*
- *Did the Government's guidance actually state that no subsidies should be applied? The guidance does not state that there should be no subsidies however the policy says that the matter should be considered as any policy should be equitable.*
- *During the consultation on the Council's budget there was nothing in the papers about the charges for adult social care. Would the results from this consultation be available for the Council meeting in February and would there be any time to propose alternatives? The charges were clearly part of the Council's proposals as set out in the consultation document. We were taking advice from the Solicitor about the length of consultation and feedback would be available for the Council meeting..*

#### **ACTION AGREED**

That the Cabinet Member for Health and Adult Social Care be advised that following consideration of the Charging Policy Review, the Scrutiny Commission for Health Issues express concern:

- (a) at the size of the proposed increases in some charges; and
- (b) that there was no information available on the impact of the proposed increased charges on service users.

#### **9. Day Services Review**

The report advised the Commission on a proposed review of day services for older people.

Peterborough had four day centres for older people which were managed by Peterborough Community Services (PCS), the PCT's provider arm and these centres provided services to people who met the eligibility criteria for adult social care. The voluntary sector also provided other day care services in the city, some of which were open access. The in-house day services were as follows:

- Copelands
- Greenwood House
- The Cresset
- Welland House

Figures showed that vacancy levels within the day centres were low and as a consequence the unit cost of those services was high. Within the City Council's budget proposals, a review of day centres was suggested which would be based on:

- The need to modernise day centre provision and ensure it could meet the needs of future generations.

- The need to ensure a greater choice and flexibility of services so that people could buy the services they wished with their personal budgets.
- The need to ensure sufficient services for people with dementia in the future.
- The need to ensure that all services were cost effective and that savings were made where this was not the case.
- The view in the government's new vision for adult social care which indicated that councils/PCTs should not, unless in exceptional circumstances, directly provide services such as day care themselves.

The proposals for day services would be developed within the principles set out in the national vision for adult social care and the local personalisation programme "Living my Life". This set out that 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.

The following principles had been used to generate the overall budget and service plans for adult social care and the day services review would be set within this framework:

Early intervention and prevention – in order to reduce cost pressures, all should be done to prevent people needing the services in the first place. Investing in services to enable people to continue living independently in their own homes would continue.

Re-ablement – these were very intensive services which lasted for around six weeks and helped people get 'back on their feet' after a fall or illness. This area was being invested in as part of the overall budget proposals.

Personalised services – if people did need ongoing social care services, ensuring that funding was allocated in a fair and clear way by allocating personal budgets so that individuals would have choice and control over the services they received.

In carrying out the review officers would:

- Use the above principles to guide the work particularly in relation to effective prevention and personalised services.
- Develop proposals that took account of the fact that everyone eligible for social care services would, in future, have their own personal budget (currently around a third of service users have them).
- Consult with people who used 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 was clear.
- Be aware of a similar review process which would need to take place in relation to learning disability day services.

It was planned that consultation on the proposals would take place by April 2011.

Questions and observations were made around the following areas:

- The current location of day centres was ad-hoc across the city so would you be looking at providing localised services through the voluntary sector? *There were*

*growing needs across the city and we wanted to listen to service users to ensure that future needs would be met. It was important to ensure that people knew what choices were available and it was an opportunity for local areas to develop services. There were already examples of good local services but there was also a broad range of needs to consider.*

## **ACTION AGREED**

- (i) To endorse the principles to be used in the review of day care services; and
- (ii) To receive a further report setting out proposals, timescales and consultation arrangements in March 2011.

Councillor Khan left the meeting.

## **10. Learning Disability Services**

The report provided an update on progress made in implementing the recommendations of the national "Six Lives" Report, detailing the service improvements that had 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 described the process for transferring these services to the City Council.

'Six Lives' related to a report by Mencap entitled 'Death by Indifference' which was published in 2007 and 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 that condition. Following referral of the six cases to the Ombudsman an independent inquiry into access to healthcare for people with a learning disability chaired by Sir Jonathan Michael was held resulting in the publication of the 'Healthcare for All' report. That report identified significant failings in the provision of general healthcare services for people with learning disabilities and a key recommendation was that commissioners, such as NHS Peterborough, should be satisfied that similar situations could not happen within their commissioned services. The Ombudsman also recommended that all statutory commissioning bodies of learning disability services should ensure that they had 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 were safe in the services provided.

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 and all NHS organisations were required to review their performance against those key indicators. In October 2010, the Department of Health published a 'Six Lives Progress Report' which identified that all local authorities and health organisations had put in place plans to address the two recommendations within the Healthcare for All report. 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 as being:

- leadership
- effective engagement with people with learning 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

The progress report also identified two main areas where there remained concerns:

- 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 provided generic health services to people with a learning disability

Over the last year there had been considerable effort put into improving the healthcare services available to people with learning disabilities in Peterborough and NHS Peterborough had successfully addressed the issues of leadership and effective engagement with people with learning disabilities and their families in reviewing and planning services. Considerable progress had also been made on working with clinicians and partner organisations to improve the experience of healthcare by people with learning disabilities although it was acknowledged that more work was needed to ensure that improvements were consistent and effective across Peterborough.

#### Strategic leadership and partnership arrangements

NHS Peterborough had 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. NHS Peterborough has appointed a lead Non-executive Director to represent the interests of vulnerable people on the Board. In addition, a clinical lead had been appointed for learning disabilities and mental health.

A successful Learning Disabilities Partnership Board (LDPB) continued which had 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. The Partnership Board had also established a Health Sub-group to focus on improving the health and social care available to people with learning disabilities. As one of its priorities, the Health Sub-group would oversee the delivery of the Learning Disability Directed Enhanced Service, the purpose of which was to ensure people with a learning disability received an annual health check.

#### Complying with 'Health Care for All'

NHS Peterborough had sought assurances from the three NHS provider organisations from which it commissioned services that they were complying with the recommendations of the 'Health Care for All' report and that their performance was satisfactory, measured against the CQC key indicators. Each organisation had submitted an action plan and those had been reviewed and would be monitored as part of the contract monitoring and the Annual Learning Disability Health Self Assessment.

#### Annual health checks and the Learning Disability Enhanced Service

One of the key areas 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) commenced on 1 April 2009 and would run until 31 March 2011. The DES required GPs to register those people with a learning disability in their practice who were on the local authority learning disability register, and to undertake an annual health check for which a payment was made to the GP for both registering a patient and undertaking the health check. In 2009/10, 28 out of 29 GP practices had agreed to participate in the DES with 14 returning data which showed that 291 (66%) people with a learning disability had been registered of which 125 people (43%) had received a health check. In 2010/11, the number of GP practices who agreed to participate in the DES had reduced to 23.

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

NHS Peterborough was also required by the Department of Health to complete an annual Performance and Self Assessment of health services for people with learning disabilities. The three key priorities for the health self assessment for 2010/11 had been identified as:

- Recognising and registering all individuals with learning disabilities with primary care.
- Ensuring that people with learning disabilities and their families and/or supporters were supported and empowered to fully contribute to the planning, prioritisation and delivery of health services generally.
- Developing a whole systems approach to addressing the needs of people with autistic spectrum disorder.

## Service Improvements

Peterborough and Stamford Hospital NHS Foundation Trust had now appointed a Disability Advisor to support the Trust to provide personalised health care for those people with a learning disability who accessed their services. Another initiative had been to ensure that generic health services were easily available and accessible for people with disabilities, including learning disabilities and the NHS Peterborough Clinical Governance Team was developing an audit process to access services against this objective.

An innovative service to support people who required support when in the community had also been developed called 'Stay Safe'. The initiative was a partnership between NHS Peterborough and retail outlets in the city centre and townships where participating shops would display a 'stay safe' sticker in their window which would signify to people with a learning disability, who were distressed, that they could approach staff in the shop for assistance.

## Safeguarding

A key element of the response to the Healthcare for All report had been to review existing policies and practices to ensure that the service improvements strengthened and enhanced the work on safeguarding vulnerable adults. The general principle underlying the work on learning disability services was that the needs of the individual were properly identified and, in close co-operation with the individual, their carers and supporters, individual personal development and support plans would be put in place to protect the interests of the individual.

NHS Peterborough and the City Council had also agreed in principle to transfer learning disability services to the City Council from April 2011. The key points of the transfer were:

- Services would transfer as integrated teams.
- Day services, employment services and the adult placement service would also transfer.
- The staff transfer would be under TUPE (Transfer of Undertakings, Protection of Employees regulations).
- Appropriate support staff/resources would also transfer.
- It was proposed that the team would be located in the Town Hall.
- A review of funding had been completed and financial negotiations would take place between the City Council and NHS Peterborough.
- An equality impact assessment had been used.
- A formal staff consultation by NHS Peterborough was currently underway.
- A new Section 75 agreement between the City Council and NHS Peterborough would be drawn up.

Questions and observations were made around the following areas:

- How much of an impact was the reduction in the number of GP practices who were participating in the Directed Enhanced Service? *It was a concern but they were not required to sign up to the Service. In many cases GPs believed that they were already doing this work but just had not signed up to the scheme and submitting data.*
- Did the retail outlets involved in the 'Stay Safe' Scheme have to undergo safeguarding training? *Training was given and this included safeguarding.*
- When was the decision made to transfer the Learning Disability Service into the City Council and what was the motivation behind the decision? *The decision in principle was taken by the Cabinet in December 2010 and would involve around 80 staff. New NHS policy around commissioning services meant that the PCT could no longer have a provider arm so a number of alternative options had been considered.*
- Were all of the staff who would be transferring essential to the service? *Yes as they would be responsible for specialist assessments and direct care. Once the transfer been completed a fuller review of future options for the service would take place.*
- Would all of the transferred staff be eligible to join the Local Government Pension Scheme? *The staff would be able to remain within the health pension scheme as a number of staff had highlighted a wish to do so.*

#### **ACTION AGREED**

- (i) To note the report; and
- (ii) To note the work being undertaken to transfer learning disability services to the City Council in April 2011 and the further review work planned.

#### **11. Adult Social Care Performance Rating**

The report presented the Care Quality Commission's performance assessment summary for 2009/10 which was required to be submitted to an open meeting of the Council.

A key aspect of the Care Quality Commission's assessment entailed a review meeting which took place on 22 July 2010 and which had considered aspects of the statutory social services functions which related to adult social care. The annual performance assessment judgement and summary was published in November 2010.

Overall social care services for adults were deemed to be "performing well" at delivering outcomes which was an improvement on the previous year's rating. 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".

Improved performance had been recognised in two areas as we had moved from "performing adequately" to "performing well" for the choice and control outcome and we had achieved a rating of "performing adequately" for the dignity and respect outcome, which was largely focused on our safeguarding work. These were the two areas on which we had been focusing over the last 18 months.

#### **ACTION AGREED**

To note the Care Quality Commission's Performance Assessment Summary.

**12. 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.

**ACTION AGREED**

To note the latest version of the Forward Plan.

**13. Work Programme**

We considered the Work Programme for 2010/11.

**ACTION AGREED**

To confirm the work programme for 2010/11.

**14. Date of Next Meeting**

Monday 14 March 2011 at 7pm

CHAIRMAN  
7.00 - 9.12 pm

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 5</b>
<b>14 MARCH 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)**

### **NHS PETERBOROUGH TURNAROUND PLAN**

#### **1. PURPOSE**

- 1.1 To inform the Scrutiny Commission that NHS Peterborough will be in attendance to provide an update on the progress made with the NHS Peterborough Turnaround Plan.
- 1.2 A copy of the report considered by the NHS Peterborough Board at their meeting on 2 March 2011 is attached for information at Appendix 1.

#### **2. RECOMMENDATIONS**

- 2.1 That the Commission scrutinise and where appropriate make recommendations in relation to progress made on the turnaround plan.

#### **3. BACKGROUND DOCUMENTS**

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

- 3.1 None.

#### **4. APPENDICES**

- 4.1 Appendix 1 – Integrated Finance and Performance Report – NHS Peterborough

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**NHS Peterborough - Finance and  
Performance Dashboard**



Finance	Current RAG rating	Forecast RAG rating	YTD position (£'000's)	Forecast position (£'000's)
Income and Expenditure	R	R	(1,586)	(3,262)
Cash	G	R	57	0
Capital	G	G	308	339
Better Payment Practice Code (BPPC)	A	G	95.42% - 99.79%	95%

Activity	Current RAG rating	Forecast RAG rating	YTD Variance against plan	Forecast year end variance
Elective (Daycase & Inpatient)	R	R	(681)	(810)
Non Elective	R	R	(1990)	(2609)
Outpatients - First	G	G	1876	2277
Outpatients - Subsequent	R	R	(4425)	(7786)
Accident & Emergency	G	R	437	(800)
Non Mandatory	R	R	n/a	n/a

Turnaround	Current RAG rating	Forecast RAG rating	YTD savings (£'s)	Forecast savings (£'s)
Primary Care	G	R	1,280	1,779
Acute Care - Unscheduled	R	R	0	0
Acute Care - Planned	R	R	1,287	1,800
Community and older people	G	G	4,788	5,738
Mental Health	R	R	2,061	2,697
Children and Maternity	G	R	597	597
Corporate - back office and infrastructure	R	R	2,647	3,462
Health Improvement	N/A	N/A		
<b>TOTAL</b>			<b>12,660</b>	<b>16,073</b>

Performance	Current RAG rating	Forecast RAG rating
Primary Care	A	A
Acute Care - Unscheduled and Planned	A	G
Community and older people	A	G
Mental Health	A	A
Children and Maternity	A	A
Corporate - back office and infrastructure	A	A
Health Improvement	R	A

## Key to RAG status

<b>G</b>	Green = On target
<b>A</b>	Amber = Not on target but adequate contingencies in place
<b>R</b>	Red = Not on target and more work is needed to ensure adequate contingencies / will not meet target

**SUMMARY REVENUE STATEMENT Period ended 31st December 2010**

Finance

	ANNUAL BUDGET £000's	BUDGET TO DATE £000's	ACTUAL TO DATE £000's	VARIANCE TO DATE £000's	FORECAST OUTTURN £000's
<b>RESOURCES</b>					
PCT pooled	263,533	198,036	198,036	-	-
PCT Non-pooled	62,916	46,938	46,938	-	-
Hosted services	5,029	3,136	3,136	-	-
<b>Total PCT Resources</b>	<b>331,478</b>	<b>248,110</b>	<b>248,110</b>	-	-
<b>EXPENDITURE</b>					
Total Pooled Budget	263,533	198,036	199,436	(1,400)	(2,425)
Non Pooled	62,916	46,938	47,124	(186)	(837)
Hosted Services	5,029	3,136	3,136	-	-
<b>Total Accountable Expenditure</b>	<b>331,478</b>	<b>248,110</b>	<b>249,696</b>	<b>(1,586)</b>	<b>(3,262)</b>
<b>Total PCT</b>	-	-	<b>(1,586)</b>	<b>(1,586)</b>	<b>(3,262)</b>

Public Sector Payment Policy	
Better Payment Practice Code statistics received up to the end of December 2010 indicated:	
* 95.74% non NHS	and 95.42% NHS compliance on the number of invoices paid and
* 95.38% non NHS	and 99.62% NHS compliance based on value

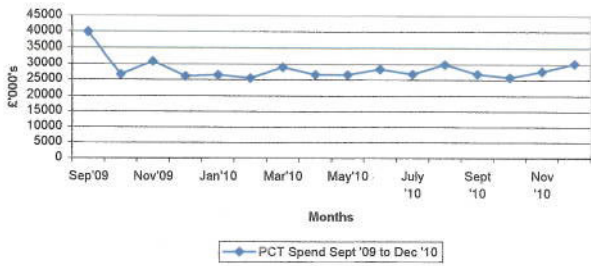
Capital Expenditure		£'000's
Capital expenditure April to December 2010 was:		
Dogsthorpe Medical Centre		3
City Care Centre		26
Bretton Medical Centre Dental Equipment		167
Supported Living		80
		<b>276</b>

Cash Drawings			
Annual Budget	Plan to Date	Actual to Date	Variance to Date
£000's	£000's	£000's	£000's
<b>345,089</b>	<b>256,695</b>	<b>255,500</b>	<b>1,195</b>
APPLICATIONS:			
Total Cash Available			
	345,089	256,695	255,443
Total cash expenditure April to December 2010			
	0	0	57
Balance at Bank			
			-57

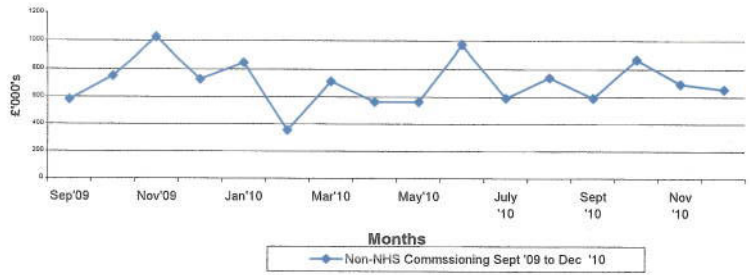
Statement of Financial Position		
	Opening bal 1st Apr 2010	Balances held 31st Dec 2010
	£'000's	£000's
Fixed Assets (non Current Assets)	27,043	26,100
Current assets	7,555	9,922
Current liabilities	(24,339)	(28,902)
Non current liabilities	(36,026)	(35,776)
Provision for liabilities and charges	(927)	(569)
<b>Total Assets Employed</b>	<b>(26,694)</b>	<b>(29,225)</b>
<b>Taxpayers Equity</b>	<b>(26,694)</b>	<b>(29,225)</b>

EXPENDITURE	BUDGET TO EXPEND TO DATE				VARIANCE TO DATE		FORECAST VARIANCE	
	ANNUAL £000's	DATE £000's	EXPEND TO DATE £000's	TO DATE £000's	TO DATE £000's	TO DATE £000's	VARIANCE £000's	
<b>Commissioning Acute Trusts</b>								
Peterborough and Stamford Hospitals FT	84,505	63,662	65,652	(1,990)	(2,700)			
Cambridge University Hospitals FT	5,845	4,351	4,388	(37)	(30)			
Hinchingbrooke	781	588	496	92	20			
University Hospitals Leicester	1,841	1,381	1,365	16	20			
Nottingham University Hospital	569	410	436	(26)	(85)			
	<b>93,541</b>	<b>70,392</b>	<b>72,337</b>	<b>(1,945)</b>	<b>(2,775)</b>			
<b>Other NHS Commissioning</b>								
Specialist Commissioning Consortia	14,783	11,098	11,563	(465)	(524)			
Papworth	1,979	1,483	1,553	(70)	(95)			
Cambs & Peterborough FT	25,399	19,049	19,144	(95)	(125)			
Other Mental Health & LD	5,676	4,294	4,780	(486)	(713)			
Children's Placements	981	736	1,122	(386)	(576)			
East of England Ambulance service	6,127	4,595	4,443	152	79			
Non Contracted Activity	12,152	11,650	11,555	95	(79)			
	<b>67,097</b>	<b>52,905</b>	<b>54,160</b>	<b>(1,255)</b>	<b>(2,033)</b>			
<b>Non NHS Commissioning</b>								
Non NHS Commissioning	4,357	3,256	3,335	(79)	30			
Fitzwilliam	2,944	2,090	2,432	(342)	(375)			
In Health	821	616	483	133	178			
	<b>8,122</b>	<b>5,962</b>	<b>6,250</b>	<b>(288)</b>	<b>(167)</b>			
<b>Continuing Care</b>	<b>6,625</b>	<b>5,045</b>	<b>6,715</b>	<b>(1,670)</b>	<b>(2,254)</b>			
<b>Corporate Services</b>								
Management structure	8,447	6,593	7,330	(737)	(1,201)			
Facilities	1,065	700	526	174	279			
Public Health	1,760	1,240	1,206	34	65			
	<b>11,272</b>	<b>8,533</b>	<b>9,062</b>	<b>(529)</b>	<b>(857)</b>			
<b>Reserves</b>								
Turnaround Scheme Cost	2,490	1,379	-	1,379	1,839			
Central Budgets Contingency	1,084	813	-	813	1,084			
Anticipated Surplus	500	375	-	375	500			
Uncommitted Reserves - Contingency	2,392	1,645	-	1,645	2,194			
Committed Reserves	3,015	611	-	611	815			
Cost Pressures	251	188	-	188	251			
	<b>9,732</b>	<b>5,011</b>	-	<b>5,011</b>	<b>6,683</b>			
<b>Peterborough PCT Provider Services</b>	<b>67,144</b>	<b>50,188</b>	<b>50,912</b>	<b>(724)</b>	<b>(1,022)</b>			
<b>GRAND TOTAL EXPENDITURE</b>	<b>263,533</b>	<b>198,036</b>	<b>199,436</b>	<b>(1,400)</b>	<b>(2,425)</b>			

PCT Spend by Month

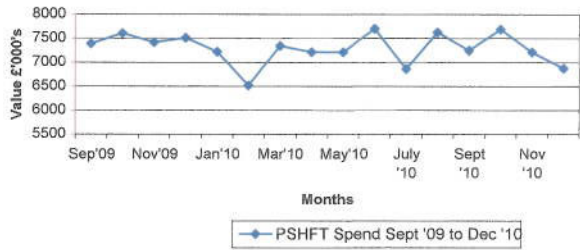


Non-NHS Commissioning



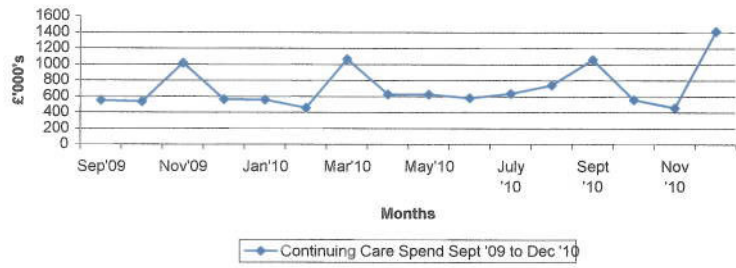
Review of account done for year end and all old accruals were striped out

Peterborough & Stamford Hospitals FT



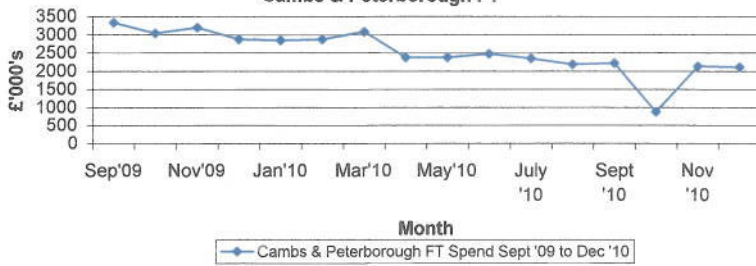
Turnaround metrics included in Jan 10 and Feb 10, a settlement figure was given for year end.

Continuing Care Spend



Old process of CHC meant there was a backlog in processing new cases and retrospectives. Full review done in Nov 09 when new FM took over but full extent of process was not recognised and another review was made in Mar 09, where a new process was implemented

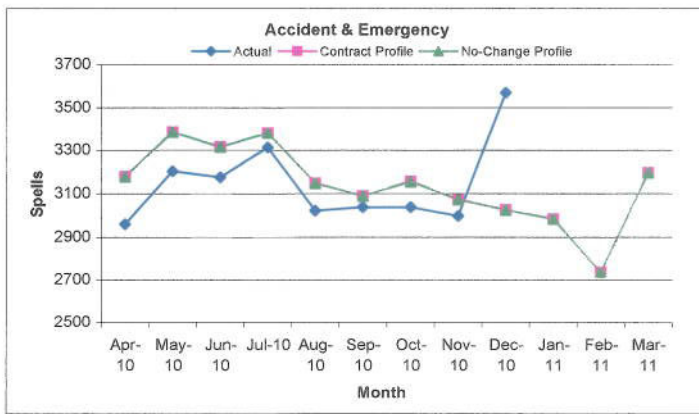
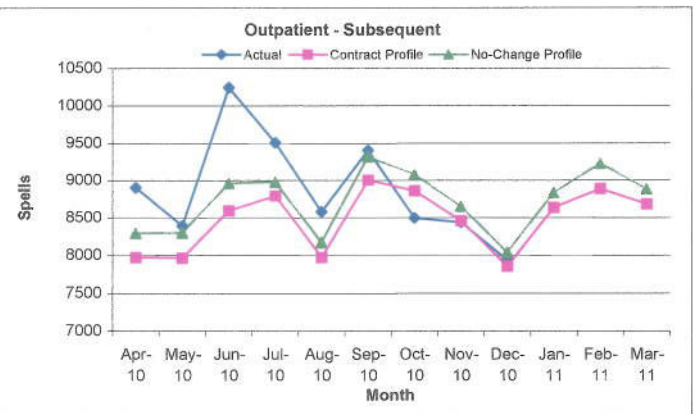
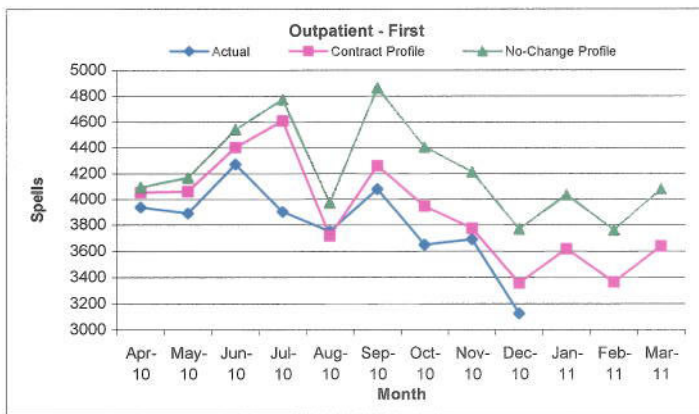
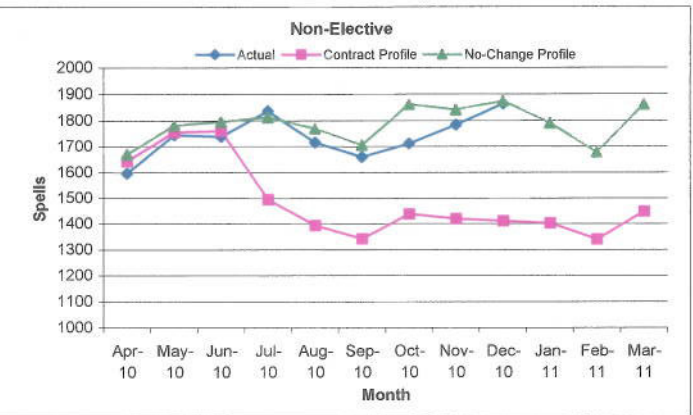
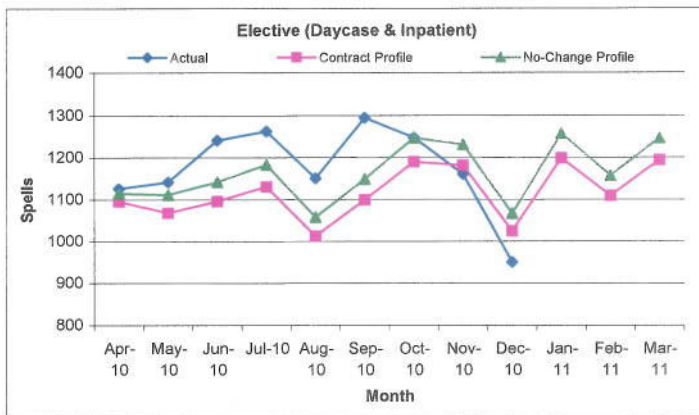
Cambs & Peterborough FT



Expenditure and forecasted based on assumption that PCT is spending to budget plus overspend on CAMH tier 4. 2010/11 budget significantly lower than last year as includes turnaround savings schemes.

**PSHFT Activity**

		Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Elective (DC & IP)	Actual	1,125	1141	1241	1263	1150	1295	1248	1160	950			
	Contract Profile	1,094	1067	1095	1130	1012	1099	1190	1181	1024	1199	1109	1194
	No-Change Profile	1,114	1111	1142	1183	1057	1149	1247	1231	1066	1258	1157	1247
Non Elective	Actual	1,596	1744	1738	1837	1716	1660	1711	1784	1864			
	Contract Profile	1,642	1755	1761	1495	1394	1343	1439	1420	1411	1403	1340	1448
	No-Change Profile	1,669	1782	1796	1813	1770	1707	1862	1841	1875	1791	1678	1863
OP - First	Actual	3,936	3890	4271	3901	3749	4079	3649	3690	3126			
	Contract Profile	4,052	4059	4401	4606	3714	4260	3945	3774	3356	3616	3364	3640
	No-Change Profile	4,093	4166	4540	4774	3972	4864	4405	4214	3770	4036	3762	4082
OP - Subs	Actual	8,904	8387	10244	9510	8580	9405	8493	8433	7937			
	Contract Profile	7,972	7964	8591	8792	7970	9005	8861	8457	7856	8635	8892	8680
	No-Change Profile	8,294	8299	8964	8980	8173	9320	9083	8653	8038	8837	9232	8888
A&E	Actual	2,959	3203	3174	3312	3021	3037	3038	2998	3570			
	Contract Profile	3,177	3385	3315	3381	3148	3089	3156	3072	3026	2984	2738	3196
	No-Change Profile	3,177	3385	3315	3381	3148	3090	3155	3073	3026	2984	2738	3197



**YTD Variances (Activity)**

	Actuals	Contract Profile	Variance	Variance %
Elective (DC & IP)	10,573	9,892	681	6.9%
Non Elective	15,650	13,660	1990	14.6%
OP - First	34,291	36,167	-1876	-5.2%
OP - Subs	79,893	75,468	4425	5.9%
A&E	28,312	28,749	-437	-1.5%

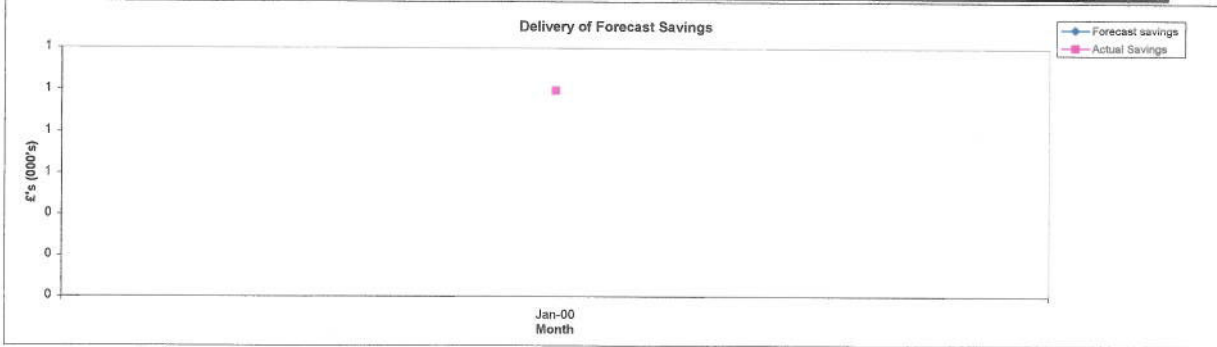
**YTD Variances (Cost)**

	Actuals	Contract Profile	Variance	Variance %
Elective (DC & IP)	£12,394,611	£11,453,576	£941,035	8.2%
Non Elective	£25,964,279	£23,350,276	£2,614,003	11.2%
OP - First	£6,200,207	£6,475,344	£-275,137	-4.2%
OP - Subs	£7,786,954	£7,239,707	£547,247	7.6%
A&E	£2,518,072	£2,567,804	£-49,732	-1.9%

Source: Activity is taken from PSHFT Fast Track website. Does not include Contract Metrics

### Turnaround

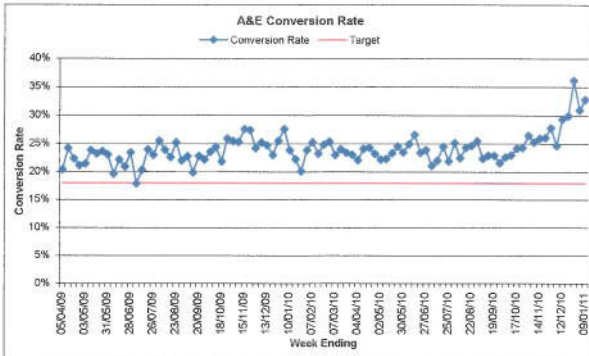
	Resources	Communications	Mindsets	Roadblock	Delivery	Metrics
1A Acute - Unplanned Care	A	A	R	R	R	R
1B Acute - Planned Care	A	G	R	A	A	A
2 Children and Maternity	G	A	G	G	G	G
3 Mental Health	A	G	G	A	A	G
4 Primary Care	G	A	G	G	A	A
5 Community and Older People	A	G	A	A	R	G
6 Corporate	A	R	A	R	A	R
7 Health Improvement	N/A	N/A	N/A	N/A	N/A	N/A



Delivery Boards	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Annual Savings (£K's)
Primary care	0	0	0	90	90	90	90	438	438	438	438	438	2,548
Acute care - Planned Care	217	246	247	448	247	247	247	247	246	281	282	283	3,238
Acute care - Unplanned Care	0	0	0	0	0	250	250	250	512	512	512	512	2,796
Community care	0	0	0	148	279	279	279	279	685	685	685	685	4,004
Mental health	262	262	287	391	391	391	416	470	470	511	511	511	4,873
Children and maternity	0	0	0	0	0	0	0	0	85	397	397	397	1,275
Corporate	277	277	277	277	277	277	277	615	616	616	616	616	5,018
<b>Total</b>	<b>756</b>	<b>785</b>	<b>811</b>	<b>1,354</b>	<b>1,284</b>	<b>1,534</b>	<b>1,559</b>	<b>2,299</b>	<b>3,052</b>	<b>3,440</b>	<b>3,440</b>	<b>3,441</b>	<b>23,754</b>
<b>Cumulative Total</b>	<b>756</b>	<b>1,541</b>	<b>2,352</b>	<b>3,706</b>	<b>4,990</b>	<b>6,524</b>	<b>8,083</b>	<b>10,381</b>	<b>13,433</b>	<b>16,873</b>	<b>20,313</b>	<b>23,754</b>	

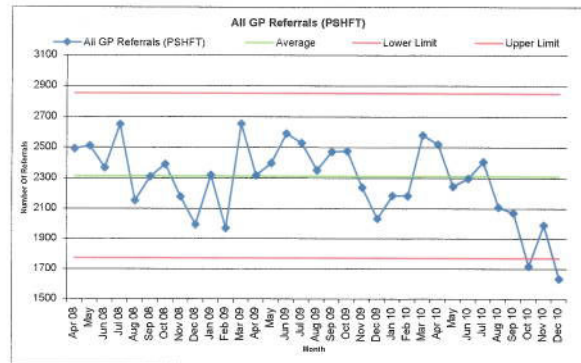
### Metrics

#### Acute Care - Unplanned



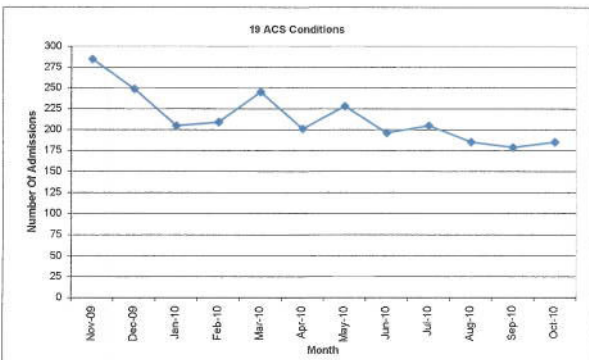
The A&E Conversion Rate looks at the percentage of patients attending A&E that get admitted. A target of 18% has been identified for 2010/11

#### Planned Care



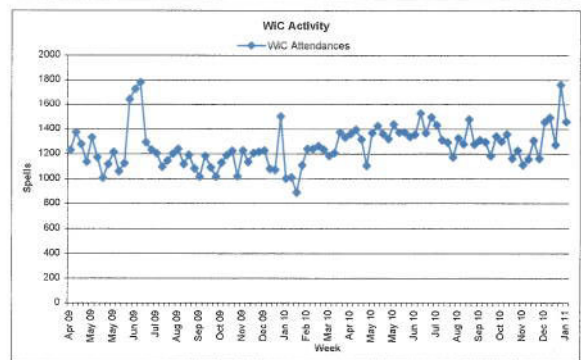
The GP Referral report monitors referrals received by PSHFT from GP's.

#### Primary Care



The 19 ACS Report shows number of admissions/spells across the year. This is one element of a suite of reports that allow the 19 ACS conditions to be monitored at a condition and GP Practice level.

#### Community



This report monitors the number of attendances at the Walk in Centre. This monitors the impact of the Choose Well initiative.



## **Performance**

Indicators which are at risk, or where significant achievements are to be noted, are detailed in the relevant sections below.

## **Primary Care**

**Dental Access** - NHS Peterborough provisional December data shows performance of 86.71% against target equating to 101,484 people accessing NHS dental services within the previous 24 months against the target of 117,033 people. Although this is significantly below target we are amongst the best performing SHA's in the region.

A key intervention is the PCT's expectation for practice's to extend recall times from 6 to 12 months. The dental Public health advisor plans to undertake some media interviews to raise awareness to patients about appropriate recall intervals.

**Choose and Book** - Utilisation of the Choose and Book system continues to be amongst the lowest in the East of England region. The performance for the week ending 9 January was 33%, well below the national average of 48% and the SHA average of 49%.

## **Acute Care - Unscheduled and Planned**

**Ambulance Response times** - As at Week ending 2/1, ambulance Response times - Category B year to date response rates are currently at 92.77%, a deterioration from the previous month of 93.59% year to date against a target of 95%. Category A response times within 19 minutes remain just above target at 95.32% against a target of 95%, despite some poor weekly performance figures in December. Category A response times within 8 minutes have dipped below the target of 75% for the first time this year to 73.9%. This is due to the sustained period of adverse weather experienced in December.

**A&E Performance** - The national target is 95%. The Trust have not achieved this at all in December, with weekly performance ranging between 59.67% and 80.87%. This level of performance has continued into January with a figure of 72.36% being achieved in the week ending 9/1/11. This period of poor performance has led to a year to date figure of 95.1% (Since Q2 when the 95% target was introduced). The overall percentage including the WIC is 96.19%. We are working with the trust at a local level to maintain the locally agreed target at 98%, although this has not been achieved in the last five weeks. We monitor WIC and A&E individually and are performance managed at a system level. The PCT is working closely with PSHFT to agree a remedial action plan.

### **Cancer**

All Cancer standards were met in November.

### **Clostridium Difficile**

As at November, we have 48 cases against a YTD ceiling of 36 cases. The full year ceiling is 67. The PCT has been below its monthly ceiling for the past two months. If the current levels of performance can be maintained, we should hit our target. Provisional data for PSHFT's year to date position as at December is 36 cases against a ceiling of 38.

### **Cancelled operations**

The number of cancelled operations in August 10 for which another date was not offered within 28 days was 6, an improvement on the 11 in July, but still high. This has dropped performance on this indicator to 88.57%. No newer data has become available yet - investigations are taking place as to why this is the case.

A contract query was raised with PSHFT regarding this matter and a subsequent meeting and actions agreed. A formal response has now been received covering the matters raised in respect of this correspondence and meeting. The Trust has stated within this that they "expect the level of cancelled operations to be back below the contractual threshold by 1st February 2011". This response was received on the 18th January in a letter from the Trust and is currently being considered by NHSP in detail. We will insist that as a minimum the Trust is held to the statement within their letter and have advised them that failure to do so will result in the issuing of a Performance Notice under the Contract.

### **Delayed Transfers of Care**

Although improving slightly in November, the rate of DTOC's continues to be higher than the regional average and above target levels. A large proportion of the delayed transfers are for patients registered outside of Peterborough. A number of actions have taken place to address this: Senior PCT management met with senior Trust management on the 10<sup>th</sup> January to discuss a performance issues specifically around the emergency care pathway. DTOCs was discussed at this meeting.

It was agreed that Peterborough PCT, Cambs PCT, Lincolnshire PCT will meet with the Trust to approach this as a whole system issue. Membership will be taken from Commissioners, Adult Social Care, Intermediate care teams, transfer of care teams and the Acute Trust. DTOCs were also discussed at the urgent care network on the 13<sup>th</sup> January where it was agreed the Acute Trust would take the lead for organising this meeting urgently. The PCT expects that this meeting will be in the diary by the 2<sup>nd</sup> January and will liaising closely with the Acute Trust to monitor this.

### **18 weeks**

18 week performance in October was showing a slight improvement in admitted performance and performance appeared to be moving in the right general direction – better performance, fewer failing specialties and fewer patients still waiting who had already been waiting at least 18 weeks. However, the issues faced by the Trust since the move, the backlog of elective treatment has grown, and 18 week RTT targets have been missed in December, and are likely to be lower in January.

Following a meeting with the Trust to address the 18 week performance we are expecting a remedial plan from the Trust 2<sup>nd</sup> January that will demonstrate the trajectory to clear the backlog and to understand the expected performance for the following months as a result of this. A performance notice will be served once the performance position above has been verified via unify and financial penalties applied as per national acute standard contract.

## **Community and older people**

## **Self Directed Support**

Performance remains below trajectory to meet the stretched target of 60% of service users receiving self directed support by March 2011. However, Peterborough has already achieved the national standard of 30% with current year to date performance, as at December, of 33.90%.

## **Mental Health**

**Employment** - Proportion of adults in contact with secondary mental health services in employment - the position improved slightly from 5.2% in November to 5.3% in December, against a Local Area Agreement target of 7.6%. Performance is improving and is expected to continue to improve due to the following:

1. Additional funds within the city to support chronically excluded adults through advocacy to attain and maintain employment, education and accommodation.
2. CPFT have a peer worker programme in place which up skills people who have experienced mental health problems to gain employment.
3. Provision of employment support through Richmond fellowship.

### **Settled Accommodation**

The Mental Health Trust reported a slight increase in the percentage of clients known to be in settled accommodation in August (57.4%). However levels have fluctuated since that point (35.5% in September and 50% in October and 53.1% in November and 53.3% in December) and remain lower than the national average (around 76%) - this is expected to be a data quality issue and work continues with the trust to improve data quality on all social care focussed indicators.

## **Children and Maternity**

### **Percentage of Infants breastfed at 6 - 8 weeks**

Q3 data shows a percentage of 43.11% of infants being breastfed at 6 - 8 weeks, against a target of 57.1%. This represents a small decrease from Q2. Coverage remains high at 98%. A number of actions are in progress to improve this percentage including:

The Service Specification for health visiting has been written and is currently being negotiated and includes promotion of breast feeding: The specification has been completed, with final sign off now expected in February.

Targeting areas with low breast feeding rates is ongoing, specific examples includes the recent negotiation with providers ,PCS and Children's centres, to maintain the Baby Café in areas with low breastfeeding rates, agreed by PCS and Children's centres. I.e there was a potential risk of having to reduce the number of Cafés due to financial constraints in PCS and CC

PSHFT are currently being assessed for level 2 UNICEF Baby friendly [BFI] accreditation, and through this process should help increase the Breast feeding initiation rates – which in turn may help increase our duration rates.

NHS Peterborough and PSHFT plan to work together towards level 3 UNICEF BFI accreditation next year.

## **Corporate - back office and infrastructure**

There are no issues to report in this area

## **Health Improvement**

### **Chlamydia**

Our monthly Chlamydia screening rates dropped a little in December, with only 202 screens being completed. This compares to an average number of screens per month of 292. Our year to date position is that 2634 screens have been performed in the year so far, against a year to date target of 5748. The current screening rates are not sufficient to achieve the 35% target. However, our positivity rates remain significantly high and we have confirmation of some SHA funding of which a proportion will be supporting increased publicity and targeted promotion over the Christmas, New Year and Valentine period. We are also currently looking at incorporating some key indicators for the Walk in Centre to increase their screening rates.

### **Smoking cessation**

The target at December was for 805 smokers to have quit. Data as at 18/1 shows achievement of 536 quitters. Actions to address this performance are as follows:

The reasons for being behind target are a 20% increase in target, 20% decrease in budget (due to Turnaround), leading to reduced capacity and flexibility which puts greater pressure on the service to deliver. As there is no budget for marketing and promotion, fewer smokers are engaging with the service and setting a quit date. However, due to improved triaging only motivated smokers set a quit date, and with the focus by the service on quality measures this has meant that our quit rate has actually improved from 36% (same period last year) to 43%, peaking at 52% in August.

The target will be delivered by shifting the setting of delivery from pharmacy to primary care, to ensure only motivated smokers are entering the service allowing the quit conversion rate to be maintained and improved, and a new venue profile launched with the aim to monitor progress against quality standards i.e. quit rate, CO verification, occupational coding, and enable immediate corrective action to be taken. The new model for health improvement services, launched on 8 November, means greater capacity for delivery of specialist clinics by the core service. Tighter contract management of the pharmacy scheme to support those doing well, and decommission the poor performing pharmacies which are demanding on time and dragging down the quit rate. All stop smoking treatments will be given equal first line treatment which will improve the quit rate. Furthermore creativity in terms of marketing and promotional activities when there is no budget available. For example, the health bus will be visiting Peterborough between 21/1 - 28/1. This high profile initiative will enable us to offer lifestyle advice with a particular focus on smoking. New clinics in GP practices were launched in January.

There have been some difficulties with a small number of larger practices where referral rates have dropped significantly, but where there is a reluctance to allow clinics to be run at the practice location

However, the recovery plan has been fully implemented from 8 November, and recovery will continue through Q3 and Q4. Every effort will be made to meet this target.

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 6</b>
<b>14 MARCH 2011</b>	<b>Public Report</b>

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

**Contact Officer – Tina Hornsby – Head of Performance and Informatics NHS Peterborough**  
**Contact Details – 01733 758558 or email tina.hornsby@peterboroughpct.nhs.uk**

### **ADULT SOCIAL CARE QUARTERLY PERFORMANCE UPDATE**

#### **1. PURPOSE**

- 1.1 This report provides an overview of performance of adult social care in quarter 3 of 2010/11 for review.

#### **2. RECOMMENDATIONS**

- 2.1 The Commission are asked to review and discuss the reported performance against the four outcomes detailed within the report.

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

- 3.1 The four outcomes within the performance report link strongly to achievement of the community strategy priorities on :
- Creating opportunities and tackling inequalities, and
  - Creating strong and supportive communities

#### **4. BACKGROUND**

- 4.1 The current Department of Health proposed outcome framework for adult social care identifies the following outcome domains for Adult Social Care and proposes specific performance indicators to support monitoring of achievement of these outcomes.
- Promoting personalisation and enhancing quality of life for people with care and support needs
  - Preventing deterioration, delaying dependency and supporting recovery
  - Ensuring a positive experience of care and support
  - Protecting from avoidable harm and caring in a safe environment
- 4.2 The report attached at Appendix 1 provides a progress update around Adult Social Care linked to these outcomes, referencing the proposed indicators, related projects and work programmes, additional activity information and additional evidence of outcomes and / or good practice.

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

- 5.1 A number of the proposed performance measures are new and therefore have no current or historical data available at this time. Of the measures reported two are rated red - behind target and plans are not likely to bring back on target, whilst 3 are rated amber - behind target but plans in place and likely to resolve issues or behind target but good comparative performance/progress. Six measures are rated as green – on target.
- 5.2 The latest, and final provider quality ratings published by the Care Quality Commission (CQC) continue to show that overall the quality of residential and nursing home services commissioned by the PCT is poorer than our comparators and the national average, whilst the quality of commissioned domiciliary care services is better than our comparator and national average.

## **6. IMPLICATIONS**

- 6.1 The final outcomes framework for adult social care in 2011/12 is due to be published later in March, after which we will have a clearer understanding of areas of key national focus. However, the need to progress locally identified work programmes and evidence delivery of local outcomes will continue to be of overarching importance.

## **7. CONSULTATION**

- 7.1 The outcomes and proposed performance measures contained within the report were subject to a programme of national consultation between November 2010 and February 2011.

## **8. NEXT STEPS**

- 8.1 A full year summary performance report for 2010-11 will be presented to the Commission in June 2011.

## **9. BACKGROUND DOCUMENTS**

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

- 9.1 Transparency in outcomes: a framework for adult social care - A consultation on proposals, November 2010

## **10. APPENDICES**

- 10.1 Appendix 1 - Quarter 3 Performance summary

## **Adult Social Care – Quarter 3 2010-11 Performance Report**

**Tina Hornsby – Head of Performance and Informatics – NHS Peterborough**

### **Introduction**

The following report seeks to evidence delivery against the four outcome areas currently out for consultation for Adult Social Care:

- Promoting personalisation and enhancing quality of life for people with care and support needs
- Preventing deterioration, delaying dependency and supporting recovery
- Ensuring a positive experience of care and support
- Protecting from avoidable harm and caring in a safe environment

This report has been constructed to provide summarised information on the following:

- An overview of progress on priority areas within these four outcomes
- An updated position with regard to progress against national and local performance indicators
- An update on the status of key projects which are underway to achieve these priorities
- Additional activity data where this is appropriate
- Examples of the impact of our work on service users and carers in Peterborough

This new reporting format has been developed as a concise way of reporting against outcomes. The format and contents are still being developed and, in particular, we hope to strengthen the feedback from people who use our services in the future.

### **Key**

**RAG (Red/Amber/Green) = Performance and risk status**

RED	Behind target and plans are not likely to bring back on target
AMBER	Behind target but plans in place and likely to resolve issues or behind target but good comparative performance/progress
GREEN	On target

### **Direction of Travel**

↑ = Improving

↓ = Deteriorating

→ = Remaining static

# Outcome 1: Promoting personalisation and enhancing quality of life for people with care and support needs

## Summary of Key Priorities

### Personal budgets and self directed support:

- We will make sure systems are in place to allow people who require social care support to easily find and choose quality support, and control when and where services are provided, and by whom;
- For those people eligible for council funding, the amount available to them is known prior to the person starting to make their support plan;
- We want people to have the ability to spend all of their money in a way that they choose, including being able to mix directly purchased and council provided services; and
- We will support people planning their own support, either directly or through the use of commissioned services in the third sector or via peer support and support from people who are experts by experience.

### Information and Advice:

- We will create a universal information and advice system for adult social care. Everyone needs universal access to information and advice to ensure they can live their lives and choose the best support regardless of how that is funded. All people should be able to access universal services such as transport, leisure and education facilities, housing, health services and opportunities for meaningful occupation and get on with living their lives.
- Good information (which is current, relevant and accurate) is essential for all adults and their relatives who need, or may need support in order to live their lives. Good information should help people make wise choices, enable them to take control and help prevent people from losing their abilities, skills and independence.
- Our challenge is to ensure that everyone with a social care need (no matter how large or small) can find the information to meet their need, in a form and through a channel appropriate to them.

NATIONAL PERFORMANCE INDICATORS:			
Indicator	Comment	Target 2010/11	Latest perf
<b>The proportion of those using social care who have control over their daily life.</b>	To be measured via Adult Social Care User Survey. Baseline taken from 2008-09 Home Care User survey.	Not set 2008-09 IPF Ave = 42.59%	N/A
<b>Social Care quality of life</b>	To be measured via Adult Social Care User Survey.	Not set - new indicator	N/A
<b>Carer reported quality of life</b>	To be taken from new carers survey – piloted in 2009-10 as voluntary return.	Not set new indicator	N/A
Previously NI146 <b>Percentage of adults with learning disabilities in paid employment</b>	IPF Average = 6.4% Maintaining comparatively high performance in difficult economic climate. 81 out of 694 are in employment. High is good. 2009-10 England Average = 6.4	13%	Q3 → 11.67% Amber
Previously NI130 <b>Percentage of adults and older people receiving self directed support</b>	2001 service users had an individual budget and personal support plan - against the total number of service users receiving services of any type of 5902. This is made up of 163 service users from mental health services and 1838 other service users - High is good	49.1% - Q3 60% - Q4	Q3 ↑ 33.9 % Amber
Previously NI150 <b>Percentage of adults in contact with secondary mental health services in paid employment</b>	78 out of 1485 adults in contact with secondary mental health services are in employment. Based on Amber data quality completeness. High is good. This area is a key focus for improvement for the mental health trust and performance has improved to 5.9% as at January 2011 National average is 9%	Q3 - 6.89 Q4 - 7.5	Q3 ↑ 5.3% Red
Previously NI124 <b>Proportion of people with long term conditions feeling supported to be independent and manage their condition</b>	Indicator from GP patient survey. Latest published survey results cover the period October 09 – September 10. High is good.	Not set National average is 54.18%	Sept -10 → 56.25% Green

<b>Promoting personalisation and enhancing quality of life for people with care and support needs</b>			
<b>Related Projects</b>			
<b>Project</b>	<b>Description</b>	<b>Progress update</b>	<b>Status</b>
<i>Living My Life - Support planning</i>	Putting in place support planning and personal budgets for 60% of all Adult Social Care customers	33.90% (as of 31.12.10) of customers across CPFT and PCS care managed services had personal budgets. PCS alongside NHSP Performance and Informatics are investigating possible reporting and data quality issues that may be impacting on reported performance.	<b>Amber</b> →
<i>Living My Life - Risk enablement</i>	Developing a risk enablement policy and guidance that supports customers making decisions around their personal budgets – then rolling out the policy and creating a culture that extends choice and control.	Policy completed to final stage, presentations in risk enablement delivered to a range of stakeholders. Next steps are to finalise the plan to provide support and training to practitioners in implementing the policy prior to final sign off.	<b>Green</b> →
<i>Living My Life - Advice and information</i>	Creating a universal advice and information offer – which connects through to the front door for Adult Social Care via a partnership with statutory, voluntary and private sector providers.	Project management through Peterborough Direct agreed, web directory service specification completed. We will be approaching the market in February inviting solutions that will meet our requirements.	<b>Amber</b> →
<i>Adult Placement Scheme for people with learning disabilities</i>	Expanding the number of people who can benefit from this scheme which has good outcomes and is cost-effective. Investment in marketing and capacity to promote	Following approval of business case, work is now proceeding. Three people currently reside permanently in such placements, 15 use it for short-breaks. 7 people are on the waiting list. New placements expected by end March 2011. Savings not anticipated until 2011/12.	<b>Amber</b> →

### **Additional Key Activity Data**

<b>NUMBER OF PEOPLE RECEIVING DIRECT PAYMENTS WHO DID NOT HAVE ONE PREVIOUSLY</b>	<b>2009/10 – full year</b>	<b>Q1 – 2010/11</b>	<b>Q2 – 2010/11</b>	<b>Q3 – 2010/11</b>	<b>YTD 2010/11</b>
Older People	51	22	25	25	72
People with a learning disability	12	6	5	9	20
People with physical and sensory disabilities	43	13	18	14	45
Mental Health (18-64)	3	2	2	0	4
Substance Misuse	0	0	0	0	0
Carers	41	2	2	9	13
<b>Total</b>	<b>150</b>	<b>45</b>	<b>52</b>	<b>57</b>	<b>154</b>

The number of new recipients of Direct Payments continues to rise slightly each quarter with the total count for Quarters 1-3 matching the full year count for 2009/10. The number of new personal budgets fell in December although this is likely to correspond to the drop in number of reviews in that month.

## **Personalisation and enhancing quality of life**

- Between January 2010 and November 2010, PCVS provided advice to 109 carers covering the following:
  - 76 carers received advice about benefits
  - 63 were referred or signposted to a relevant service
  - 68 applied for the emergency support service
  - 36 received emotional support
  - Many other pieces of advice were provided including advice on accessing community and religious services and accessing GPs and dentists.
- A group of adults with learning disabilities called the Pyramid Pioneers are developing and setting up a personalised range of day opportunities in the community. Activities are chosen by the Pioneer group members and include arts and performance activities, developing their IT skills and accessing leisure opportunities such as going to the theatre. The group have plans to expand the range of activities they are involved in and have been contacted by others wishing to join the group.



## Outcome 2: Preventing deterioration, delaying dependency and supporting recovery.

### Summary of Key Priorities

The Peterborough *Living My Life* programme says about prevention and re-ablement:

- We want people to have access to support that will help them to stay independent for as long as possible.
- When people need some help to regain independence to live in their own home after an accident or a period in hospital, we want to be able bring all partners together to provide some intensive time limited support to help people get back to living their life as quickly and independently as possible.
- We will make sure that the council and the NHS are working jointly to make supports like telecare and telehealth (sometimes also called assistive technology) available as an option for those who need it.
- Information will be available about the assistive technology so that people can make informed choices.

### NATIONAL PERFORMANCE INDICATORS:

Indicator	Comment	Target 2010/11	Result
Previously C72 and C73 – <b>Admissions to residential care homes per 1,000 population</b>	C 72 - Quarter 3 PCS figure of 36.25. Low is good. C73 - PCS Figure of 0.13. Low is good	No target set	<b>Q3</b> <b>&gt;65 36.25 →</b> <b>&lt;65 0.13 ↑</b> <b>Green</b>
Previously NI134 <b>Emergency re-admissions within 28 days of discharge from hospital</b>	Taken from Hospital Episode Statistics. The percentage figure reported shows the emergency re-admissions within 30 days of discharge from hospital.	No target set	<b>Nov 10 6.24%</b>
Previously NI131 - <b>Delayed transfers of care from hospitals per 100k population</b>	<i>Acute = 3.34 / 100k population YTD average</i> <i>Mental Health = 2.24 / 100k population YTD average</i>	<b>5.9</b>	<b>Dec 10</b> <b>6.90 ↓</b> <b>Amber</b>
<b>Proportion of Council spend on residential care</b>	Low is good - Peterborough is showing a decreasing trend of spend from 45% in 2007-08 to 27% in 2009-10	< 27%	<b>09-10</b> <b>27% ↑</b> <b>Green</b>
Previously 125 - <b>Proportion of people achieving independence 3 months after entering intermediate care</b>	Quarter 3 Year to date figure of 396 people achieved independence 3 months after entering care / re-hab out of 449. High is good. 2009-10 CIPFA Average = 80.9%, 2009-10 England Average = 81.2%	<b>85%</b>	<b>Q3 88.20%</b> <b>↓</b> <b>Green</b>
<b>Emergency bed days associated with multiple (two or more in a year) acute hospital admissions for over 75s</b>	Taken from Hospital Episode Statistics. This indicator is not currently measured. However repeat emergency admissions within 14 days is monitored. The 2009/10 data shows a 6.11% rate of readmission within 14 days for all ages. The YTD position for 2010/11 is 5.35%.	No target set	<b>In development</b>
<b>Proportion of people suffering fragility fractures who recover to their previous levels of mobility / walking ability at 120 days</b>	To be collected via National Hip Fracture Database	No target set	<b>N/A</b>

Preventing deterioration, delaying dependency and supporting recovery Related Projects			
Project	Description	Progress update	Status
<i>Disability Sports Development Project</i>	A refocusing of the learning disability day services to enable people to have access to sports and recreation.	Support worker hours increased to lead on this work. Job Description/Person Specification being worked up for new post. Contract variation (PCS) being created for new emphasis on social inclusion and occupation	Green ↑
<i>Commission re-ablement services</i>	To provide customers with effective re-ablement and home based support services in order that they are assisted to live as independently as possible in their own home.	Specification developed and PCS is developing options around this service. The timescale for implementing this service has slipped and we are working with PCS to commence this as soon as possible.	Amber →

### Additional Key Activity Data

#### Intermediate Care Services

ACTIVITY AREA	2009/10	Q1 – 2010/11	Q2 – 2010/11	Q3 - 2010/11	Total YTD
<b>Intermediate Care Services to prevent hospital admissions</b>					
Number of people receiving <b>non-residential</b> intermediate care to prevent hospital admission	216	45	46	52	143
Number of people receiving <b>residential</b> intermediate care to prevent hospital admission	221	87	74	43	204
<b>Intermediate Care Services to facilitate timely hospital discharge and / or effective rehabilitation</b>					
Number of people receiving <b>non-residential</b> intermediate care to facilitate timely hospital discharge and/or effective rehabilitation	722	186	209	166	561
Number of people receiving <b>residential</b> intermediate care to facilitate timely hospital discharge and/or effective rehabilitation	208	76	67	67	210

The residential intermediate care activity is slightly reduced in Quarter 3 which may be due to the fact that the City Care Centre beds were closed for a period in December due to an outbreak of D+V.

## Outcome 3: Ensuring a positive experience of care and support

### Summary of Key Priorities

The Government's vision for adult social care includes a focus on ensuring a positive experience for people who use services and their carers. The Government has stated that:

- The quality of care and individuals' outcomes will be directly influenced by their experience of the care and support they receive; and
- How easy it is to find and contact services, and how people are treated when they get them will have a major impact on perceptions and expectations of social care.

All our efforts are intended to secure a positive experience of care and support for service users and carers.

NATIONAL PERFORMANCE INDICATORS:			
Indicator	Comment	2010-11 Target	Result
<b>Overall satisfaction with local adult social care services</b>	To be measured via Adult Social Care User Survey – Baseline taken from 2008-09 older people home care survey	IPF Ave = 57.05%	<b>Survey underway</b>
<b>The proportion of people using social care and carers who express difficulty in finding information and advice about local services</b>	To be measured via service user and carers survey – new indicator – no baseline or benchmark	New measure No target set	<b>Survey underway</b>
<b>The proportion of carers who have reported that they have been included or consulted in discussions about the person they care for</b>	Taken from carers survey – piloted in 2009-10 as voluntary return. 198 out of 210 carers felt that they were involved in discussions about the care and treatment of the person they care for, when they had been in contact with health professionals at a NHS hospital in the last 12 months. No benchmark available.	> 94.28%	<b>09-10 94.28%</b>

### Ensuring a positive experience of care and support Related Projects

Project (Improvement Plan Workstreams)	Description	Progress update	Status
<i>Joint Planning &amp; Capability - formalise quality assurance and performance management further</i>	Regular consideration of comparative analysis of activity data (including the safeguarding data already collected for Care Quality Commission)	New performance report developed based upon ASC Transparency in Outcomes consultation. Commissioning quality and activity section also introduced. Continuing issues around data quality.	<b>Amber</b> →

### Examples of Ensuring a positive experience of care and support outcomes reported by Peterborough service users and carers

- Peterborough Care, a local company who own Broadleigh and Lavender House care homes was nominated and won the 'Care Employer of the year' award at the Great British Care Awards East Region. This is a great achievement and recognition for the Homes and their staff. Having well supported and motivated staff improves the standards of care delivered to service users. The homes have since gone on to achieve ISO 9001/2008 in recognition of commitment towards Total Quality Management.

## Outcome 4: Protecting from avoidable harm and caring in a safe environment

### Summary of Key Priorities

The Government's vision for protection is that:

- There are sensible safeguards against the risk of abuse or neglect;
- Risk is no longer an excuse to limit people's freedom.

The Peterborough *Living My Life* programme says about protection:

- We will make sure that people in the local community know what to do if they are concerned about adult abuse or neglect.
- By increasing personal control of support arrangements, we will reduce risks to people's safety and enable people to manage risks better.
- For those people who need or have purchased care in a care home we will make sure the quality of protection and personal care in regulated homes in our area is high. We will work with all partners to improve care practices and routines.

NATIONAL PERFORMANCE INDICATORS:			
Indicator	Comment	Target 2011/12	Result
<b>The proportion of people using social care services who feel secure</b>	To be measured via Adult Social Care User Survey – Baseline taken from 2009-10 equipment user survey. Percentage show the proportion who have no worries or who have support to ensure that they have no worries about their personal safety.	Benchmarking median = 73.5%	<b>2009-10</b> <b>76.2%</b>
<b>Acute hospital admissions as a result of falls or falls injuries for over 65s</b>	Taken from NHS Hospital Episode Statistics – the number of acute hospital admissions between April 2010 and November 2010 is shown.	No target set	<b>Nov 10</b> <b>592</b>
<b>Previously NI145 - Percentage of adults with learning disabilities in settled accommodation</b>	557 out of 702 adults with learning disabilities are in settled accommodation. High is Good. 2009-10 England average = 61%	<b>75%</b>	<b>Q3</b> <b>79.34%</b> → <b>Green</b>
<b>Proportion of referrals to adult safeguarding services which are repeat referrals</b>	Based on data between 1 Oct 09 to 31 Mar 10 there were 5 repeat referrals. (Excluding "Alert" only)	No target set	<b>Oct 09 to</b> <b>Mar 10</b> <b>3.5%</b>
<b>Previously NI149 Percentage of adults in contact with secondary mental health services in settled accommodation</b>	As at end December 10 791 adults were known to be in settled accommodation out of a total of 1485. This area is a key focus for improvement for the mental health trust and performance has improved to 55.8% as at January 2011 High is good. 2009-10 IPF Average = 64.8% 2009-10 National Average = 59.1%	<b>63%</b>	<b>Q3</b> <b>53.3%</b> → <b>Red</b>

Protecting from avoidable harm and caring in a safe environment Related Projects			
Project (Improvement Plan Workstreams)	Description	Progress update	Status
<i>Joint Planning &amp; Capability - new specialist safeguarding team</i>	Create and recruit to team.	December 2010 - Interviews have taken place and some appointments have been made. Interim lead in post.	<b>Green</b> →
<i>Prevention - strengthen the training for safeguarding</i>	Commission training to further strengthen the receiving, assessing, investigating and completing work about safeguarding concerns	Terms Of Reference updated. National competencies agreed	<b>Green</b> →
<i>Response to Safeguarding Concerns - further improve how safeguarding concerns are received, assessed, investigated – and the work completed</i>	Review and refine the work stream that starts with an alert about a safeguarding concern and ends with the completion of the required work	Improvement began early 2009, interim lead in post	<b>Green</b> →

### Safeguarding Referrals

A total of 471 safeguarding alerts have been received between April – Dec 2010, 329 (69.95%) of which progressed to become a safeguarding referral. During the third Quarter 141 alerts were received, 108 (76.6%) of which progressed to referral. Issues remain around capturing closure and outcome information for the purpose of reporting and further work is being undertaken following the appointment of dedicated support staff for the safeguarding co-ordination and administration functions.

## Commissioning Activity

### The following is an activity summary for Adult Social Care related activity as at end December 2010

- The open social care caseload within Peterborough Community Services (PCS) was 4309 people, and within Cambridgeshire and Peterborough Foundation Trust (CPFT) was 390 people.
- In Quarter 3 PCS received 1882 referrals, slightly less than in Quarter 2 which is due to the seasonal dip during December.
- In the year to date as at end December 2010 PCS had assessed the needs of 1578 new clients, whilst CPFT had assessed the needs of 19 new clients.
- In Quarter 3 PCS carried out 1114 review bringing the 12 month rolling total to 3834 people, 88% of those receiving a service in the year. CPFT had carried out reviews for 379 people during the previous 12 months, 95.2% of those receiving a service.
- In Quarter 3 PCS put in place 593 care packages, with the numbers dropping during November and December.
- As at 1 January 2011 2917 service users were receiving care provisions commissioned from the independent sector with an annual projected value of £35,410, an increase from 2855 with an annual value of £34,727 at the end of Quarter 2

### Quality of social care provision in Peterborough

The latest CQC report on the quality of care provision in Peterborough shows that of the 29 homes in Peterborough as at September 2010 which the PCT commissions placements from:

- 6 were rated Excellent – accounting for 117 places 11.3% of all places. The PCT commissions 19 (16.2%) of these places.
- 17 were rated Good – accounting for 563 places, 51.6% of all places. The PCT commissions 191 (33.9%) of these places.
- 6 were rated Adequate – accounting for 411 places, 37.7% of all places. The PCT commissions 127 (30.9%) of these places
- No homes were rated as Poor

Overall the quality of residential and nursing home services commissioned by the PCT is poorer than our comparators and the national average, whilst the quality of commissioned domiciliary care services is better than our comparator and national average.

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 7</b>
<b>14 MARCH 2011</b>	<b>Public Report</b>

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

**Contact Officer: Denise Radley, Executive Director of Adult Social Services**  
**Contact Details: 01733 758444**

### **PETERBOROUGH SAFEGUARDING ADULTS – UPDATE REPORT**

#### **1. PURPOSE**

- 1.1 The purpose of this report is to ask the Scrutiny commission to consider, challenge and comment on the latest performance report on adult safeguarding (attached as Appendix 1).

#### **2. RECOMMENDATIONS**

- 2.1 That the Scrutiny Commission notes, and comments on, the performance report on adult safeguarding and the recommendations from a recent Serious Case Review (attached as Appendix 2).

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

- 3.1 Safeguarding vulnerable adults is at the heart of the Sustainable Community Strategy. Our ambition includes working to help the people of Peterborough "be protected from abuse, discrimination and harassment".

#### **4. BACKGROUND**

- 4.1 Since the Scrutiny Commission meeting in November 2010, the Safeguarding Adults Board has met on 17 December 2010 and 25 February 2011. The latest performance report is attached for consideration by the Scrutiny Commission.
- 4.2 Appendix 2 summarises a recent Serious Case Review completed by an independent person.

#### **5. NEXT STEPS**

- 5.1 Safeguarding adults reports are submitted to the Scrutiny Commission on a quarterly basis.

#### **6. BACKGROUND DOCUMENTS**

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

- 6.1 None.

#### **7. APPENDICES**

- 7.1 Appendix 1 - Safeguarding Adults Board – Performance Report of 25 February 2011  
Appendix 2 - Serious Case Review – Public Report

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# APPENDIX 1

## **SAFEGUARDING ADULTS - PERFORMANCE REPORT TO SAFEGUARDING BOARD – 25 FEBRUARY 2011**

### **1. INTRODUCTION**

- 1.1 The Board is asked to receive and discuss this report which covers data from April 2010 up to and including January 2011. There is a particular focus on the months of December and January, with the months of April to November analysed in earlier reports.

### **2. PERFORMANCE DATA**

- 2.1 Performance Data for the period from April 2010 to January 2011 is attached.

### **3. ANALYSIS**

- 3.1 The data shows that although there has been some improvement overall, performance is adequate rather than good.
- 3.2 Recording within prescribed timelines is an area that continues to require active management with the data showing disappointing levels of compliance.
- 3.3 There have been a total of 76 referrals in the months of December (34) and January (42) with a further 28 alerts that have not progressed to referral status.
  - 3.3.1 The majority of alerts that had progressed to referral status (62%) have been for vulnerable people who live at home rather than in residential care.
- 3.4 A possible area of concern is the upward trend in the referral type 'emotional abuse' and 'physical abuse'. This is matched by a downward trend in the referral type 'neglect'.
- 3.5 The Personalisation agenda with associated increase in the use of direct payments does not appear to have had a negative impact on referrals, as these had remained fairly static over the year to date.

### **4. OUTCOMES**

- 4.1 The attached data shows that 28 referrals closed in December and January.
  - 4.1.1 Of these 28, there were 9 substantiated and a further 3 partially substantiated.
  - 4.1.2 This leaves 16 closed referrals, of which 7 were 'unknown'.

### **5. QUALITY**

- 5.1 Team managers continue to receive specific mentoring around the safeguarding role.
  - 5.1.1 This is beginning to impact positively on their performance.
- 5.2 A pilot project is taking place in February and March that will involve 5 safeguarding referrals closed during December 2010

- 5.2.1 Each closed referral will be quality assessed by a social worker other than the original case worker, against a safeguarding questionnaire.
- 5.2.2 The aim is to ensure that the alleged victim has been appropriately involved and supported throughout the safeguarding process.
- 5.3 A second 6 month audit of safeguarding cases is currently being undertaken by an independent consultant.
- 5.4 An interim safeguarding co-ordinator has been appointed to take forward the quality assurance work that is required within the safeguarding arena.
- 5.4.1 This post is referred to within the document 'Peterborough Adult Safeguarding Policy' as 'Safeguarding Adults Manager'

## **6. SAFEGUARDING PERFORMANCE DATA**

- 6.1 The form 'Safeguarding Checklist' has been replaced with 'Safeguarding Case Tracker'.
- 6.1.1 This change was as a result of feedback from staff during performance management checks and was developed with input from frontline staff, team managers and NHSP business support team.

## **7. RECOMMENDATION**

- 7.1 The Board is asked to consider and comment on information provided in this report.

Alert = initial safeguarding notification

Referral = Alerts that have progressed to Referral status

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	YTD
<b>TOTAL Referrals</b>											
<b>TOTAL Referrals</b>	36	24	39	36	38	48	54	25	34	42	<b>376</b>
<b>Age breakdown</b>											
18 to 30	6	4	1	3	3	6	3	2	1	4	<b>33</b>
31 to 45	5	5	6	5	2	8	7	7	3	4	<b>52</b>
46 to 64	7	7	5	7	6	8	7	6	7	12	<b>72</b>
65 to 79	8	2	11	4	9	13	12	5	9	9	<b>82</b>
80+	10	6	16	17	18	13	25	5	14	13	<b>137</b>
<b>Whereabouts at time of incident</b>											
Care home permanent	4	4	1	4	3	1	5	0	4	6	<b>32</b>
Day Centre / service	1	0	0	0	0	1	1	0	0	0	<b>3</b>
Local acute hospital	1	0	0	0	1	2	1	0	0	1	<b>6</b>
Multiple	2	1	0	1	0	1	0	0	0	0	<b>5</b>
Nursing home permanent	1	2	8	2	3	7	11	0	6	2	<b>42</b>
Own Home	16	6	15	19	20	26	28	20	20	27	<b>197</b>
Public place	0	0	3	0	2	1	0	2	0	1	<b>9</b>
unknown	2	1	2	1	3	3	3	2	1	0	<b>18</b>
Care home temporary	1	0	0	0	2	1	2	0	0	0	<b>6</b>
Supported accommodation	6	9	6	5	3	1	0	0	1	2	<b>33</b>
Alleged perpetrator's home	0	1	1	2	0	0	0	1	0	0	<b>5</b>
Other health setting	1	0	0	0	0	0	0	0	0	0	<b>1</b>
Mental health in patient setting	0	0	2	0	1	2	2	0	2	1	<b>10</b>
Education / Training / Workplace	1	0	0	1	0	0	0	0	0	0	<b>2</b>
Community Hospital	0	0	1	0	0	1	0	0	0	0	<b>2</b>
Nursing home temporary	0	0	0	1	0	1	1	0	0	2	<b>5</b>
<b>Gender</b>											
Female	27	14	28	21	21	32	35	16	26	26	<b>246</b>
Male	9	10	11	15	17	16	19	9	7	16	<b>129</b>
Unknown yet	0	0	0	0	0	0	0	0	1	0	<b>1</b>
<b>Ethnic origin</b>											
1 - White	29	21	36	34	34	36	46	17	30	37	<b>320</b>
2 - Mixed	0	0	0	0	1	0	0	0	0	0	<b>1</b>
3 - Asian or Asian British	2	1	2	1	2	3	2	4	2	3	<b>22</b>
4 - Black or Black British	0	1	0	1	0	0	4	3	0	1	<b>10</b>
5 - Other Ethnic Groups	0	0	0	0	0	1	1	0	0	0	<b>2</b>
6 - Not stated	5	1	1	0	1	8	1	1	2	1	<b>21</b>
<b>Ethnic origin - White break down</b>											
White - British	27	20	33	32	32	34	41	16	29	35	<b>299</b>
White - European	1	0	0	0	0	0	0	0	0	0	<b>1</b>
White - Irish	1	0	2	2	1	0	0	0	1	0	<b>7</b>
White - Italian	0	0	0	0	0	0	1	0	0	0	<b>1</b>
White Other	0	1	1	0	1	2	4	1	0	2	<b>12</b>
<b>Vulnerable adult client group</b>											
Learning Disability	10	4	10	6	3	4	8	4	1	1	<b>51</b>
Mental Health	2	1	3	0	2	15	12	10	7	11	<b>63</b>
of which Dementia	0	0	1	0	0	4	5	2	0	3	<b>15</b>
Physical And Sensory Disability/frailty	17	17	24	30	29	22	30	9	23	26	<b>227</b>
of which Sensory	2	4	5	2	3	3	3	1	2	5	<b>30</b>
Other Vulnerable People	7	1	1	0	4	7	4	2	3	4	<b>33</b>
Substance Misuse	0	1	1	0	0	0	0	0	0	0	<b>2</b>
<b>Self funding</b>											
Commissioned by Another CASSR	2	0	1	0	1	1	3	0	2	0	<b>10</b>
No Service	3	5	4	4	8	14	7	12	9	12	<b>78</b>
not recorded	12	8	3	5	3	9	7	2	2	4	<b>55</b>
Own Council Commissioned Service	15	8	23	23	23	18	30	10	19	20	<b>189</b>
Self Funded service	1	2	0	1	1	4	3	1	2	4	<b>19</b>
Service funded by Health	3	1	8	3	2	2	4	0	0	2	<b>25</b>

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	YTD
<b>Type of Abuse</b>											
Emotional	6	3	3	2	3	1	3	4	2	3	30
Financial	6	9	14	14	6	10	9	5	9	8	90
<b>Multiple</b>	10	4	7	6	13	20	19	12	10	14	115
<i>of which Physical</i>	11	5	15	7	11	23	27	10	19	24	152
<i>of which Sexual</i>	4	1	2	3	3	4	1	2	0	2	22
<i>of which Emotional</i>	13	6	6	6	11	13	12	15	8	16	106
<i>of which Financial</i>	10	9	17	16	13	16	18	11	13	14	137
<i>of which discriminatory</i>	0	0	0	0	0	0	1	0	0	0	1
<i>of which Institutional</i>	0	1	0	0	0	0	1	0	1	0	3
<i>of which Neglect</i>	8	7	6	10	14	11	14	3	3	4	80
Neglect	6	6	2	8	8	6	5	0	1	2	44
not recorded	1	0	0	1	2	2	2	0	0	1	9
Physical	3	2	12	2	5	8	14	4	12	13	75
Sexual	4	0	1	3	1	1	1	0	0	1	12
Institutional	0	0	0	0	0	0	1	0	0	0	1
<b>Has a Direct Payment + Financial Abuse</b>	0	1	0	1	1	0	0	0	1	1	5
<b>Had a Direct Payment + Financial Abuse</b>	0	0	1	0	0	0	0	0	1	0	2
<b>Referral Source</b>											
Police	0	1	1	1	2	3	1	2	1	2	14
Other	5	10	4	8	5	8	9	5	6	5	65
Self referral	1	0	0	0	0	0	1	0	0	3	5
Family member	1	2	3	3	2	2	5	0	0	1	19
Health primary/community health staff	6	2	0	3	4	4	1	3	3	0	26
Social worker/Care manager	9	0	21	15	13	10	14	4	8	11	105
Social care Other	1	0	0	0	0	0	0	0	0	0	1
Health secondary	1	1	2	1	1	2	3	1	1	1	14
Housing	4	7	2	0	0	1	2	0	0	2	18
Day care staff	3	0	0	0	1	3	1	0	1	0	9
Mental Health	0	0	3	0	3	12	9	9	10	9	55
Education/training/workplace establishment	1	0	0	1	0	0	0	0	0	0	2
Friend/neighbour	0	1	0	0	0	1	2	1	0	0	5
Residential care staff	4	0	3	3	5	2	6	0	2	6	31
Domiciliary staff	0	0	0	1	2	0	0	0	2	2	7
<b>Alerts</b>											
<b>Alerts not progressing to a referral</b>	21	17	21	17	14	14	12	8	10	18	152

## APPENDIX 2

### PETERBOROUGH ADULT SAFEGUARDING BOARD SERIOUS CASE REVIEW OVERVIEW REPORT: *SUMMARY FOR PUBLICATION*

#### What is a serious case review?

1. The Peterborough Safeguarding Adults Board has a November 2008 protocol for undertaking serious case reviews. There is no statutory requirement to undertake such reviews but there is widespread acceptance in England that it is good practice to do so.
2. The Peterborough protocol identifies three purposes to be filled by a serious case review:
  - To establish whether there are lessons to be learned about the way in which local professionals and agencies worked together to safeguard a vulnerable adult;
  - To establish what any such lessons are, how they will be acted upon and shared across the wider health economy, and what is expected to change as a result; and
  - To improve practice and inter-agency working and better safeguard vulnerable adults.
3. The protocol also states that serious case reviews are not inquiries into how an adult died, or suffered injury, or who may be culpable.
4. The process of undertaking a review in Peterborough is:
  - The Safeguarding Adults Board's case review panel considers the case and identifies what needs to be looked at;
  - Agencies involved with the case are asked to write an independent management report about their agency's involvement;
  - The independent chairperson of the panel produces an overview report on behalf of the panel.

#### The focus of the review

5. Concern about an older person in Peterborough in autumn 2009 led to a serious case review in 2010.
6. The review process showed that some of the agencies involved with the older person since 2007 could have done better in some respects. The main areas for improvement were identified as:
  - Care management assessment and review by adult social care;
  - The direct payments arrangements;
  - Recognising safeguarding concerns;
  - Occupational therapy assessment; and
  - The approach by primary and community health care.

7. The review also highlighted that Housing Options' contribution was an example of good practice.

### **Recommendations from the review**

8. The overview recommendations of the independent chairperson of the panel were:

**9. Peterborough City Council (who are accountable for adult social care in the city) and the NHS in Peterborough should jointly ensure that:**

- i. Interpreters are used when it is important to communicate with service users who do not speak English;
- ii. Awareness of and sensitivity to cultural diversity enhances and does not detract from ensuring rigorous assessment, review and safeguarding by adult social services professionals;
- iii. The adult social services care management arrangements always result in a sufficiently thorough assessment – with a review of the care plan and the service user's needs at least once a year;
- iv. The direct payments arrangements have:
  - Effective monitoring and review of how the money provided is meeting the assessed social care needs of the individual; and
  - A well thought out assessment of risk that balances innovation and safeguarding;
- v. Adult social care staff, who assess, review and monitor, look for opportunities to speak with service users on their own and to gain their confidence, in order to best understand the service user's perspective;
- vi. Safeguarding arrangements always identify and respond to communication from other professionals about significant concerns about a vulnerable adult;
- vii. The occupational therapy service reviews the criteria for when someone needs a whole-person assessment;
- viii. GPs and nurses working in the community (for example, as district nurses or within intermediate care) consider whether this case has lessons about how best to ensure quality and continuity of health care for vulnerable older people; and
- ix. Adult social care staff, community nurses, occupational therapists and GPs, who serve the Peterborough community, operate as members of one integrated team that undertakes, for each individual service user (or patient), ongoing joint activity in assessment, care planning, service delivery and review.

**Gerald O'Hagan 10 January 2011**

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No.</b>
<b>14 MARCH 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 MARCH 2011 TO 30 JUNE 2011**

## FORWARD PLAN OF KEY DECISIONS - 1 MARCH 2011 TO 30 JUNE 2011

During the period from 1 March 2011 To 30 June 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:

**Voluntary Partnership Agreement for Local Bus Services - KEY/05MAR/11**  
**Social Work Practice Pilot - KEY/01APR/11**

## MARCH

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>March 2011</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 taken.</p>
<p><b>Contract Award - Adult Drug Treatment Services - KEY/11NOV/10</b></p> <p>To award the contracts for the delivery of Adult Drug Treatment Services</p>	<p>March 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></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 Vawser Lodge</p>	March 2011	<b>Cabinet Member for Resources</b>	Sustainable Growth	Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments & external stakeholders as appropriate	Sandra Neely Temp Capital Projects Officer Tel: 01733 384541 sandra.neely@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></p> <p>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>	March 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 taken.

<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>	March 2011	<b>Cabinet</b>	Sustainable Growth	Internal and External stakeholders as appropriate.	Andrew Edwards Head of Peterborough Delivery Partnership Tel: 01733 452303 andrew.edwards@peterborough.gov.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> 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>	March 2011	<b>Cabinet Member for Resources</b>	Sustainable Growth	Internal consultation where appropriate	Mandy Sterling Strategic Sourcing Manager Tel: 01733 384607 mandy.sterling@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken.

<p><b>Section 75 Variation 2011-12 - KEY/08FEB/11</b> To extend the existing partnership agreement under the National Health Act 2006 to pool funding from NHS Peterborough and PCC to commission drugs services by one year.</p>	March 2011	<p><b>Cabinet Member for Community Cohesion, Safety and Women's Enterprise</b></p>	Strong and Supportive Communities	Internal and external partners	<p>Karen Kibblewhite Community Safety And Substance Misuse Manager Tel: 01733 864122 karen.kibblewhite@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>Refuse Derived Fuel - KEY/09FEB/11</b> To amend existing contract to enter into a 1 year agreement with HW Martin Waste Ltd to send material to Refuse Derived Fuel Facility</p>	March 2011	<p><b>Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning</b></p>	Environment Capital	Internal and external stakeholders as appropriate	<p>Amy Nebel Recycling Contracts Officer Tel: 01733 864727 amy.nebel@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>Hampton Community School - KEY/10FEB/11</b> To launch a school competition for a new Primary School with community sports and library facilities in Hampton</p>	March 2011	<p><b>Cabinet Member for Education, Skills and University</b></p>	Creating Opportunities and Tackling Inequalities	The local community and all potential bidders. A public meeting will be arranged as part of the process.	<p>Isabel Clark Head of Assets and School Place Planning Tel: 01733 863914 isabel.clark@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>Interim Adult Drug Treatment Services - KEY/11FEB/11</b> To agree short term provision of adult drug treatment services before final award of Adult Drug Treatment Services tender.</p>	March 2011	<p><b>Cabinet Member for Community Cohesion, Safety and Women's Enterprise</b></p>	Strong and Supportive Communities	Internal departments as appropriate Safer Peterborough Partnership	<p>Karen Kibblewhite Community Safety And Substance Misuse Manager Tel: 01733 864122 karen.kibblewhite@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>Section 75 Agreements with Cambridgeshire Community Services, NHS Peterborough and Cambridge &amp; Peterborough Foundation Trust - KEY/12FEB/11</b> Approval of s.75 Agreements with Cambridgeshire Community Services for the provision of Adult Social Care; with NHS Peterborough for the provision of Learning Disability Services; and with Cambridge &amp; Peterborough Foundation Trust for the provision of mental health services.</p>	March 2011	<p><b>Cabinet Member for Health and Adult Social Care</b></p>	Health Issues	Relevant internal and external Stakeholders	<p>Denise Radley Executive Director of Adult Social Services Tel: 01733 758444 denise.radley@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>Integrated Case Management System for Children's Services - KEY/13FEB/11</b> To award a contract to replace existing Children's Services case management systems with a single integrated system.</p>	March 2011	<b>Cabinet Member for Children's Services</b>	Creating Opportunities and Tackling Inequalities	Internal stakeholders	Elaine Alexander Head of Programmes and Project Management (Children's Services) Tel: 01733 317984 elaine.alexander@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.
<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	<b>Cabinet Member for Housing, Neighbourhoods and Planning</b>	Environment Capital	Relevant internal stakeholders and the Environment Capital Scrutiny Committee	Michael Stevenson Project Engineer Tel: 01733 317473 michael.stevenson@peterborough.gov.uk	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	<b>Cabinet Member for Community Cohesion, Safety and Women's Enterprise</b>	Sustainable Growth	Internal consultation as appropriate	Mandy Sterling Strategic Sourcing Manager Tel: 01733 384607 mandy.sterling@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken.



<p><b>Adult Drug Treatment Plan 2011-2014 - KEY/04MAR/11</b> To approve the plan.</p>	March 2011	<p><b>Cabinet Member for Community Cohesion, Safety and Women's Enterprise</b></p>	Strong and Supportive Communities	Safer Peterborough Partnership Board; SPP Delivery Board; SPP Adult Joint Commissioning Group for Drugs; local service providers; the local service user group, SUGA.	<p>Karen Kibblewhite Community Safety And Substance Misuse Manager Tel: 01733 864122 karen.kibblewhite@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>Voluntary Partnership Agreement for Local Bus Services - KEY/05MAR/11</b> To approve incorporating a number of small value local bus service De Minimis Agreements into one Voluntary Partnership Agreement.</p>	March 2011	<p><b>Cabinet Member for Housing, Neighbourhoods and Planning</b></p>	Environment Capital	Relevant internal stakeholders	<p>Cathy Summers Team Manager - Passenger Transport Contracts and Planning  cathy.summers@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>

## APRIL

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> To authorise the award of the contract for the Museum Redevelopment project.</p>	April 2011	<p><b>Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning</b></p>	Strong and Supportive Communities	Consultation will take place with relevant internal stakeholders as appropriate	<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>Bayard Place - replacement of air-conditioning system (legislative works) - KEY/03MAR/11</b></p> <p>To authorise the award of the contract for the replacement of the air-conditioning system at Bayard Place</p>	April 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>	<p>A public report will be available from the governance team one week before the decision is taken.</p>
<p><b>Social Work Practice Pilot - KEY/01APR/11</b></p> <p>Agree arrangements for the procurement and provision of Social Work Practice Pilots for children in care.</p>	April 2011	<p><b>Cabinet Member for Children's Services</b></p>	Creating Opportunities and Tackling Inequalities	Social work staff; children in care; corporate parenting panel members and Trade Unions	<p>Andrew Brunt Assistant Director - Families and Communities  andrew.brunt@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>

## MAY

There are currently no Key decisions scheduled for May.

## JUNE

There are currently no Key decisions scheduled for June.